

## Two Task Forces Formed

# SNM BOARD OF TRUSTEES SUPPORTS RELATIVE VALUE SCALE SURVEY FOR JOINT SNM/ACNP MEMBERSHIP

“...The Society and the College... felt it was desirable to launch their own survey to compare information...to determine whether or not the ACR survey dealt fairly with nuclear medicine...and also to determine whether or not...people who are essentially full-time in nuclear medicine looked at it differently from those who were only part-time.”

The Executive Committee proposed a resolution asking that The SNM and the American College of Nuclear Physicians (ACNP) conduct a survey of their joint memberships to develop data for a nuclear medicine relative value scale (RVS). The Board resolved that The SNM support at least 50% of the expenses related to a charge-based RVS, which is now underway. The Board also passed a resolution providing for a national SNM/ACNP task force to address issues surrounding the implementation of the American College of Radiology (ACR) RVS (see *Newsline* Mar. 1989, p. 271).

Presentations by several speakers involved in the development of the RVSs touched off discussions which dominated the agenda of the Board's Winter Meeting, held in New Orleans, Louisiana in February. Oscar M. Powell, Jr, MD, and Philip O. Alderson, MD, who have worked with both the Harvard team developing a resource-based RVS and the ACR on its charge-based RVS, in addition to Clark A. Davis, ACR's director of research, spoke to the Board about ongoing RVS developments.

“As a consequence of all the disruption because of the drop in fees, particularly for nuclear medicine, the Society and the College...felt it was desirable to launch their own survey to compare information...to determine whether or not the ACR survey dealt fairly with nuclear medicine...and also to determine whether or not...people who are essentially full-time in nuclear medicine looked at it differently from those who were only part-time,” Dr. Powell told the Board.

He urged prompt response to this survey as well as a survey being conducted by the Harvard group of about 160 nuclear medicine practitioners over the next few months and said that members of the nuclear medicine panel working with the Harvard researchers on the second phase of the study, “...have been insistent that the Harvard group select people whose primary specialty is listed as nuclear medicine.” The Harvard group uses American Medical Association lists of specialists, which may include physicians practicing nuclear medicine less than full-time.

Speaking to the Board about the

ACR RVS process, Dr. Alderson who is acting chairman of the department of radiology and director of nuclear medicine at Columbia Presbyterian Medical Center, said the College accepted the recommendations of the nuclear medicine panel “without modification...there was no unfair treatment whatsoever of nuclear medicine by the ACR.” He explained that the panel's “...strategy in developing an RVS that would be helpful to nuclear medicine...was to try to preserve our currently common procedures, our future directions...while really giving up the things that...didn't seem to be as useful to us.”

The 16% figure, initially released by the ACR as the decrease in nuclear medicine fees, “is misleading,” said Dr. Alderson, for a number of reasons, including the fact that it does not consider frequency. Calculations he has made indicate the “...decrease with respect to relative values is in the order of 6%, not 16%. Now you have to compare that volume weighted decrease with 10 to 12% decreases that are occurring in CT and MR...they have no way to es-

cape through volume averaging . . . because they don't have nearly as many codes as we do, and almost all their codes are vital." Angiographers, Dr. Alderson continued, "stand to lose 40 to 50% of their relative earning power around the country" if they are no longer allowed to use surgical codes in their billing.

Dr. Alderson acknowledged that some nuclear medicine practices were estimating financial losses greater than 16% after the release of the initial conversion factors by the local carriers, and he explained some of the reasons for this: certain codes were miscoded by the ACR; there were errors in the conversion factors calculated by some carriers; the ACR RVS is a national median scale, and as such it tends to level regional variations in billing—those at the high end will come down and vice versa; and non-radiologist nuclear medicine physicians were not represented in the ACR survey.

