COMMENTARY

LINES FROM THE PRESIDENT

Prediction is difficult, especially of the future.
—NEILS BOHR, PH.D.

Richard C. Reba, MD

I AM PREPARING THIS MESsage the day before President Clinton will deliver his 1994 State of the Union message to Congress. Appreciating the wisdom of Professor Bohr's attitude regarding our ability to predict future events, it is safe to say that President Clinton has considered emphasizing two major topics: Health Care Reform and Welfare Reform. It is a safe prediction that a major thrust of his message will be Health Care Reform, probably with a lesser degree of focus on reforming the welfare system, crime control, and worker retraining.

With the number of health care bills introduced to date, the size and breadth of the legislative details are enormous. A total of five committees (House and Senate) will have jurisdiction over the entire bill, while no fewer than ten subcommittees will have some say over part or parts of the proposed legislation. Some professional, and naive, politicians view this as a huge bureaucratic roadblock. However, key Congressional staff predict that Democrats and Republicans have substitute legislation which will move quickly. Republicans will focus on insurance reform or limited universal access, while Democrats, without compromising on universal access, probably will not follow the White House lead on giving significant control of health reform to the States. (As an aside, whether one is or is not working in an academic institution, historically Democratic-sponsored legislation has always contained more protection for teaching hospitals, particularly those who care for a disproportionate share of the poor.)

Given the many facets of proposed Health Care Reform legislation, the SNM leadership has judged that although there are thirteen or fourteen major and important issues, your Society will not devote any of its resources to the global issues but will focus its efforts only on matters that will directly affect nuclear medicine diagnostic testing and therapy.

When presented with the opportunity to evaluate the SNM's structure for responding to the changing environment in the delivery of medical care, it seemed reasonable to begin with our current Office of Health Care Policy. A special task force was convened on November 5, 1993, to help formulate what action the Society should take to position itself to respond to health care reform. I asked President-Elect Conway to propose a specific SNM plan for responding to health care reform.

In an effort to become more proactive in the area of health care reform, and following Dr. Conway's plan, the SNM has formed a Commission on Health Care Policy. The mission of the Commission on Health Care Policy (CHCP) is to ensure the public access to quality nuclear medicine. Dr. Howard Dworkin is the chair of the commission. This commission, which is composed of three committees, is designed to develop policy and guidelines and will monitor ongoing state and federal initiatives. All members are invited to become active in the work of this commission.

Wide participation by the membership will be important. An active communication network is necessary to transmit to the CHCP members what is happening in local areas. Information on what local insurance carriers and other groups—state, local, industrial, insurance, and physician—are discussing and implementing will be vital in helping SNM develop appropriate responses that can be used in the community. The Practice Guidelines and Communications Committee, chaired by Dr. Robert Henkin, will receive and collate this material so that we may identify and prioritize practice guidelines and help develop practice guidelines for SNM endorsement. The material prepared by this committee will be disseminated to the membership as a guide in your local activities.

A second way the membership can help is to review the practice guidelines being prepared by the Practice Guidelines and Communications Committee and the Technology and Outcome Assessment Committee, the latter under the direction of Dr. Henry Royal. Dr. Royal's committee will develop criteria for the scientific assessment of the value of nuclear medicine procedures and assess the scientific validity of any practice guideline affecting nuclear medicine. This committee will also develop programs to educate all nuclear medicine professionals about scientific issues as they relate to health care reform. As each of the practice guidelines becomes available in draft form, it is necessary for a large number of practitioners from as many different regions of the country and all kinds of practice settings to review and comment on the contents. Thus, the participants in this phase will be critical reviewers to advise us whether these guidelines are applicable to the majority of nuclear medicine practices.

The third committee in this commission is the Health Care Reform Committee, chaired by Dr. Henry N. Wagner, Jr. This committee will monitor, analyze, and disseminate information about factors affecting nuclear medicine in the process of health care reform and to advise on nuclear medicine issues relative to health care reform. It will be necessary for physicians, scientists, and technologists to become active locally by participating in medical society, professional groups, and insurance governance groups in your area. In this way, you will be able to introduce material on the importance of nuclear medicine techniques to those groups who have varying levels of knowledge of our specialty. It is vital that this information reach those who are making decisions at the local level.

