



## SNM Technology and Outcomes Assessment Committee

### *A Look At This Year's Activities with Ernest Garcia, PhD, Chairman*

**Q:** Why are outcomes studies important?

**A:** We need to justify nuclear medicine studies by demonstrating their relevance. That is the expectation and reality in nuclear medicine today. Through outcomes studies, we are able to show the positive results of performing an imaging study on a patient. The opportunity exists to save lives, decrease costs and switch to better therapies. In outcomes assessment, the focal question is, "Did the test mean anything?" At no time in medicine has this question been held up to more scrutiny than now. For instance, in oncologic therapy, if a patient with cancer receives therapy and then dies, can we justify the need for therapy of a chronic patient? Unfortunately, there is no simple answer.

**Q:** What are the plans for this year's Technology and Outcomes Assessment Committee (TOAC)?

**A:** I would like to start off by offering a little background on this year's committee. There are three organizations which have offered their support to the committee: the Society of Nuclear Medicine (SNM), the American Society of Nuclear Cardiology (ASNC) and the Institute for Clinical PET (ICP). We prioritized which projects involve the most important outcomes studies for nuclear medicine to work on this year. Frank Papatheofanis, MD, PhD, will be heading the projects specific to bone imaging. Dr. Papatheofanis is the site director for the Advanced Medical Technology Assessment and Policy Program (AMTAPP) at the University of California at San Diego, which was named as one of the 12 evidence-based practice centers recently recognized by the federal Agency for Health Care Policy and Research (AHCPR). Carter Young, DO, will be in charge of projects related to FDG-18 tumor imaging. Dr. Young is chairman of the ICP Oncology Task Force. Raymond

Gibbons, MD, along with designate Rory Hachamovitch, will develop projects specific to myocardial perfusion imaging. Dr. Gibbons heads the outcomes area for the American Heart Association.

**Q:** What are the main activities for this year?

**A:** We have five main activities for the year.

**Activity 1: Develop a document on technology assessments and outcomes for the field of nuclear medicine.** Dr. Papatheofanis will put together a quick overview on technology and outcomes assessments and why we should be performing these nuclear medicine procedures. We will be looking at the possibility of turning this into a monograph that will be distributed to industry and others.

**Activity 2: Develop criteria for clinical trials for research in the field of**

**nuclear medicine.** Many of the reports of clinical trials do not include enough information on the way the survey was conducted. Dr. Papatheofanis will clarify which criteria are relevant to imaging and how the imaging profession can stand out from others. We need more focus on the intermediate outcomes of decision-making and not just diagnostic proficiency. The goal is to produce a series of reports beginning with a general one on criteria for clinical trials. Eventually, we would like clinical reviewers to have their manuscripts reviewed by a panel of experts and if they pass, have the manuscripts highlighted in the *JNM*.

**Activities 3 and 4: Define specific outcomes questions for the three imaging areas. Define the database to answer those specific questions. Then design the database.** The SNM group will address bone imaging. Bone imaging and

### *Bone Imaging Task Force*

The Bone Imaging Task Force (BITF) was formed to meet specific needs within the nuclear medicine community and to address requirements set forth by referring medical communities. The task force is chaired by Frank Papatheofanis and includes Robert Henkin, Lawrence Holder and Conrad Nagle. In addition, representatives from the American College of Physicians, American Academy of Orthopedic Surgeons and the American Academy of Family Practice will participate in task force responsibilities. The major purpose of the task force is to increase awareness to referring practitioners and the payer community (managed care organizations, insurance companies, etc.) at large of the cost-effective utility of bone imaging techniques.

The task force is especially sensitive to the evidence requirements of payers for

reimbursement of nuclear bone imaging procedures. Several publications have been planned to introduce nuclear medicine physicians to the types of clinical trials that must be performed to yield publications that will be incorporated in payer decisions concerning reimbursement of a new or existing nuclear procedure. Another role of the task force is to assemble databases concerning bone imaging applications in clinical medicine. These databases are intended to allow referring physicians an opportunity to identify appropriate procedures. These databases will be evidence-based and include outcomes and cost-effectiveness analyses as well as clinical imaging information. As a result, referring practitioners will have the tools available they need to identify cost-effective imaging technology and nuclear medicine-focused guidelines that are appropriate for their patients.

myocardial perfusion imaging comprise approximately 60% of all nuclear medicine studies performed in the country. In addition, cancer patients (as many as four million studies per year) can benefit from FDG-18 tumor imaging.

