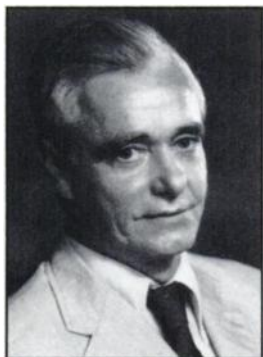


## COMMENTARY

## PRACTICE GUIDELINES AND NUCLEAR MEDICINE

**T**HE BRAND-NEW OFFICE OF HEALTH CARE Policy, created by The Society of Nuclear Medicine over the summer, will be an outpost on the frontier of an



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emerging movement in medicine to develop practice policies, parameters, or guidelines. The American Medical Association supports the adoption of practice parameters, which it defines as recommended health care strategies that may determine adequate and inadequate levels of care, and endorse or proscribe specific tests and techniques.

The mounting importance of practice policies reflects the transformation of the art of diagnostic and therapeutic decision making

into a quantitative science. As multi-specialty physicians encounter an increasingly high-technology and swiftly evolving environment, optimization of patient care becomes proportionately more demanding. The calculus of optimization may, at times, exceed the capacity of an individual physician. If this happens rarely, the failures may go unnoticed, but growing expectations of medical care, and increasing patient sophistication have kept pace with the rapidly improving so-called best results. Thus, no longer is it sufficient to perform to the "standard of practice of the local community."

If there is a best strategy for a given patient with given symptoms, the public wants physicians to know the strategy, and provide the best care. Practice parameters can be thought of as up-to-date road maps to guide clinical decision making. Proponents of practice parameters maintain that they will improve the quality of health care, reduce physician liability, and curb the use of unnecessary procedures.

But who will create these maps by which physicians will know what the best strategy is? Internists? Surgeons? Oncologists? Ethicists? Clinical decision makers? Clearly, each must be heard, but no one specialist can fully integrate the variety of information available via Medline searches, the international literature, and the latest proceedings of scientific meetings. In the drafting of certain practice parameters, the expertise of nuclear medicine physicians and scientists will be required.

Although a nuclear medicine physician is not in the proximate decision tree for many patients, the nuclear medicine physician's voice must be heard when a clinical practice guideline addresses the basis for the decision to use thallium or sestamibi, planar imaging or SPECT, or when knowledge is required of the fine points of patient size, radionuclide availability, and equipment

calibration after-hours, and in many other instances, as well.

To clarify technical aspects of practice policies for nuclear medicine, the committee on health care policy, chaired by James W. Fletcher, MD of St. Louis University and the St. Louis VA Hospital is organizing an educational program for Society members. The first course will be presented at the SNM Midwinter Meeting in February. A cadre of interested nuclear medicine physicians and scientists, along with health services research scientists, will study the sciences and languages of randomized controlled trials, meta-analysis, critical path analysis, and medical efficacy assessment. Volunteers from the Society will be selected for the program.

The Society is now seeking a health services research scientist to direct the Office of Health Care Policy (formerly called the Office of Practice Policy and Quality Assurance, see *Newsline*, June 1991, p. 13N). The job will be part-time to enable the analyst to maintain a connection to academia.

The office will provide support to the socioeconomic affairs sub-committee on nomenclature, which is charged with mobilizing Society members to establish internal practice standards for the definition of the various nuclear medicine procedures. Kenneth A. McKusick, MD of Massachusetts General Hospital in Boston chairs this sub-committee.

### Gauging Success

How should success be defined for the Office of Health Care Policy? Working together with the internists, surgeons, cardiologists, pediatricians, other clinical specialists, and with other imaging specialists, our members will define the parameters that determine the best application of nuclear medicine studies to the practice of medicine.

If our health care policy working groups are thoroughly aware of guidelines under development by other specialty groups and are providing well-researched data that contribute to establishing the guidelines for each disease and condition, and if these efforts improve patient care, we will have succeeded. The individual accomplishments, such as learning a new language and working with other specialists, scientists, and even patient advocates, are steps along the path. The most important goal of this activity is the collaboration with our specialist colleagues who refer and care for the patients. When collaborations are extensive, respectful, and result in published guidelines, parameters, and policies, we shall have met our foremost goal.

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