In addition to the data on nuclear medicine relative values that will be derived from the SNM/ACNP survey, the ACR has offered to survey the SNM/ACNP membership and include that data with their own, rather than keep it separate. Dr. Alderson recommended that the SNM continue to work with the ACR on their RVS, but also perform its own survey. In addition, he said, the SNM should continue to work with the Harvard group on their study because . . . "if that should happen to come out favorably to nuclear medicine . . . that will be a strong independent assessment of the fact that there is some difference between nuclear medicine physicians and perhaps radiologists who do nuclear medicine."

Mr. Davis, who discussed the ACR RVS process and the problems arising when local carriers miscalculated conversion factors, said, "every fee schedule that came out was incorrect," with fee reductions

ranging from 10 to 80%. Mr. Clark said the errors made by the carriers included using the wrong customary and prevailing charges, overstating the number of services by counting denied claims, as well as various coding errors. These errors have been uncovered and are being rectified.

"At this time," he said, "HCFA [The Health Care Financing Administration] is working with the carriers and has not released their final instructions on the new calculation of conversion factors." April 1 is the slated implementation date for the fee schedule based on the ACR RVS, but, said Mr. Clark, HCFA is allowing a 30-day period, commencing when the carriers send out the fee schedules, during which physicians must decide whether or not to participate in the Medicare program. (HCFA's amended fee schedules for radiologist services were published in the *Federal Register* on March 2.)

During the ensuing discussion, Board members and other attendees examined aspects of the differing RVSs and considered what the Society's role should be regarding these scales. Urging support of the SNM/ACNP RVS survey, Capt. William H. Briner, chairman of the Government Relations committee and associate professor of radiology and director of radiopharmacy at Duke University Medical Center, said, "If we by our actions or lack of action on this issue indicate to [the membership] that they have nobody speaking for them, they will make their lack of presence felt by not renewing their memberships to the organizations. This, in turn, will be reflected in fewer applications for resident positions and in general in a downturn in nuclear medicine like you have never seen."

Robert E. Henkin, MD, director of nuclear medicine, Loyola University Medical Center, Foster G.

## 1989-90 Nominations

### President-Elect

Leon S. Malmud, MD  
Naomi P. Alazraki, MD

### Vice President-Elect

H. William Strauss, MD  
Lawrence R. Muroff, MD

### Secretary

Edward B. Silberstein, MD  
David C. Price, MD

### Historian

Millard N. Croll, MD

### Trustees

Linda Monroe, PhD  
R. Edward Coleman, MD  
Manuel L. Brown, MD  
B. David Collier, MD  
Henry M. Chilton, PharmD  
Carol Marcus, PhD, MD

(The election bulletins will be mailed to SNM members this month, and the ballots must be returned by May 15. Winners will be announced at the SNM 36th Annual Meeting June 13-16 in St. Louis, Missouri.)

McGraw Hospital, who is also a member of the nuclear medicine panel working on the second phase of the Harvard RBRVS, cautioned against getting bogged down in the RVS process. "We have lost sight of the real danger here," he said, "whether it's the ACR or the RBRVS . . . we have now lost control over the dollar point value and no matter whose study we're using, no matter what the data is that comes out, no matter what the relationships are with the procedures . . . the end point is that if HCFA says that this point is worth 50 cents, not \$10, that's what it's going to be."

(continued on page 437)

(continued from page 436)

