AMI and ACRIN Create PET Registry

In March, the Academy of Molecular Imaging (AMI) and the American College of Radiology Imaging Network (ACRIN) announced a partnership to develop a national registry of PET studies as researchers gather data in compliance with the Centers for Medicare & Medicaid Services (CMS) revised PET reimbursement rules. The initiative is intended to provide CMS reimbursement for PET scans that previously would not have been covered but that will now be reimbursed when patients and physicians "participate in high-quality clinical studies or submit information to a PET data registry." According to ACRIN Chair Bruce Hillman, MD, "This is a very innovative decision on the part of CMS. In essence, they will provide provisional coverage for PET for a variety of new indications, including cervical, brain, pancreatic, ovarian, and testicular cancers, with permanent coverage pending results of clinical trials and evaluation of the data registry. The more radiologists and physicians participate in the program and the more data are submitted to the registry, the faster an indication could be approved for reimbursement."

CMS indicated, "The data collected as part of this policy will help ensure that the PET information is used accurately and appropriately in patient management and will also help doctors and Medicare beneficiaries make better-informed choices about their health care." A CMS statement also noted, "Medicare coverage will become effective when the database is fully established within the next several months."

The registry plan will require PET facilities to apply for participation in the project. After a facility's application has been processed, patients can be enrolled in the registry by submitting their demographic information along with a short preimaging form to be completed by the referring physician. Data on this form will include study indication, cancer type and stage (if known), patient functional status, and an assessment of the patient's management plan if PET were not available. The referring physician will complete a form 7–10 days after imaging that will indicate whether the PET scan altered the patient's management plan. After these data are entered into the database, CMS can be billed for the study. Facilities will be charged a small initial application fee and an information processing fee for each patient entered into the registry.

The workflow process for the registry was created on the basis of input from clinicians and professional organizations including the ACR, SNM, American Society of Clinical Oncology, and American College of Nuclear Physicians, said Hillman. More details about the PET registry will be available soon on the ACRIN Web site at www.acrin.org.

American College of Radiology Imaging Network

SNM/RSNA Summit Looks at Molecular Imaging

Leaders in molecular and functional imaging, nuclear medicine, radiology, and engineering met in Chicago on April 21 and 22 to examine the evolution, impact, and future of molecular imaging. The summit was organized by the SNM and the Radiological Society of North America (RSNA). The group's findings and action plans will be summarized in a future position statement.

Leaders from 11 organizations participated and discussed increasing awareness of the future of molecular imaging in the imaging community, the development of tools to prepare current generations of graduates for the future, and possible collaborative strategies. Attending the session were representatives of SNM and RSNA, as well as the Academy of Molecular Imaging, the American Association of Physicists in Medicine, the American Board of Nuclear Medicine, the American Board of Radiology, the American Roentgen Ray Society, the American Society of Cardiology, the International Society for Magnetic Resonance in Medicine, the Society for Molecular Imaging, and the Society of Radiopharmaceutical Sciences.

"Molecular imaging will eventually lead to determining the pathophysiology of disease processes at the cellular or molecular level," said SNM President Mathew L. Thakur, PhD, who attended the meeting. "It will provide for earlier, noninvasive disease detection and treatment, providing better and effective patient care." In addition to Thakur, several SNM members participated on behalf of the Society or related organizations, including SNM President-Elect Peter S. Conti, MD, PhD; Henry D. Royal, MD; Robert J. Gropler, MD; Tom R. Miller, MD, PhD; Johannes Czernin, MD; William C. Eckelman, PhD; David K. Glover, PhD; J. Anthony Parker, MD, PhD; Jean-Luc C. Urbain, MD, PhD; Philip O. Alderson, MD; and Steven C. Burrell, MD.

SNM has established a Center of Molecular Imaging that will serve as a platform to build a program with input from molecular imaging experts from all disciplines to promote research, education, and applications that will be beneficial to physicians, scientists, and technologists alike.

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The center will focus on such topics as surrogate markers, drug development, targeted diagnosis and therapies, and training.

Society of Nuclear Medicine

SNM Takes Message About DOE Cuts to Hill

SNM President Mathew L. Thakur, PhD, addressed Capitol Hill lawmakers on April 25, explaining that the future of radionuclide therapies and innovative research in nuclear medicine depends on a reliable, affordable, and sustainable domestic supply of radionuclides. This supply has been threatened by recent proposed budget cuts at the U.S. Department of Energy (DOE). Speaking to members of the Senate Science and Technology Caucus, Thakur described the importance of SNM's proposed National Radionuclide Production Enhancement Program. "If America is to sustain its leadership in the fields of molecular imaging and nuclear medicine and continue to provide the innovative health care that our citizens deserve, our nation must have a reliable and stable supply of radionuclides," said Thakur. The plan addresses the current and projected shortfalls of radionuclides in this country and is supported by 12 related organizations, including the Academy of Molecular Imaging, the Academy of Radiology Research, the American Association of Physicists in Medicine, the American College of Nuclear Physicians, the American College of Radiology, the American Medical Association, the American Society of Nuclear Cardiology, the Society of Radiopharmaceutical Sciences, the Council on Radionuclides and Radiopharmaceuticals, the Radiation Therapy Oncology Group, the Radiological Society of North America, and the Society for Molecular Imaging.

