

SNM and EANM Focus on Collaboration

The Society of Nuclear Medicine (SNM) has always had an international membership, but new programs are being developed to enhance services to international members. Utilizing current communications technology, key leaders of the SNM and the European Association of Nuclear Medicine (EANM) participated in a video conference call on January 16, 1997 to discuss areas of collaboration.

Prior to the video conference, Peter J. Ell, MD, EANM president, and William H. Strauss, MD, SNM president-elect, developed an agenda, which they then discussed with the participants from their own organizations. In addition to Ell, the other EANM representatives were Angelique Bischof-Delaloye, MD, Michel Bourginon, MD and Ignasi Carrio, MD. SNM representatives also included Michael D. Devous, PhD, SNM president, Peter T. Kirchner, MD, immediate past-president and James W. Fletcher, MD, vice-president elect. Mallinckrodt Medical Inc., St. Louis, MO served as the hosts for the video conference call.

The participants decided on three main areas of collaboration:

1. Development of a utilization analysis database to determine the use of nuclear

medicine, with administration of a single-dose of radiopharmaceutical as the indicator, as well as collect data on rare procedures. Differences in the regional structures of participating countries necessitate support from local nuclear medicine societies in each country as well as from department chairs in participating institutions. The conference participants plan to develop a widespread public relations campaign to ensure project support.

Although the form is subject to revision for each country, all participating countries would have an opportunity to review the forms and provide input. In the U.S., the data would be supplied by technologists, but in Europe, physicians or physicists would fill out the form.

This proposed program also raised other issues: ownership of the data and funding for the project. One possibility is industry funding to refine specific data to be collected. To that end, Kirchner proposed a pilot project in which data would be collected from 20 institutions to demonstrate the project's feasibility and to test the forms.



Top: SNM video conference participants (from left to right): William H. Strauss, MD, James W. Fletcher, MD, Peter T. Kirchner, MD and Michael D. Devous, PhD. Bottom: EANM video conference participants (from left to right, as seen through the television screen): Michel Bourginon, MD, Peter J. Ell, MD, Angelique Bischof-Delaloye, MD and Ignasi Carrio, MD.

2. Continuing education presentations by EANM and SNM members at each other's 1998 annual meetings.

3. Develop an outcome/efficacy study for FDG-PET tumor imaging.

"This is the beginning of an effort at [an] international outreach program on the part of both organizations, one which we hope eventually to extend even further to our colleagues in the Pacific Rim," says Strauss.

Planning continues for each of these action items. A follow-up conference call will be held in March. ■

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Stark Introduces Legislation for APGs

On February 4, 1997, Representative Pete Stark (D-Calif.) introduced a bill, the Medicare Hospital Outpatient Reform Act of 1997 (H.R. 582), that would modify Medicare reimbursement for outpatient services by mandating a prospective payment system (PPS). The bill will amend title XVIII of the Social Security Act to correct beneficiary overcharges for hospital outpatient department services and to provide for prospective payment for such services and to eliminate the formula-driven overpayments for certain hospital outpatient services. The legislative language in this bill is similar, except for the implementation date, to the PPS proposed by President Clinton's budget. The President has proposed a 10-year

phase-in of the PPS while the Stark proposal is effective January 1, 1998. The bill has been referred to the Committee on Commerce and the Committee on Ways and Means.

Last month in CHCPP News, we introduced ambulatory patient groups (APGs), which is the outpatient PPS that HCFA is currently developing. Based on our concerns with the current version 2.0 of APGs, the Society of Nuclear Medicine submitted comments to HCFA in early February. Comments included a proposed classification system for nuclear medicine procedures and a separate payment system for radiopharmaceuticals. The Society in conjunction with the American College of Nuclear Physicians and

the Council of Radionuclides and Radiopharmaceuticals have formed an APG Task Force which will continue to monitor and address this issue.

—Wendy J.M. Smith, MPH, is the associate director of health care policy

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