COMMENTARY

LINES FROM THE PRESIDENT

James J. Conway, MD

NM’S ANNUAL MEETING, June 1-5, 1994, in Orlando, Florida, was among our best attended. Both the professional and technologist-section attendance broke records, although there was a decrease in commercial vendors. The convention facilities were excellent, and the rainy weather barely dampened spirits.

Assuming the leadership mantle of the Society of Nuclear Medicine has been enlightening. Faxes to my office in the last three months have exponentially increased until I could read them only at night or on weekends. In this first of several messages to the membership, I hope to provide my perception of the Society’s “state of the union” and the future of nuclear medicine.

I have adopted the following specific goals and objectives for the 1994-1995 tenure of my Presidency.

1. To support and complement the efforts of the Commission on Health Care Policy (CHCP). Several years ago, the Society recognized the need for practice guidelines and standards for nuclear medicine. Development of these guidelines and standards began under the leadership of Henry Royal, MD. It became evident that the SNM leadership should learn the necessity for guidelines and the means for developing them. Organized medicine is still developing the concept of guidelines, standards, their construction, and use. The SNM has been criticized for its deliberate approach to developing guidelines and standards. Many medical organizations rapidly formulated multiple guidelines by a consensus of “expert” panels. Some of these guidelines relate to the practice of nuclear medicine. In Dr. Royal’s understanding, developing credible guidelines required more valid data accumulation to support the guidelines rather than simple consensus by self-proclaimed experts. Of some 1,700 guidelines and standards submitted to the American Medical Association (AMA) Office on Standards, less than 20 have been judged credible and scientifically valid.

Compounding the perception of the Society’s slow response to the development of guidelines and standards was the American public’s mounting call for health care reform, particularly stimulated by President Clinton’s initiative. To meet the needs of nuclear medicine in this rapidly developing environment of health care reform, Dr. Reba, upon assuming the Presidency of the SNM in June 1993, proposed escalating our health care policy efforts. He assigned me, as SNM president-elect, to organize this process. The leadership recognized three needs. The first was that the more scientific method of guidelines and standards development is deliberate, prolonged, and costly. Therefore, if we were to immediately influence the rapid changes in health care reform, we would need a more expeditious consensus method, such as that used by other medical societies. A second need was a means of communications and networking to review and disseminate the guidelines by nuclear medicine practitioners. The purpose is to determine the guidelines’ practicality in the field. Third, there was a need for a highly responsive system for monitoring health care reform activities not only at the Federal level but within every state where health care reform was likely to have an impact.

Thus, the three Committees of CHCP were founded in December 1993. The CHCP and committee chairmanships are constituted as follows: Howard Dworkin, MD, chair, CCHP; Robert E. Henkin, MD, chair, Practice Guidelines and Communication Committee; Henry D. Royal, MD, chair, Technology and Outcomes Assessment Committee; and Henry N. Wagner, MD, chair, Health Care Reform Committee.

At the Orlando meeting, the CHCP presented the Executive Committee with seven proposed draft guidelines in various stages of development. By the midwinter meeting in San Diego, there should be several guidelines available for the Board of Trustees’ approval.

2. My second objective will be that the SNM sponsor a leadership conference for all nuclear medicine organizations and interested parties to address the problems and issues facing nuclear medicine. These issues have been brought about not only by health care reform but have been developing over the years due to the unbridled growth of the field and the interest of other medical disciplines to use nuclear medicine themselves. Specific topics which will be explored at the conference include the training requirements for the practice of nuclear medicine. Are the requirements for nuclear medicine training and board certification the same as they were twenty years ago? How will the field address the proposed cutback in subspecialist training under health care reform? How can we more appropriately address the burden of bureaucratic and regulatory control of the practice of nuclear medicine? How will we replace the greying population of full-time nuclear medicine practitioners?

Another issue for the conference is the problem of communications within our discipline. There are now more than seven individual newsletters produced by various groups and organizations within and outside of the SNM. These newsletters are not universally distributed to all interested parties in the field. There is also a need to extend our information services to health care planners and managers, including the directors and leaders of hospital organizations, HMO’s, PHO’s, managed care systems, insurance corporations, and state agencies that can influence the practice of nuclear medicine at the stroke of a pen.

A meeting, “Nuclear Medicine at the Crossroads: Crisis or Rebirth?”, will be convened immediately following the Board of Trustees meeting in San Diego on February 12, 1995, finishing by noon on February 14. Further details will be mailed
to all members and interested parties. The principal organizer of this conference, Dr. Robert Sonnemaker, promises an interesting and perhaps influential meeting for all who desire input into the future of nuclear medicine.

