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## But, what is the real challenge...?

Things appear to be looking good and we are making good progress—

- The Society of Nuclear Medicine has a new, talented, and highly effective executive director, William Bertera.

- The SNM strategic planning process is moving along very well, and by the time you read this, the current plan will have

been discussed at considerable length at the Mid-Winter Meeting by all interested stakeholders. The draft document sets a new course for the SNM but a familiar course that is attentive to the Society's original charter and its emphasis on the science of nuclear medicine, rather than on the less expansive mission of promoting the specialty of nuclear medicine. Unless there is profound disagreement, the plan will move forward and be ready for approval at the June Annual Meeting in Los Angeles. I believe the strategic plan is a wonderful blueprint for the future role the Society will play in nuclear medicine.

- Meaningful and realistic preliminary conversations have begun between the SNM and the ACNP to explore a strategic alliance between the two organizations that would be beneficial to the field of nuclear medicine.

- We responded to the NRC regarding the Proposed Rule for Part 35 and indicated that we concluded

...the proposed rule is not substantially superior to the rule it would replace. Additionally, it satisfies neither the concerns the nuclear medicine community has expressed over the years, nor the directions the Commission issued to its staff when this process began, because the proposed rule, like the existing one, imposes a wide variety of expensive, unnecessary and unjustifiable requirements on diagnostic nuclear medicine.

The executive summary of the reply to the NRC is available on the Society's web site: <http://www.snm.org/about/scroll5.html>

- Speaking of the web site—the SNM site has been newly designed and reformatted to be speedier and more user-friendly.

- In early March, the SNM and Department of Energy cosponsored a joint conference on medical isotopes entitled "Accomplishments with Medical Isotopes—Advanced Health Care for the 21st Century," in Washington, DC.

### ... But what is the real challenge?

The SNM Strategic Plan states that the mission of the Society of Nuclear Medicine "is to be the recognized world leader in providing knowledge that advances and promotes the use of nuclear medicine." One of the major goals articulated under this mission indicates that the "SNM will collect, generate, and transform information into knowledge to increase the effective use of nuclear medicine in clinical practice and biomedical research."

How will we do this?

While the actual strategies for achieving success have not yet been developed by the Society's leadership for any of the goals and objectives in the strategic plan, this goal will be particularly challenging. Part of the question which this goal, and its associated strategies, will strive to answer is, "What needs to be known about a diagnostic method before it achieves routine use?" The successful response to this question will usually contain the information which is needed to support and secure reimbursement.

Traditionally, the way to determine when an imaging method achieved "routine use" was based on accumulated information found in published diagnostic accuracy studies. Usually this was also the basis for decisions by insurers about reimbursement. The results of these studies provided information on the sensitivity, specificity and positive/negative predictive values in a defined clinical problem setting. It was possible to answer questions such as "If the patient is diseased, what is the probability the test gets it right?" or "If the test is positive, what is the probability that the patient has disease?" The ground rules for determining "routine use" status began to change in the 1980s as increased emphasis was placed on outcomes-research results for making these decisions. Clinical effectiveness became the new criterion and the assessment of effectiveness was expanded from the localized focus of diagnostic accuracy to a more global focus that began to include the impact of the results of the imaging procedure on physicians' treatment choices and patient outcomes.

Assessing the impact of the test result provides an intermediate short-term outcomes measure. Studies designed to measure this impact make it possible to answer questions like the following—

"How does the imaging test result change the diagnostic thinking process?"

"Based on experienced clinicians' estimates, how much did the imaging test result change the pre-test diagnostic probability estimate?"

"In what percentage of cases in a series was the imaging test result judged helpful in making the diagnosis?"

"How many times in a case series was the imaging test result judged helpful in planning management of the patient?"

"How often was a medical or surgical procedure avoided due to the imaging test result?"

It is now clear that we must assemble valid information about our diagnostic imaging tests that will allow us to begin to answer these questions. Yes, this is outcomes research, and yes, without this information, it is not likely that any nuclear medicine procedure will enter into the realm of, or achieve, routine use. I believe that this task is daunting and that it represents a major challenge for all stakeholders in nuclear medicine. To meet the challenge, we must work together to develop new clinical study designs and begin to conduct prospec-

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the expendable source is included in the TC RVUs), or

- Therapeutic nuclear medicine procedures.