Our short-term strategy is being developed to deliver a message to Congress, Congressional staffers, insurance carriers, and health care alliances: this message will reinforce the special role nuclear medicine plays in delivering medical care and as a major research resource. It is time to stop lecturing; pedagogues will not affect legislation practice without data that are scientifically based. We must demonstrate how nuclear medicine imaging is effective and cost-effective and how the use of our specialty will assist in cost-containment. Conventional wisdom predicts that although the exact components of the future health care system are as yet undefined, one recurring principle is that medical care will be structured to serve patients by a series of vertically integrated organizations. In other words, the ability to provide all of the patients care within a single system will become increasingly important, and access to resources outside the system will be increasingly limited. A medical specialty that has a "Special" designation in whatever program or system that is installed will provide those within the specialty with a fair reimbursement. How much or how little that is, of course, remains to be determined.

A second principle is that there will be geographic coverage with access to care throughout a city or region. Many are predicting that there will be more activity and more intense activity within states or geographic regions than on a national or federal level. Indeed, this is already occurring, so one of the things that we will be doing is monitoring legislation and other Health Care System Reform activities occurring at a state level. I believe that it will be important to develop strategies and tactics to help you practice in a managed care environment and to compete and provide a service.

An important aspect of this work will be for us to define who is qualified to practice nuclear medicine, which means describing the qualifications of a nuclear medicine physician, a nuclear medicine technologist, a nuclear medicine medical physicist and a radiopharmacist.

The contents of practice guidelines or practice parameters will determine to a great extent what tests will be performed and at what frequency for a large number of clinical presentations. There is little disagreement that if practice parameters are based on the most reliable available scientific and clinical information and are introduced by knowledgeable people, such guidelines are among the best tools to maintain and improve quality of care. It is also widely recognized that practice parameters can play an important role in continuing medical education, quality assurance, utilization management and patient care. It will be our collective and individual responsibility to convince those bodies with the authority to determine how health care will be delivered that nuclear medicine is part of the solution and not part of the problem. We know we are a cost-effective provider and it is up to us to convince others that we can help in primary care and in cost containment by demonstrating that our services are important and enhance health care. In other words, we must rigorously document our contributions to health care.

Another widely held predication is that the influence of primary care physicians will be greatly enhanced at the expense of specialists, whose voice will be greatly diminished. I believe this may be true only in part, because if the responsibility for preserving and promoting high quality care is to be given over to and dominated by academic health centers (as is proposed in several of the current bills), then cost-effective care will continue to be defined by research, scholarship, creativity, and high standards of excellence. If excellence is to be defined and maintained, then providers will be required to present valid outcomes data.

All this will require new strategies for self-preservation of our specialty. We will have to prove our excellence. The system will not be a simple one, certainly not initially , and perhaps not during my life. The system will be complex and even the most optimistic prognosticators do not expect abrupt and revolutionary changes, but rather a prolonged evolution. It may be ten years or more before some steady state is approached.

Maya Angelou, in her provocative book, *Wouldn't Take Nothing for My Journey Now,* advises that we "meet adverse situations with the intent and style to control them. What you're supposed to do when you don't like a thing is change it. If you can't change it, change the way you think about it." I believe, with the scientific and intellectual strengths within the members of our society—with our flexibility, sensitivity, and open-mindedness—we will be able to control the situation enough to find the way to ensure the long-term survival, strength, and growth of our discipline. But this result will depend on individual effort. Your Chapter, your Council, and your Society cannot do it for you. If you don't work for what you want, you won't get what you want. The future of nuclear medicine is in your hands. It's up to you.

Richard C. Reba, MD

News Briefs

Ward Valley Takes a Step Back

A decade-long battle to secure a low-level radioactive waste (LLRW) disposal site seemed almost over last fall when California's Department of Health granted U.S. Ecology a license to build in Ward Valley (*see Newsline* December 1993). But promoters of the LLRW site perceived a setback when the U.S. Department of Interior wavered on selling the land to the state. On November 24, Interior Secretary Bruce Babbitt stated that the land sale, which was the last major political hurdle before facility construction could begin, would be postponed pending two lawsuits in state court against the project. This roadblocked an earlier Interior plan last August to begin hearings on the land transfer by fall 1993, and Ward Valley proponents reacted vehemently.

" I am at a loss to explain how this