### Other Issues

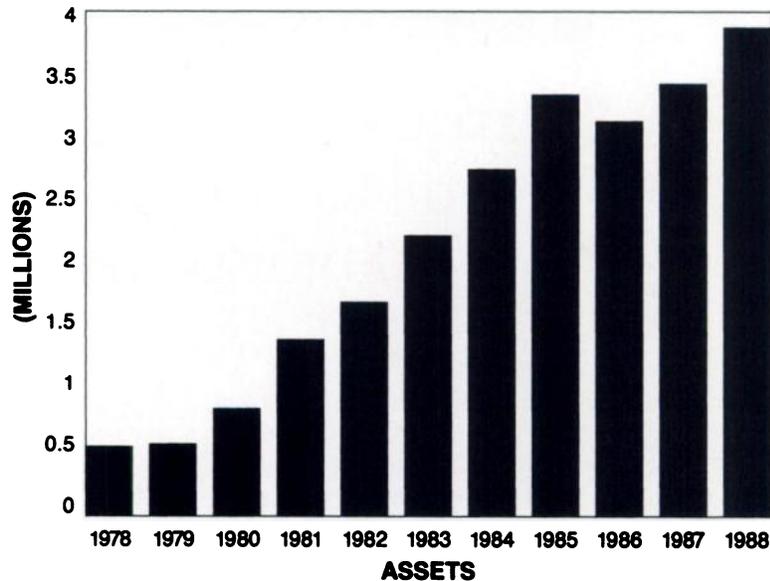
The Board passed two resolutions proposed by the Publications Committee, the provisional approval of the nomination of H. William Strauss, MD, director of the division of nuclear medicine, Massachusetts General Hospital and professor of radiology, Harvard Medical School, as the next editor of *The Journal of Nuclear Medicine* with a term commencing January 1990 (SNM by-laws require that the editor be confirmed at the Annual Meeting) and a resolution to change the by-laws to allow the Board to approve the nomination of the JNM editor at any meeting rather than just the Annual Meeting. As part of the latter resolution, the Board asked "that the By-Laws Committee consider developing a mechanism by which an editor or an interim editor may be selected for rapid succession should the JNM editor become disabled, die, or resign."

The Board passed a resolution stating "The SNM would support the position of the Council of Medical Specialty Societies (CMSS) that specialty societies should provide . . . initiative and leadership in developing methods and recommending processes for evaluating competence . . ."

At the request of the General Program Committee, the Board designated Orlando as the site for the Annual Meeting in 1994 and Minneapolis as the site for 1995.

A proposal was brought forth by the Membership Committee, asking that a task force be appointed to develop practice-related programs, where appropriate in conjunction with the ACNP and other organizations. In background material supporting the proposal, the Committee writes, "The SNM will better meet the needs of the practitioner and consequently increase and better support

## THE SOCIETY OF NUCLEAR MEDICINE



its membership" by providing programs to address problems arising "in the day to day practice of nuclear medicine." The Board accepted the proposal and asked that the task force present a preliminary report at the Annual Meeting in June.

### SNM Finances

The Board approved the following additions to the 1988-89 budget at the request of the Finance Committee Chairman, Martin L. Nusynowitz, MD, professor and director, of the division of nuclear medicine in the department of radiology, University of Texas Medical Branch: cardiovascular council syllabus, two basic scientist fellowship grants to be handled by the Education and Research Foundation, academic council request to produce a medical student video, medical student and non-medical graduate students in the basic scientist attendance at national meetings gratis, additional funding of the Washington Office, and transition costs for the new editorial office.

Richard J. Oszustowicz, chairman of the Audit Committee, presented the Audit Committee's Report, with

a historical perspective, to the Board. "... just ten years ago, your Society's assets were about half a million dollars and you were on the verge of being considered technically bankrupt. This year," he continued, "for every dollar of asset that you had, you generated \$1.14 of revenue. That suggests productivity. You are using your assets . . . overall you've got a very strong corporation that grew in assets by 12.4%, and your liquidity has improved materially, thanks to the capitalization fund."

After allocations to the capitalization and relocation funds, The Society was left with excess revenue of \$69,470 for fiscal year 1988, which ended last September 30. This figure was 113% above projections. Assets rose 12.4% to \$3.9 million from \$3.4 million last year.

The Board passed two resolutions relating to the Auditor's Report, approval of the Ernst and Whinney Audit Report of The SNM and approval of the appointment of Ernst and Whinney to perform the fiscal 1989 audit.

Sarah Tilyou