ACTIONS OF THE BOARD OF TRUSTEES OF THE SOCIETY OF NUCLEAR MEDICINE

The Board of Trustees met on February 9, 1992, in Dallas, Texas, at the Mid-Winter Meeting of The Society of Nuclear Medicine (SNM). The following is a compendium of selected results of the meeting:

CARDIOVASCULAR TRAINING REQUIREMENTS

The Board of Trustees voted against advocating reductions in the Nuclear Regulatory Commission (NRC) training requirements for licensure in nuclear cardiology. The Society's Cardiovascular Council proposed to trim 2 months from the NRC's requirement for 6 months of training. The Council had argued that the current training standard was "lengthy and prohibitive" and disadvantaged nuclear procedures relative to competing technologies, such as exercise echocardiography.

STANDARDIZED CARDIAC IMAGING

The Cardiovascular Council presented a draft document defining standards for the nomenclature and display of cardiac tomographic images, which the SNM trustees unanimously adopted. Developed jointly by the Cardiovascular Council and committees representing the American Heart Association and the American College of Cardiology, the document is intended for simultaneous publication by the organizations as a first step in the establishment of broadly accepted standards for tomographic imaging.

POSITION PAPER ON CARDIAC PET

The Board decided to delay consideration of a position paper by the Cardiovascular Council on clinical application of positron emission tomography (PET) in cardiology. The 22-page document describes the use of PET for detecting and characterizing coronary artery disease and identifying myocardial viability, and among other conclusions recommends that public and private health insurance carriers reimburse for PET imaging of the heart. Concurring with the Executive Committee, the trustees tabled the resolution pending review and revision of the document by the Cardiovascular Council, which was also asked to decide whether the document should be classified as a scientific position paper or a policy statement of the Society. Reasons for the decision to table included concerns about the strengths of the paper's argument for clinical approval of PET and how payers might react to such a position paper when considering SPECT.

SUPPORT FOR SNM IN CANADA

A call for fiscal support emanating from Canadian members sparked a lengthy discussion—and two separate votes—revealing widely divergent opinions on the nettlesome issue of how dues should best be allocated in an international membership composed of physicians, scientists, and technologists. Maintaining that Canadian SNM members "derive no direct benefits" from SNM government relations work in Washington, the Prairie Provinces Chapter asked that a portion of Canadian members dues be channeled to the Society of Nuclear Medicine in Canada (SNMC) to support government relations work there. Representatives of SNMC said that they had trouble attracting new members because of the perception of inequality between Canadian and U.S. members. In its first vote, the Board opposed "rebates" for chapters but endorsed "membership services" for chapters and individuals if appropriate and legal, which was the resolution approved by the Executive Committee. (Members of the committee endorsed supporting the Canadian effort, but objected to setting the precedent of returning dollars to an unsatisfied subset of members.) But representatives of SNMC argued that the motion side-stepped the intention of their original resolution and pressed for a second motion, which the Board went on to approve. The motion stated that the Society would provide "appropriate fiscal support" to SNMC for socioeconomic activities in Canada within legal bounds, and that this support would be achieved through application to the SNM committee on finance and budgets.

NRC QUALITY MANAGEMENT RULE

The Executive Committee reported to the Board its pledge to continue "vigorous efforts" to oppose the NRC Medical Quality Management Rule. The Executive Committee approved an initial $5,000 to be matched by $5,000 from the American College of Nuclear Physicians to pay for legal fees incurred in appealing the QM rule in federal court. Although the Executive Committee stressed a preference for a negotiated settlement with the NRC, members approved contingency funding up to $15,000 from SNM for further legal action.

TREASURERS REPORT

The Society's year-end revenues increased dramatically from the previous year. Revenues exceeded expenses by $373,897 in 1991, compared to an excess of $80,000 in 1990. Treasurer James J. Conway, MD attributed the gain to the influx of 1000 new members and greater proceeds from the Annual Meeting. Total assets increased by about $294,000 and the capitalization fund swelled by $266,000 to the level of 59% of expenses. SNM policy requires the fund to be at least 50% of expenses.