3. My third objective will be to develop a unified approach to the use of radiopharmaceuticals. The SNM has labored for over twenty years to diminish the bureaucratic burden of drug approval in our discipline, and although there have been some minor improvements in recent years, there is still a need to expedite drug approval within the Food and Drug Administration (FDA), particularly for Positron Emission Tomography (PET) and antibody radiopharmaceuticals. The SNM wants to ensure that all groups within the SNM and other related organizations are approaching such radiopharmaceuticals issues in a unified manner and that there be no duplicated effort and thus waste of resources. A special consensus meeting regarding a unified approach to radiopharmaceuticals was convened in Orlando and was well attended by industry representatives, The American College of Nuclear Physicians (ACNP), and the SNM leadership. Dr. Peter Kirchner, SNM president-elect, has agreed to organize this task force and is moving forward on this project. A meeting is in the planning stages for September 8-9, 1994.

4. With the Society's new bylaws, we now must turn to developing procedures governing the bylaws. The conversion of our activities from the old to the new will be monitored closely to ensure a smooth transition. Paul H. Murphy, PhD, will spearhead this activity along with a task group. A Reference Committee meeting will be conducted at the midwinter meeting for everyone to provide input into the procedures. All committees, councils, and chapters will have the opportunity to review and contribute to the final version prior to submission to the Board of Trustees for final approval. This process will hopefully help the SNM to be more effective in addressing the issues facing nuclear medicine.

5. Finally, the SNM is in the throes of change as it moves to Reston, Virginia. Terry Mark Sansone, SNM executive director, assures me that there will be no reduction in services to the membership during the move. Over 60% of our current employees will not make the move to Reston, and already replacements for some of these positions have been filled. The layout and design of our headquarters will be very practical and attractive, a facility of which the membership can be proud. The rental savings alone in the first year of our move will be over $200,000 from that of our New York City office. These savings will continue throughout the term of our ten year mortgage, and then there will be a substantial savings thereafter of nearly $500,000 per year. We are expecting to be fully operational in the Reston office by the first of October 1994. We are planning a grand opening, inviting all interested parties to view the facilities and join with us in the festivities surrounding this important step in the Society's growth.

Finally, the membership will face a dues increase with our next annual billing at the end of this year. The fifty dollar dues increase for full members appears substantial but in perspective is reasonable. There have been no dues increases to the full membership since 1991. This increase represents only a 5.5% annual increase over that interval. Perhaps one might argue that the Board of Trustees might have adopted small incremental increases, but the effect would still be the same. Even with the increase, our dues are significantly less than those of almost every other medical society. Some of them, such as the AMA's, are five times higher. Even many subspecialty imaging societies without benefits such as our premiere annual scientific and exhibitors meeting, award winning journals, and liaison representatives to organized medicine have substantially higher dues. The increase was needed because of a budget deficit due in part to the Society's response to health care reform, and to the development of guidelines and standards for the profession, but, more specifically, to the declining revenues from decreased advertising in our journals and the significant decline in the sale of exhibit space at our annual meeting. These last factors are well understood in view of the significant cutback in imaging services for all of nuclear medicine during the last year. We could have deplet ed our reserves further, but that creates a vicious cycle since some of our revenues are based upon investments.

As Bob Dylan said "The times they are a changin',," and so must the Society position itself to ride out the current change in health care. Our experience is somewhat like being engulfed in a hurricane of change. We can skirt the issues and bypass the storm but then may find ourselves far off course and isolated from our objectives. We can ride within the storm or the eye of the hurricane and move forward without expending significant energy except to those issues directly related to our goals and objectives. That is our plan, and we ask the membership to understand our actions on their behalf.

—James J. Conway, MD

NEWS BRIEFS

New Bylaws Change Officer Succession and Election

The new SNM Bylaws approved at the June 5 business meeting at the 41st Annual Meeting in Orlando altered the terms and titles of elected officers and the election process (see Newsline, April 1994, p 11N). An elections transition schedule requires that the Spring 1995 ballot include candidates for president-elect (which should be a non-physician this year); for secretary/treasurer (who will serve as secretary only during the first year, then as secretary and treasurer for the next two years); and for vice-president (who will be entering a three-year progressive presidential track). Thus, in this next election, a vote for vice president-elect will also designate the officer who will serve as president two years hence (the candidate elected vice president-elect for 1995-1996 will serve as vice president 1996-1997 and president 1997-1998).

At the February 1995 mid-winter meeting, the Nominating Committee will review nominations for president-elect