Our goal is to develop questions tied into reimbursement to help justify the use of nuclear medicine. We will define certain variables in outcomes and then ask various facilities to collect data so that we will have a database three to five years from now. This database will allow us to ask clinical questions for diagnosis and prognosis. Ideally then, if insurance companies or health maintenance organizations (HMOs) question reimbursement for a certain procedure, we will be able to provide pertinent information. We need to collect the same types of variables for test interpretation in our database to keep information consistent. The information needs to be prospective, and we would like to

have participating facilities that can remain involved in this project as we develop and expand the database. Currently, we are collecting outcomes in utilization data and we have more than 50 sites and five or six academic centers involved in data collection.

**Activity 5: Generate a list of annotated references for the three defined imaging areas and distribute them on the SNM web site. We will also develop a list of consultants for outcomes and technology assessment.** SNM will cover bone imaging. Because outcomes studies are expensive and we, as a committee, work with limited funds, we ask for time from individual volunteers and from organizations to pool our resources so that we do not have to perform our own assessments. Our initial strategy is to find the information an individual would need to perform these outcomes studies and have experts available as contacts to field ques-

tions. Through this approach, we can try to find those who are able to do these outcomes assessments and provide some viable sources of information. It is important to identify and annotate the literature and to make it available on the web site. The annotation would include a summary of the article, why the procedure is needed and the names of experts to contact for more information.

The TOAC has set many goals this year, but we are honored to have such expertise and talent to assist in meeting our goals and carrying out our activities. By working together, in conjunction with the ASNC and the ICP, I have confidence that much will be accomplished in the coming year and through this process, each organization will perhaps gain an added perspective in this environment of cooperation.

*Olivia Wong, SNM health care policy administrator*

## Commission Takes Reimbursement Seminar On the Road

The SNM Commission on Health Care Policy and Practice, in cooperation with the Greater New York, New England, Southeastern and Western Regional Chapters of the SNM, will present "Reimbursement for Nuclear Medicine Procedures" at four locations this fall. Speakers include Becky Cacciatore, CNMT, and Kenneth A. McKusick, MD. The registration fee is \$200.

This course was first presented as a categorical seminar at the 1996 SNM Annual Meeting in Denver. Because of its substantial success, the course is now being offered nationwide. As new information becomes available, we will offer updates at future meetings and in con-

junction with SNM chapters.

The SNM is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians and will offer 6 hr of Category 1 credit towards the AMA Physician Recognition Award. A maximum of 6 continuing education hours (CEH) will also be available to VOICE participants.

This one-day workshop will cover major procedural aspects of nuclear medicine services including proper code selection, claim submission and documentation. Nuclear medicine physicians and technologists, medical office managers, and key billing and medical

records personnel will learn to properly use the current CPT and ICD-9-CM manuals; to use HCPCS II for effective coding and billing; to understand third party payments; to be updated on the new editions of CPT and relevant Medicare changes; to be fully knowledgeable on the current Correct Coding Initiative and its implications for fraud and abuse; and to review common procedures, fine-tune skills and maximize reimbursement.

For reimbursement seminar locations and dates, please see this month's calendar section on page 52A. For additional information or to register, contact Wendy Smith at (703) 708-9000, ext. 242, or by e-mail at [wsmith@snm.org](mailto:wsmith@snm.org).



### SNM Procedure Guidelines Manual Available

The Commission on Health Care Policy and Practice's Guidelines and Communications Committee announces the publication of the *Society of Nuclear Medicine (SNM) Procedure Guidelines Manual 1997*. The manual contains the twenty-six procedure guidelines which have been approved by the SNM's House of Delegates. The manual may be purchased by contacting Wendy Smith at (703) 708-9000, ext. 242 or by e-mail at [wsmith@snm.org](mailto:wsmith@snm.org). The cost of the *Procedure Guidelines Manual* is \$23.00 (includes shipping and handling).