

Trustees Request More Work on Proposed Credentialing Statement

SNM BOARD OF TRUSTEES APPROVES BRAIN IMAGING COUNCIL, DISCUSSES CHAPTER REPRESENTATION

One hundred members of The Society of Nuclear Medicine (SNM) have signed a petition in support of forming a Brain Imaging Council, which was approved by the SNM Board of Trustees at its last meeting on February 2, 1987, in San Antonio, TX. The Brain Imaging Council will provide a vehicle within the SNM for the exchange of information among physicians and scientists, and for the promotion of basic brain imaging research and development, according to the council's bylaws.

The Board of Trustees also discussed various issues confronting the SNM, and voted on several other action items during this 5½-hour meeting. Reports were presented by each SNM officer, the executive director, 18 committees, four councils, the SNM Technologist Section, and SNM representatives to other organizations.

Howard J. Dworkin, MD, president of the SNM, reported that he has created two special committees to review the medical literature and to prepare recommendations to third-party payers in the United States on reimbursement for positron emission tomography (PET) and dual-photon absorptiometry (DPA).

The PET committee, comprising eight physicians, is actually a joint task force representing the SNM and the American College of Nuclear Physicians (ACNP). The PET Task Force held its first meeting on January 6, 1987, in Washington, DC, and invited Enrique D. Carter, MD, director of the Office of Health Technology Assessment (OHTA). [The OHTA evaluates new medical technologies and makes recommendations to the

Health Care Financing Administration (HCFA), which establishes Medicare reimbursement policies.]

Dr. Carter gave the PET Task Force a comprehensive overview of the HCFA process for determining whether to reimburse for a medical procedure. In addition to the commonly known criteria of reasonableness, necessity, and acceptability in the medical profession, Dr. Carter pointed out that a procedure must demonstrate "a proven clinical benefit that leads to a positive therapeutic outcome"—a new criterion mandated by the Medical Devices Act of 1976.

[The PET Task Force is not the same as the PET Reimbursement Subcommittee of the SNM Socio-Economic Affairs Committee. That subcommittee is working to standardize protocols that will define some commonly used PET radiopharmaceuticals and their necessary purities, dose ranges, and clinical indications.]

Committee on Efficacy Evaluation

Robert B. Chodos, MD, chairman of the Bylaws Committee, introduced a resolution calling for the establishment of a new-standing committee, the Committee on Efficacy Evaluation, approved by the Board in June 1986. The bylaws resolution, passed by the Board, also stated this committee's functions: "To develop, for approval by the Board, processes for the systematic or *ad hoc* efficacy evaluation of nuclear medicine clinical procedures. To review, by these established processes, the efficacy of nuclear medicine procedures primarily on the basis of data and analyses published in peer-reviewed journals."

The entire SNM membership will vote on bylaws amendments through the 1987 election ballot.

Favorable Reports on Nuclear Medicine Week

Dr. Dworkin congratulated the Technologist Section for a successful Nuclear Medicine Week, observed last year from July 27 through August 2. "I continue to hear very favorable reports about Nuclear Medicine Week, and I hope that this year even more SNM members will participate," said Dr. Dworkin (see pp. 418-419).

To add an educational facet to the agenda, Dr. Dworkin invited two outside speakers to address the Board of Trustees. Joseph A. Marasco, Jr., MD, president of the American College of Radiology (ACR), spoke on "The Relationship between the SNM and the ACR." (See accompanying boxed story on page 427.) Representing the Council of Medical Specialty Societies (CMSS), Richard S. Wilbur, MD, executive vice president, spoke on "The Structure in Organized Medicine: How We Fit In; Our Impact; and the Impact on Us." (Dr. Wilbur's remarks will be published in a future *Newsline* Commentary.)

"The trustees determine SNM policy, and background information from groups such as the ACR and CMSS is important to those who make decisions for the SNM," commented Dr. Dworkin.

Fifth World Congress

One of the most deliberated decisions made during this meeting concerned the Fifth World Congress of Nuclear Medicine and Biology, to be

SNM AND ACR: COMMON GOALS AND DIFFERENCES

The American College of Radiology (ACR), with a membership of about 20,000 radiologists, and The Society of Nuclear Medicine (SNM) should and do stand together on most issues. The ACR has a Commission on Nuclear Medicine, and the SNM and other nuclear societies in actuality *are* that Commission because it is made up of some of your most prominent members.

