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**COMMENTARY**


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## LINES FROM THE PRESIDENT: RVSS, REGIONAL COMPACTS, AND OTHER NATIONAL ISSUES

**G**reetings from the University of Virginia and Blue Ridge Mountains! For those of you who read September's column, I am including an update: I successfully moved my household goods, but our hospital move has definitely been put off until after January 1. Keep an eye on this spot to see how far someone else's schedule can slip.



*Barbara Y. Croft, PhD*

The hottest current topic is the unveiling of the various Relative Value Scales (RVS). The American College of Radiology (ACR) has scheduled a number of meetings for business managers to reveal the details of the radiology

RVS and the implementation of it by the Health Care Financing Administration (HCFA), hoping that the Federal Register notice describing the plan will be available. The stated plan is to implement the ACR-RVS on January 1, 1989; this will give us all a taste of the effects of a relative value scale on reimbursement.

The Harvard RVS, called the Resource-Based RVS, or RBRVS, has been published as *Final Report to the Health Care Financing Administration* by Drs. W.C. Hsiao, P. Braun, E.R. Becker, et al. of the Harvard School of Public Health (publication 18-C-98795/2-03), as well as in a series of articles in both the *New England Journal of Medicine* and the *Journal of the American Medical Association*. The articles make interesting but heavy reading. While studying them—to prepare for an AMA-sponsored meeting on the RVS in the middle of November—I noticed some interesting facts. The importance of the CPT codes and their accuracy is brought home to us again, since the whole study is based on a selected group of CPT codes for each specialty represented. There are still quite a number of CPT codes outside the study; a series of techniques was developed to link them to services and procedures outside the sample. The first was an attempt to place unsurveyed procedures into a family of procedures with those surveyed, using relative charges for the various procedures. At this point the current charges intrude into the resource-basing of the RBRVS method. The grouping into families left out the “unrelated” procedures, involving 13% of total Medicare

charges for imaging, and overall about 4,000 CPT-4 codes. For these 4,000, approximately 2,500 procedures are infrequently performed, and there are currently no relative values.

Cross-specialty linkage was made wherever possible by either comparing the same examination as done by two different specialties, or comparing two examinations or procedures with extremely similar properties. Thus one specialty could be aligned with another on the basis of a common scale of work. It is disturbing to those of us in nuclear medicine that bone-mineral densitometry, held currently in low esteem by HCFA, was one of the cross-specialty linkages under radiology. However, the study team makes the point that the linkages developed seem statistically robust, in that some of the linkages can be dropped out and yet the whole framework stands. Practice costs were also taken into account; a practice cost index was prepared from average practice costs and gross income data, and included specialty-specific data, but not geographic variation. The study group used five-year-old practice cost data.

As time goes along, we will all learn more than the RVS and the HCFA's possible plans for implementation. On this topic, the three editorials included in the JAMA issue are instructive. HCFA administrator William L. Roper, MD, writes that he believes that the RBRVS can be a valuable tool, but that it is only one mechanism for reform of physician payment, and that there are other ways besides full implementation in which the results of the RBRVS study could be used. Dr. Roper's editorial seems to be an attempt at a very political discussion of the problems that significant redistribution of Medicare payments might cause.

On November 7, the Society of Nuclear Medicine (SNM) and the American College of Nuclear Physicians (ACNP) submitted their joint reply to HCFA concerning their intent to withdraw Medicare coverage for single-photon absorptiometry and continued noncoverage of dual-photon absorptiometry. The letter points out the toll that osteoporosis exacts, and the benefits of bone mineral densitometry in diagnosis and monitoring treatment. I hope that many of our members have also written to HCFA about this issue.

The SNM and the ACNP wrote to the Nuclear Regulatory Commission (NRC) to comment on the NRC's proposed rule to amend its regulations and reassert its jurisdiction over onsite low-level waste disposal for nuclear reactor facil-

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ities, and the negative effect we felt it would have on the development of multi-state regional compacts. If the reactors can dispose of low-level waste onsite, the financial underpinnings of the compact disposal sites are removed, since only other producers of low-level waste would be left to support them. Also, there is the hazard of many small low-level waste sites around the country in the hands of the power companies at a time when this is not a popular idea.

Mark Rogers, SNM's Director of Data Processing, reports jubilantly that the new computer is handling the financial and membership records very well. The computer processed the annual billing and is keeping track of the funds received perfectly, as evidenced by operation in parallel with the older computer. The next project is the complete implementation of the general ledger on the computer.

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political reasons, he said, adding that "there's nothing wrong with that, but we shouldn't allow it to be surrounded by pseudoscience."

Suggestions for coping with public perceptions were offered by several participants. Vincent T. Covello, PhD, a sociologist and director of risk communication and assessment at Columbia University, said that the nuclear industry has regularly failed to communicate effectively with the public. He recommended that technical personnel accept and involve the public as a legitimate partner; be honest and open; collaborate with other credible sources, such as the League of Women Voters; meet the needs of the media; use effective comparisons; personalize the information to show how they would respond if they were living in a particular community; use concrete language and graphics; use anecdotes; and tailor the message to various segments within the community.

Anita Curran, MD, the commissioner of the Westchester County (New York) Department of Health, urged that those trying to place disposal sites make use of their local public health department. She pointed out that her office has experience and credibility in informing the public on such issues as AIDS, Lyme disease

and dioxins. "Public Health makes it a policy to answer any and all questions. We work with the media. We are prevention-oriented."

### The Public Response Is Key

An energy specialist from the League of Women Voters added that the experts must motivate the public to attend the local meetings on the disposal site. "Somewhere I must see and hear the notices and get the idea I should be there. Or else I will write letters to the editor," said Carolyn Kobrynski, MEd. Taking on the persona of a resident living near a proposed site, she said "Help me with the cost to hire experts—guarantee my castle. Don't saddle me with new taxes. Do some local buying. . . . Tell me. I can't forgive being kept ignorant. . . . I want your respect."

The Central Midwest compact has made some mistakes in its effort at public education, but has also been very successful, according to Thomas Kerr, manager of the Illinois Department of Nuclear Safety's Low-Level Waste Program. Realizing that it can't educate the entire state on low-level waste in just a few months, his department has concentrated on the areas most likely to host the site. Grants are available for communities to do their

own studies, and hundreds of small meetings have been held in anticipation of the final site selection next November. As local politicians tend to take a short-term view of things, Mr. Kerr said he has worked to find an immediate benefit for the community that politicians can point to. He also has found cities to be most receptive because of the economic development potential of hosting the disposal site.

While the technical theory of low-level radioactive waste disposal may be well-developed, symposium participants agreed that they had their work cut out for them in educating the public. Eric Hall, DSc, professor of radiation and oncology and director of the Radiological Research Laboratory at Columbia University says, "99.99 percent of the time, we're the public like everybody else. The public doesn't make sensible, reasonable decisions about anything else. Why should we expect it in this area?" In the political process of winning allies, local control—perceived or real—is the key to success, according to Ms. Kobrynski from the League of Women Voters. "The views of the citizen are not of great value to the experts, but citizen views will make or break you."

*Karla Harby*