CENTRAL OFFICE RELOCATION

To enable the relocation of SNM Central Office, the Board of Trustees will have to decide soon where to move the office, the Business Advisors Special Committee reported. Given the time and planning required, the committee said, a decision must be made by June 30th, 1992 to allow the process to proceed "in an orderly fashion" prior to expiration of the lease for the New York office in 1995. Last year after contracting a $26,000 study of the costs and benefits of relocating to various cities, the Board decided against moving the office in 1992. The Business Advisors Committee previously narrowed the list of potential cities to three: Philadelphia, Dallas, or Washington, DC. At the Board of Trustees meeting the committee put on record a preference for moving to Washington, DC, but planned to present further details of the financial impact of the various options to the Board at the SNM Annual Meeting in June. Advocates of moving to Dallas emphasized the potential cost savings in that city. Those in favor of Washington pointed to the growing importance of government relations as a reason for moving the office to the nation's capital.

EMERITUS RECOGNITION

The Board granted emeritus status to the following SNM members:

Frank M. Behlke, MD
William H. Bell, MD
Dennis W. Biggs, Jr., MD
Monte Blau, PhD
Donald C. Borg, MD
Edgar W. Branyon, Jr., MD
Michael J. Brennan, MD
Harry H. Browne, MD
Harry A. Claypool, MD
Edwin M. Cohn, MD
Robert T. Cook, MD
John W. DeVore, MD
B. J. Desai, MD
Mina K. Edelman, MD
Hugo F. Elmendorf, Jr., MD
Douglas W. Erickson, MD
John A. Gantz, MD
C. Craig Harris, MS
James G. Kereiakes, PhD
Mariano Marzo, MD
Byron D. Minor, MD
Robert L. Mulligan, MD
William H. Olson, MD
Joseph L. Rabinowitz, PhD
Robert Rivera-Vigoreaux, MD
Marcus A. Rothschild, MD
Theodore Rowan, MD
Bettye A. Sayle, MD
David J. Seff, MD
Robert N. Semine, MD
Steven Y. Toth, MD
Paul M. Weber, MD
Jack D. Whitaker, MD
William E. White, MD
James Winter, MD, PhD

Technology and the Coming Reform of the Health Care System

Somehow in the roiling political debate over health care reform, the quality factor has dropped out of most discussions, making it critically important for the medical profession to steer policy makers back to the issue of quality, Theodore Cooper, MD, chairman of the board and chief executive officer of the Upjohn Company, said in his address to the Board of Trustees of the Society of Nuclear Medicine.

"The political reality is that the principal objective even at the expense of quality will be to get more people in the health care system," Dr. Cooper said. "You don't even hear very much about the word quality anymore in the big debate." Instead, economists and in turn politicians have focused attention on the costs and availability of health care, he said.

Nuclear medicine and other technology-based specialties fall particular vulnerable amid the competing cost-cutting plans emanating from Washington. Dr. Cooper, a former dean of Cornell University School of Medicine who has served on numerous federal commissions on health care, spoke ominously of the trend in Congress to ignore the escalating demand for health services and single-out technology as largely responsible for driving up the costs of health care. "The older the population, the more services they demand, but that will be accepted politically—the attack points will be technology and the system and costs attributed to technology."

Nevertheless, Dr. Cooper predicted that technology-based specialties will not only survive, they will flourish. "But now you'll be what I call in my business 'right-sized'," he added. The "word is out" in Washington, he said, that an over supply of specialists is creating a demand for health services and thus inflating the cost of medicine. "It's astonishing how many people I have talked to in Washington, particularly young, increasingly powerful congressional staff, who have no idea of how the system works and are not at all unwilling to propose a solution to the problem."

How should physicians respond in such a hostile environment? "You must be very aggressive in setting the rules for establishing the basis for application of your own technology," Dr. Cooper said, "because there are a lot of people who would be pleased to do it for you."

With a gruff warning about lawyers and managed care specialists and the growing perception that outcomes studies "are going to be the answer to everything," Dr. Cooper said that "as you set guidelines and protocols and outcomes, watch what you say because you're going to end up eating it when it comes to the pay line."

In addition to gathering technical data on outcomes and mastering the elements of price structuring, Dr. Cooper stressed the importance of conveying the value that nuclear medicine provides the society in vivid terms, such as the number of lives saved, or dollar expenses spared. "The heart doctors say how many hundreds of thousands of lives they have saved recently—they don't give you much credit for participating in that," Dr. Cooper remarked.

Beyond relating the value of the specialty, physicians need also to directly approach basic problems and offer solutions of their own, Dr. Cooper said, especially for extending health care to the unemployed and uninsured. "You're health professionals. You're leaders in the community and if you have no ideas on it, you are going to leave it to the economists," he said. "Change is always threatening, but it can be a very positive thing—if you can help mold the solution you can thrive on change."