Therefore, a separate payment for a radiopharmaceutical can be made only when the supply is billed in connection with one of the above procedures. In order

to pay for a radiopharmaceutical, Medicare contractors must associate a procedure code with the contrast agent code. Both the procedure and supply can have different dates of service, since a radiopharmaceutical may have been administered several days ahead of the test. If both services are billed on the same

claim, Medicare contractors can more easily associate these two services to each other even though the services may have been done several days apart. If these services are billed on separate claims with different dates of service, some Medicare contractors may not be able to associate the two services in their payment system

## SNM PROCEDURE GUIDELINES REAPPROVED BY HOD

The Guidelines and Communications Committee of the Commission on Health Care Policy and Practice presented 22 revised procedure guidelines and 3 new guidelines to the SNM House of Delegates at the Society's Mid-Winter Meeting in Fort Lauderdale, Florida. The House approved all guidelines.

The revision process consisted of a review of the SNM procedure guidelines by their original authors for revisions and updates. Changes in procedures were noted. New references were added or old references deleted, where appropriate. The comments were collated and sent to the primary author of the guide-

line for determination as to which comments would be implemented in the new version of the guideline.

Three new guidelines were developed by expert task forces and were reviewed and revised by members of the Guideline Development Subcommittee. These guidelines were sent to the SNM Random Sample Review Group, a cross-section of more than 100 physicians across the country representing all areas of specialization within nuclear medicine. The new guidelines deal with breast scintigraphy, gastric emptying and motility, and gastrointestinal bleeding and Meckel's diverticulum scintigraphy.

Before being presented to the House of Delegates, the revised guidelines were discussed and passed unanimously by the Guidelines and Communications Reference Committee. Procedure guidelines may be downloaded free of charge from the Society's home page at [www.snm.org](http://www.snm.org). The 1999 edition of the *Procedure Guidelines Manual*, which will contain new and revised guidelines, will be available for sale at the SNM Annual Meeting in June.

—Wendy Smith, MPH, is the SNM director of health care policy

### *Lines from the President* (Continued from page 15N)

tive clinical "effectiveness" studies. New clinical study designs must incorporate the measurement of diagnostic thinking and therapeutic efficacy and capture the impact of the imaging test result on the clinician's decision process. While many effectiveness studies are observational, retrospective and filled with selection bias, collaborative, prospective, clinical effectiveness studies can help remove concerns about the ability of the diagnostic intervention to work adequately in a broader range of patients or in usual practice settings in which both patients and providers face natural barriers to care. These types of trials differ from typical clinical trials in that they enroll heterogeneous participants, use providers more similar to those who manage/treat the disease, and

incorporate outcomes measures relevant to the disease and delivery systems.

As many have noted, the measurement of outcomes associated with diagnostic interventions is much more difficult than with therapeutic interventions. As there is often no direct linkage between the diagnostic test and a measured outcome, it is difficult to attribute the outcome to the intervention. However, by looking at more short-term, intermediate outcomes, by using physiologic measurements as surrogates for hard clinical events/outcomes and by learning how to incorporate measures of patient satisfaction and quality of life, we will be up to meeting the challenge. The Society of Nuclear Medicine is poised with its strategic plan to play a major role in this effort.

### *Cesium-137* (Continued from page 18N)

abouts from the Alumni Office. I was the first to interview her about her work, in her home. It was a rare privilege for an amateur historian to be the first to interview someone who shared in such an important discovery, especially when it occurred 50 years earlier.

Finally, this is another example of how support for student research can lead to significant advances that benefit medicine. Please support SNM's Education and Research Foundation!

(1) Patton DD: How technetium was discovered in a pile of junk. *J Nucl Med* 1998; 39:26N.

(2) For a more complete account see Patton DD: The discovery of cesium-137: The untold story. *Acad Radiol.* 1994; 1:51-58.

(3) Seaborg GT: Reminiscences on the development of some medically useful radionuclides. Address delivered at the 17th Annual Meeting of the Society of Nuclear Medicine, Washington, DC, July 10, 1970.

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