Over the past few weeks, we've been plunged into a political crisis by the RAP DRGs [a proposal to pay Medicare physician fees for radiologists, anesthesiologists, and pathologists according to diagnosis-related groups], one of many schemes for curbing the freedom and choices of physicians and for transforming the practice of medicine to something just short of a monolithic system. We're working with you in fighting the RAP DRGs, although we're pursuing our own tactics.

The ACR is strongly supportive of the SNM efforts to implement regional compacts for the disposal of low-level radioactive waste. In addition, the ACR enthusiastically participated in the meeting last year with the US Food and Drug Administration (FDA) to urge the agency to expedite its review and approval of radiopharmaceuticals and other diagnostic agents. The US Nuclear Regulatory Commission's (NRC) misadministration reporting rule grates on both ACR and SNM members. Finally, increased research support is vital to nuclear medicine and the whole field of diagnostic imaging.

Where do the ACR and SNM disagree? Primarily, on two issues: training and experience requirements for the medical use of radionuclides, and credentialing. The ACR believes that the quality of a training program, rather than minor differences in the length of training, is more important. The NRC's mandate is radiation safety, not physician competence. Most radionuclides are systemically administered, and the ACR believes that it makes no sense to have a different standard of safety for single-organ practitioners, as the SNM has proposed for cardiologists. With respect to credentialing, the ACR strongly opposes its use if it artificially prevents qualified radiologists from practicing nuclear radiology. Approximately 75% of the nuclear medicine practiced in the United States exists under the aegis of radiology, and the bulk of the SNM's membership consists of radiologists. I would urge the SNM to be sensitive to the needs of its members, and to work cooperatively with the ACR on these issues so we can achieve high-quality nuclear medicine for all patients.

*Joseph A. Marasco, Jr., MD, President
American College of Radiology*

held in Montreal, Canada, in 1990. The Chapter Presidents Committee introduced a resolution calling for the SNM to support the World Congress and to cancel the 37th SNM Annual Meeting in 1990. The Finance and

Executive Committees recommended against the resolution because of unresolved questions surrounding the budget for the 1990 World Congress and the SNM's administrative role in that meeting. After a one-hour debate,

the trustees defeated the motion by a three-to-one margin (see *Newsline*, March 1987, p. 277).

"I don't believe that one person in this room does not want to support the World Federation of Nuclear Medicine and Biology," said Edward V. Staab, MD, treasurer of the SNM. "We have spent years, though, getting the SNM to a point of financial security, and we cannot afford to place that security at risk," he added. (The Annual Meeting generates a significant portion of the SNM operating budget.)

Henry N. Wellman, MD, president of the SNM Central Chapter, pointed out that the general assembly of the Fourth World Congress, held last November in Buenos Aires, Argentina, requested that the Montreal group work with the SNM to establish a precedent of having each World Congress managed administratively by one of the four multinational nuclear medicine organizations: the SNM; the European Society of Nuclear Medicine and the Society of Nuclear Medicine—Europe (which may merge later this year to form the European Association of Nuclear Medicine); the Asia and Oceania Society of Nuclear Medicine; and the Latin American Association of Societies of Nuclear Biology and Medicine. World Congresses would run more smoothly if they used the organizational structure of an existing nuclear medicine group that regularly holds large scientific meetings, explained Dr. Wellman. "I had originally supported this resolution because I believed that the Montreal World Congress would set this precedent," he added.

Several trustees expressed concern about the unclear status of a scientific program in the Fifth World Congress for nuclear medicine technologists. Before the vote was taken, one trustee said that the SNM should explore other ways of supporting the World Federation instead of canceling the SNM Annual Meeting in 1990.

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Chapter Representation

In another resolution introduced by the Chapter Presidents Committee, a motion was made to allow SNM chapters to designate an alternate trustee to attend a Board meeting in place of a trustee appointed by that chapter who could not attend. The Executive Committee recommended against the resolution because it believed that all SNM trustees represent the entire Society.

Jerome G. Jacobstein, MD, president of the Greater New York Chapter, said that "it would be a serious mistake" to adopt this resolution because it would create two categories of trustees—those elected by chapters and those elected at-large by the entire SNM membership.