Thakur, along with SNM President-Elect Peter S. Conti, MD, PhD, and SNM Government Relations Chair Terrence Beven, MD, also visited the offices of representatives to protest the proposed DOE budget cuts. "We need to let our lawmakers know about the crucial work performed by molecular imaging/nuclear medicine professionals," said Thakur. The SNM officers visited with representatives of Sen. Ted Stevens (R–AK), Sen. Richard Burr (R–NC), Sen. Arlen Specter (R–PA), Sen. Pete Domenici (R–NM), Sen. Christopher "Kit" Bond (R–MO), Sen. Dianne Feinstein (D–CA), Rep. Lucille Roybal-Allard (D–34th–CA), and Rep. Jerry Lewis (R–41st–CA.).

SNM actively encourages its members and others in the molecular imaging/nuclear medicine community to express their concerns about proposed cuts to the DOE budget to their elected representatives. For more information about the proposed DOE budget cuts, visit www.snm.org/doe.

Society of Nuclear Medicine

Hospital Quality Data Now Online

Hospital Compare, the joint Centers for Medicare & Medicaid Services (CMS) and Hospital Quality Alliance (HQA) public reporting tool, is now available online (www.hospitalcompare.hhs.gov) with standardized assessments of adult care in more than 4,000 hospitals in the United States. "Hospital Compare gives consumers and health professionals quality of care information to help them make more informed decisions about their health care, while providing stronger rewards and support for high-quality, efficient care in the nation's hospitals," said CMS Administrator Mark B. McClellan, MD, PhD, on April 1.

Measures on 17 "dimensions of quality" are included under the broad headings of acute myocardial infarction (MCI), cardiac failure, and pneumonia treatments and counseling, and the addition of more metrics is planned. Among the metrics with direct relevance to imaging and nuclear medicine are: percutaneous transluminal coronary angioplasty within 90 minutes of arrival with a diagnosis of acute MCI and left ventricular function assessment in cardiac failure. All data were voluntarily submitted by hospitals. Comparative national averages are included in the report on each institution. It is expected that metrics assessing patient perspectives on care will be added to the site in the future.

Ten of the 17 measures were included in the financial incentive provision established by the Medicare Modernization Act of 2003. Although reporting is voluntary, inpatient acute care hospitals that do not report will see a 0.4% reduction in their annual Medicare fee schedule update. "We strongly believe that payment incentives work to get quality reporting and quality improvement, when we use measures that are clinically valid and feasible to produce," said McClellan. "That's why we will be asking for recommendations on how to better collect and validate the quality measure data that will be used to determine a hospital's payment update factor under the Inpatient Prospective Payment System when we issue the proposed rule in the near future."

Centers for Medicare & Medicaid Services

Doctors Specify Canadian Wait Times

The Wait Time Alliance, a consortium of Canadian physician groups, announced on April 2 a timetable specifying maximum wait times for diagnostic tests and treatment in 5 key areas of health care. The group plans to use these recommendations in setting final guidelines aimed at speeding up patient access to cancer treatment, cardiac care, joint replacement, sight restoration through cataract surgery, and diagnostic imaging. Critics of Canadian health care delivery have repeatedly pointed to long waiting times, especially for high-technology imaging applications, including PET. "What we have to do is provide the medical perspective on what is best for our patients in terms of how long it is safe for them

to wait," said Dr. Ruth Collins-Nakai, president-elect of the Canadian Medical Association and spokesperson for the alliance. "Once that perspective is into the system, then we consult with other groups, including government and the public, to determine final benchmarks for waiting times."

The alliance's interim report indicated that patients needing emergency diagnostic imaging and treatment should have to wait no more than 24 hours for any form of imaging or treatment. For patients whose conditions are deemed urgent or semi-urgent, radiography, CT, MR, PET, or other diagnostic imaging should be performed within 7–30 days. No cancer patient should wait more than 10 working days for radiation treatment.

The alliance's complete report, expected in August, will contain final benchmark times arrived at after consultation with the federal and provincial governments, patient advocacy groups, and the public. It will also outline financial and personnel resources needed to achieve acceptable wait-time goals. Collins-Nakai noted that once benchmarks are set and implementation strategies are in place, Canadians' queues for the most sought-after medical procedures should decrease within a year.

Canadian Press

UC Contract Extended at Lawrence Berkeley Lab

The U.S. Department of Energy (DOE) announced on April 19 the award of a new 5-year contract to the University of California to manage and operate the Lawrence Berkeley National Laboratory (LBNL). The award is the result of the first competition for managing and operating the laboratory since its inception. The University of California has operated the laboratory since 1943 for DOE and its predecessors. The value of the new contract is an estimated $2.3 billion. The new "award-term" contract contains a number of innovative provisions intended to provide incentives for superior performance. The DOE may recognize superior performance through phased extensions beyond the initial 5-year term of the contract for up to a total of 20 years if the contractor meets performance criteria developed by DOE.

