# Quality: Commandment and Conundrum

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The SNMMI encouraged me to choose a focus for my Kocemba–Slosky Fellowship before spending a week in Reston, VA, and Washington, DC, meeting with other medical societies, trade associations, government agencies, and patient advocacy groups. I chose to explore the impact of the Affordable Care Act (ACA) on individual organizations and intersocietal relationships.

My week with the SNMMI took me on a pilgrimage to organizations that are cooperating—but also competing—to influence the practice of nuclear medicine. In addition to SNMMI, several other medical specialties interfacing with nuclear medicine were represented by the American Society of Clinical Oncology (ASCO), American College of Radiology (ACR), American College of Cardiology (ACC), Academy of Radiology Research (ARR), and American Society of Nuclear Cardiology (ASNC). Industry representatives from the Council on Radionuclides and Radiopharmaceuticals, the Medical Imaging and Technology Alliance, and AdvaMed weighed in on the complementary roles played by health care companies and providers in shaping and implementing the new regulatory environment in the field of nuclear medicine. Finally, representatives from the U.S. Food and Drug Administration (FDA), the U.S. Senate and House of Representatives, and patient advocacy groups for large patient populations, such as the Lung Cancer Alliance, or patients with rare diseases, such as the Northern California CarciNET Community, complemented the picture of organizations impacting the field of nuclear medicine.

The week started with meetings at ASCO and ACR. ASCO defined the role of medical societies as framers of the discussion, basically representing organizations that manage relationships between health care providers, patients, regulatory organizations, and industry. Both the ACC and the ACR showed command of the most significant and diversified resources in terms of finances and expertise, at the same time acknowledging that limited resources should be spent on those programs unique to their organizations—specifically on programs to provide the highest value to members without replicating the efforts of other organizations. Smaller medical societies, such as ASNC and ARR, excel because of focused expertise and audience, despite limited financial resources. ARR, established in 1995, still conveys a "start-up feel" anchored to a large network of patient advocacy groups using a social media approach.

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The common theme for all medical societies responding to the ACA mandates is a desire to participate in the definition of value and quality for their respective roles in health care management while addressing—and potentially shaping—reimbursement for those services, accommodating and adjusted to the "Triple Aim" principles (integrated approaches to simultaneously improve *population health* and *experience of care* while reducing *per capita cost*). Some societies acknowledged the challenge in maintaining membership levels and active engagement of members, given increasing competition for a shrinking pool of physicians willing to volunteer their time and contribute financially through membership and continuing medical education fees. The employment model becoming prevalent among physicians and their oversight by corporate health care institutions concerned about costs and productivity has changed the incentives for medical societies and trade associations from a physician-centric past to the patient-centric requirements of the Triple Aim.

All organizations struggled to define quality as mandated by the ACA. New sources of revenue must be identified as physician association membership decreases, physician time becomes less available, and physician allegiances change. Society-based data registries could provide a new stream of revenue as health care organizations try to meet the data-driven quality requirements mandated by the ACA.

Alternatively, as health care organizations merge at a rapid rate, the question arises as to whether medical societies should follow suit to create economies of scale by providing medical knowledge, developing quality standards, and reaching a larger

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