Vincent J. Sodd, PhD, executive director of the Southeastern Chapter, however, said that the appointed trustees do represent chapters, and spoke out in favor of the motion. "When the Board of Trustees decided that chapters could elect trustees, it demonstrated that it wants equal representation among chapters. Certainly, this trustee is not controlled by the chapter, but he or she provides an avenue by which we can have better representation here at this meeting," he said.

Dr. Jacobstein, on the other hand, pointed out that the Board decided to have chapters directly elect some trustees to the Board for other reasons, partly to balance the Board geographically. "In addition, many SNM members who are active at the chapter level do not have enough recognition to be elected nationally, and this mechanism opens the door for those members to serve the SNM at the national level," he explained. Passage of this resolution would also "in a sense disenfranchise" the smaller chapters that do not appoint trustees, he added.

The resolution was defeated.

William J. MacIntyre, PhD, chairman of the Competence and Certifica-

tion Committee, introduced a resolution calling for the Board to approve a draft Statement on Credentialing and Delineation of Privileges. "Two years ago, the Board decided that certification by the American Board of Nuclear Medicine (ABNM) indicated sufficient training and experience for physicians to have competence in performing, evaluating, and providing consultation for all nuclear medicine procedures. We also recognized then that there are other routes whereby physicians can demonstrate competence in the practice of nuclear medicine, and the Competence and Certification Committee has attempted to outline those routes in the draft statement," explained Dr. MacIntyre.

Statement on Credentialing

During the discussion, various trustees noted that the ACNP and the Veterans Administration (VA) have also developed draft credentialing statements. Several trustees stressed the importance of all nuclear medicine groups providing one uniform credentialing statement to hospitals.

Dr. MacIntyre noted that his committee includes members who were involved in developing the ACNP and VA credentialing statements. "The ACNP document is structured around requirements of the US Nuclear Regulatory Commission (NRC) for the medical use of radionuclides. The SNM committee feels very strongly that NRC licensing should not be part of a hospital privileges statement. We have discussed this issue at length, and I'm not sure that the SNM and ACNP documents will ever be identical," explained Dr. MacIntyre.

Nevertheless, the Board voted to table the motion and directed that the SNM committee work with the ACNP to create one document to be used by both organizations.

Jose Martinez, MD, president of the ACNP, reported that he had been contacted by Lawrence R. Muroff, MD, chairman of the ACR Commis-

sion on Nuclear Medicine, on behalf of the ACR Board of Chancellors. The ACR Board was disturbed by language which they felt disenfranchised radiologists. After reviewing that language, said Dr. Martinez, "I realized that it could be considered offensive to the radiologists and even injurious to their professional interests." As a result, the ACNP has had extensive communication with the ACR on this issue. Barry A. Siegel, MD, a trustee of the SNM, suggested that the SNM also cooperate with the ACR on this project.

The SNM Central Office on occasion receives requests from hospital administrators for an official SNM position on delineation of privileges. These statements must be worded carefully, noted Henry L. Ernstthal, CAE, executive director of the SNM, because of potential violations of anti-trust statutes.

Congress Fights RAP DRGs

In response to the Reagan Administration's proposal to pay Medicare physician fees for radiologists, anesthesiologists, and pathologists (RAPs) according to a diagnosis-related group (DRG) system (see *Newsline*, Feb. 1987, p. 149), the US Congress has introduced House Concurrent Resolution 30 and Senate Concurrent Resolution 15, "which express the sense of Congress in opposition to RAP DRGs, global physician DRGs, and mandatory assignment."

Letter-Writing Campaign

Acting on resolutions introduced by the Government Relations Committee, the SNM Board of Trustees voted to support fully the congressional concurrent resolutions, which would not have the force of law if passed, but would at least put Congress on record as opposing DRG physician fees. Furthermore, the SNM trustees voted to endorse a membership letter-writing campaign to Congress in support of the concur-

rent resolutions, in coordination with the American Medical Association (AMA) and other RAP medical specialty groups. [Copies of the concurrent resolutions and a sample letter opposing RAP DRGs are being mailed to all SNM and ACNP physicians. Capt. William H. Briner, chairman of the SNM Government Relations Committee, requested that any SNM member who writes to Congress about RAP DRGs send a copy of the letter(s) to the SNM Central Office.]