LBNL's missions include basic science and technology development. Research facilities include the Advanced Light Source, Biomedical Isotope Facility, National Energy Research Scientific Computing Center, and the National Center for Electron Microscopy. The Molecular Foundry, a national nanoscience research center, is currently under construction and is expected to go into full operation in 2006.

U.S. Department of Energy

Texas A&M and U Florida Reactors Converted

Secretary of Energy Samuel W. Bodman announced on April 1 that the Department of Energy (DOE) has begun to convert research reactors from highly-enriched uranium to low-enriched uranium fuel at the University of Florida (Gainesville) and Texas A&M University (College Station). This effort is a part of the Global Threat Reduction Initiative's Reduced Enrichment for Research and Test Reactors program, which aims to identify, secure, remove, and/or facilitate the disposition of high-risk, vulnerable nuclear and other radiological materials and equipment. DOE has targeted 25 research reactors in the United States for conversion, and 11 have completed the conversion process. The planned completion date for the conversions of the University of Florida and Texas A&M University reactors is in late 2006, with a goal of completing all remaining conversions by 2014.

U.S. Department of Energy

HIPAA Security Rule Enforcement Date Passes

April 21 marked the date on which the Centers for Medicare & Medicaid Services (CMS) indicated that enforcement would begin on the data security component of Health Insurance Portability and Accountability Act (HIPAA) security standards. These standards officially took effect in 2003, but CMS extended the enforcement date to allow more covered entities to come into compliance. The standards apply to all electronically stored and transmitted patient health information at hospitals and freestanding imaging centers and require fully auditable steps for protecting and controlling access to confidential information.

In the April 11 issue of *Computer World,* reporter Jaikumar Vijayan noted that the majority of health care companies and providers were unlikely to be fully compliant with the new rules by the designated date. In a survey conducted by the Healthcare Information and Management Systems Society earlier this year, only 18% of providers and 30% of insurers who responded to the poll said they would be compliant by the April deadline. In a separate study, the American Health Information Management Association surveyed privacy, security, and compliance officers, only 18% of whom reported full compliance. However, 44% reported that they were close to full compliance. Challenges cited in the study included technology and process integration issues, time and budget constraints, and a lack of understanding of how the rules should be implemented. One major challenge is that the original rules do not specify technologies needed or steps to take to ensure confidentiality and security.

The HIPAA rules specify noncompliance penalties of up to $25,000 per violation. The processes for enforcement and monitoring are unclear, and CMS has indicated that enforcement will be initiated only after a complaint is filed against a health care organization. The 2003 final rule is available through the SNM Web site at: http://interactive.snm.org/index.cfm?PageID=1110&RPID=287&FileID=673.

Multimodality Fusion Imaging in Breast Cancer

In a paper delivered on April 19 in the Late-Breaking Research Session of the American Association for Cancer Research, Fatih Uckun, MD, and colleagues from the Parker Hughes Cancer Center and Parker Hughes Clinics (Roseville, MN) reported the results of multimodality patient-tailored treatments in 89 women with advanced breast cancer. Seventy-seven of these patients had failed other treatments and had recurrent stage IV metastatic breast cancer. Patient-tailored treatments were guided by CT/MR imaging fusion, with PET imaging providing functional/molecular data. The author noted that this approach led to early identification of nonresponders and timely conversion to alternative treatments.

No single treatment regimen was found to be consistently effective, emphasizing the importance of tailoring treatment to each patient's response. The median survival time was 23 months (range, 19–42 months). Thirty-five patients (45%) remained alive at a median of 24 months. "Our results show that a significant portion of stage IV breast cancer patients can live long term," said Uckun. The 23-month median survival in this study was 109% longer than the average survival time of 11 months obtained in a meta-analysis of 6 comparable multicenter clinical trials involving 957 patients with metastatic or relapsed breast cancer.

Parker Hughes Cancer Center

BSA Nuclear Science Merit Badge

Nearly 118,000 boys earned the Boy Scouts of America (BSA) atomic energy merit badge between its introduction in 1963 and 2003. As part of an update of all 12 BSA merit awards, the educational content and purposes have been restructured and it has been renamed the nuclear science merit badge. On April 7, the *Contra Costa* [CA] *Times* reported on the change and included an interview with Howard Matis, one of the experts who helped in the update. Matis is a Lawrence Berkeley National Laboratory physicist and Eagle Scout. "We actually taught [the old book] to a bunch of students who came to the cyclotron, and we realized how bad it was," he said. The old atomic science booklet emphasized Geiger counters and radioactive fallout. Matis and his colleagues added sections on particle accelerators, nuclear medicine, and the health and environmental implications of nuclear energy and radon gas. Newer technologies are explained and scouts are required to explore nuclear science professions. "In the Jetsons' era, there weren't so many (atomic energy) careers out there," Matis said. "Now, they have more career options."

Contra Costa Times