COMMENTARY

LINES FROM THE PRESIDENT: PROTECTING OUR "WINDOW OF EXPECTANCY"

The clinical practice of nuclear medicine, particularly in the United States (US), is entering a "window of expectancy." Although the number and range of clinical procedures have remained fairly constant over the past few years, there is every reason to expect that those very radiopharmaceuticals and techniques that attract us to our scientific meetings will become part of our nuclear medicine clinical practice within the next three-to-five years. Because some long-term vision is required to see what lies beyond our window of expectancy, and because market analysts are mesmerized by past history when they predict future outcome, nuclear medicine is probably the most underrated of all the imaging modalities. Over the past decade, marketing surveys performed by outside specialists with little knowledge of, or interest in, the potential of nuclear medicine have predicted zero growth with no change, or even declines, in revenues and volume. These market surveys are clearly short-sighted. Nuclear medicine will experience unprecedented growth over the next decade. Its procedures are relatively inexpensive and safe, and there is enormous potential for designing radiopharmaceuticals to meet specific clinical needs.

B. Leonard Holman, MD

It is ironic that, although our scientific meetings, educational programs, and publications are the purpose and underpinnings of The Society of Nuclear Medicine (SNM), I find my first activities in office related to government affairs and socioeconomic issues. The Physician Payment Review Commission has been charged with evaluating the administration's RAP-DRG proposal as a method for reducing Medicare costs. [The Reagan Administration proposes to pay Medicare physician fees to radiologists, anesthesiologists, and pathologists (RAP) according to the diagnosis-related group (DRG) mechanism of the Prospective Payment System.] David H. Woodbury, Jr., MD, president of the American College of Nuclear Physicians (ACNP) and I, along with the American Medical Association (AMA), and organizations representing radiology, anesthesiology, and pathology, testified before Congress on this issue. The RAP-DRG issue is of vital importance because a move to bundle the reimbursement of nuclear medicine procedures into hospital costs would go a long way toward classifying us as second-class, hospital-employed physicians.

The arguments made by the various specialty groups and the AMA were strong ones, and were received sympathetically by most members of the Physician Payment Review Commission. The administration of such a proposal would be a nightmare, pitting physicians against each other and against the hospitals. Since we already serve as gatekeepers for screening out unnecessary and inappropriate studies, inpatient volume would not change. What would change, however, is the size of the physician reimbursement fees for nuclear medicine and other RAP procedures. As a result, the imaging specialties, pathology, and anesthesiology will bear the brunt of this effort to reduce Medicare costs. Everyone involved in this process appears hypnotized by the bottom line and blind to the detrimental impact.

Should the president of an international organization dedicated to science and education—and composed of physicians, radiopharmacists, basic scientists, technologists, and commercial representatives—be testifying on reimbursement issues related only to physicians in the US? I think the answer must be "yes," particularly when the issues involved are so fundamental as to redefine the role of the nuclear medicine physician in the health care delivery system. The changes implicit in RAP-DRGs will significantly hamper the introduction of new technologies and reduce the impetus for research and development in our field. The consequences of these changes will affect all basic scientists, technologists, and others involved in the development and practice of nuclear medicine. Although the US accounts for only a fraction of nuclear medicine research and development, that fraction is significant. Dampening of research efforts in the US would inevitably affect progress in the field worldwide.

We need to make ourselves heard in the policy-making forums of this country, and throughout the world, and I will do my best to ensure that our voice is a knowledgeable and effective one. We must protect our window of expectancy, and fight to keep the ill-informed from shutting it and destroying our specialty in the process.

B. Leonard Holman, MD
President, The Society of Nuclear Medicine

[Editor's Note: The RAP-DRG proposal has been defeated. *Newsline* will publish more details next month.]