Physician-Sponsored INDs

Introduced by the Government Relations Committee, a resolution was passed by the Board calling for the SNM to "reaffirm the importance of the continuation of physician-sponsored investigational new drug (IND) exemptions for research involving radioactive drug products which are not the subject of a commercially sponsored IND." This same resolution also called for the SNM to "reaffirm

its support for the concept and continued operation of radioactive drug research committees (RDRCs)."

According to Capt. Briner, "there have been indications recently from SNM members that the US Food and Drug Administration (FDA) plans to restrict severely the number of physician-sponsored INDs accepted by that agency. The intent of this resolution is simply to underscore the SNM's continued strong support of this very valuable avenue of clinical research in nuclear medicine."

Robert H. Wilbur, of the SNM/ACNP Conjoint Washington Office, gave a status report on the Maxey Flats radioactive waste site in Kentucky, which was shut down several years ago and recently designated as a "Superfund" cleanup site. The waste generators who used the disposal site are now financially responsible for the cleanup, noted Mr. Wilbur.

"The message here is that any waste generator—not necessarily the nuclear medicine department, but certainly someone within a hospital who is responsible for disposing of hazardous waste—must have confidence in the waste brokers and the disposal site. If these parties are not handling the waste in compliance with regulations, the waste generators are ultimately responsible," he explained.

Research Funding

Melissa Brown, director of government relations at the SNM/ACNP Conjoint Washington Office, reported on federal funding for biomedical research in fiscal year 1988. The US Department of Energy (DOE) budget has \$22.9 million allocated for nuclear medicine research in the proposed budget from the Reagan Administration, up from \$22.1 million last year.

For the National Institutes of Health (NIH), Congress last year appropriated a record-breaking \$6.2 billion. The OMB, however, is still trying to find ways to reduce this funding by spreading out the grants over two or

three years, reducing the commitment base in the current year. The OMB wants to take \$334 million of the NIH appropriation for fiscal year 1987 and carry it over to fiscal year 1988, said Ms. Brown. Although this action requires congressional approval, the OMB has directed the NIH to operate now as if this carry over is going to take place, essentially reducing the number of new and competing research grants this year by 700, and reducing individual grants by up to 30% of the funding levels recommended by study sections.

The SNM has joined about 60 other biomedical research organizations as a signatory on a letter to Congress "expressing outrage over this proposal, and asking Congress's support in defeating it," said Ms. Brown. "Congress is highly supportive of the NIH, and we fully expect Congress to block the OMB plan," she added.

SNM Budget

With respect to the SNM budget (see *Newsline*, Aug. 1986, p. 1241), Dr. Staab, treasurer of the SNM, reported that "the Society remains fiscally strong." Overall growth for fiscal year 1984-85 was 6.5%, compared to less than 1.0% in fiscal year 1985-86. "We have to be careful of this trend, and it was discussed at great length in meetings of the Finance and Audit Committees," said Dr. Staab.

Martin Nusynowitz, MD, chairman of the Finance Committee, said that the difference between revenues and expenses has gradually diminished over the past four years. "The committee is looking very, very carefully at every line item on the budget," said Dr. Nusynowitz.

[For more information on this meeting, or on the SNM organizational structure and budget, contact: The Society of Nuclear Medicine, Dept. 487NL, 136 Madison Ave., New York, NY 10016-6760, (212)889-0717.]

Linda E. Ketchum

Nominations for 1987 SNM Election

President-Elect

Barbara Y. Croft, PhD
William C. Eckelman, PhD

Vice President-Elect

Robert E. Henkin, MD
Leon S. Malmud, MD

Treasurer

Harold L. Atkins, MD
Martin L. Nusynowitz, MD

Trustees

Charles M. Boyd, MD
Eva V. Dubovsky, MD
James W. Fletcher, MD
Jerome G. Jacobstein, MD
William D. Kaplan, MD
G.T. Krishnamurthy, MD
Barry A. Siegel, MD
Heidi S. Weissmann, MD

(The election bulletins will be mailed to SNM members this month, and the ballots must be returned by May 2, 1987. Winners will be announced at the SNM 34th Annual Meeting, June 2-5, 1987, in Toronto, Canada.)