

## JNM Impact Factor Third Highest Among Medical Imaging Journals

**S**NMMI announced on June 30 that its flagship publication, *The Journal of Nuclear Medicine (JNM)*, had again been ranked among the top medical imaging journals worldwide, according to new data released in the *2015 Journal Citation Report*, published by Thomson Reuters (New York, NY; London, UK). *JNM* earned an impact factor of 5.849—ranking third among the 124 journals included in the medical imaging category and up from fourth in the 2014 ranking. “*JNM*’s strong impact factor is a testament to its influential role in molecular imaging,” said editor-in-chief Dominique Delbeke, MD, PhD, professor of radiology and radiological sciences at Vanderbilt University School of Medicine (Nashville, TN). “We are pleased that *JNM* continues to be the journal of choice for many distinguished researchers.”

The Thomson Reuters Institute for Scientific Information (ISI) measures a journal’s impact—or significance based on the number of article citations compared to the total number of articles published. The impact factor—a quantitative measure of the frequency with which an article

in a journal is cited—is used to gauge the overall influence of a journal within scientific, professional, and academic communities. Many academic institutions also use impact factors in calculating specific values for individual publication achievement. The *Journal Citation Report* also publishes an immediacy index for journals as an indicator of the speed with which citations to a specific article appear in published literature. *JNM*’s immediacy index for 2015 was 1.147. The total number of *JNM* citations (22,728) was up over the previous year.

“The continued recognition of *JNM* as among the world’s most influential medical imaging journals is a tribute to the current vitality of our field, as molecular imaging and therapy expand with new applications and innovative technologies,” said Johannes Czernin, MD, who will become *JNM* editor-in-chief in January 2017. “It is also a tribute to the careful stewardship of Dr. Delbeke, under whose guidance the journal has maintained the highest of scientific and editorial standards.”

## SNMMI Named as Qualified Provider-Led Entity for AUC

**S**NMMI announced on June 22 its designation as a qualified provider-led entity (PLE) under the Medicare Appropriate Use Criteria program for advanced diagnostic imaging. This will allow referring physicians to use SNMMI’s appropriate use criteria (AUC) to fulfill the requirements of the 2014 Protecting Access to Medicare Act (PAMA).

Section 218(b) of PAMA established a new program under the statute for fee-for-service Medicare to promote the use of AUC for advanced diagnostic imaging services. The Centers for Medicare & Medicaid Services (CMS) published the first of the 4 components of this program in the CY 2016 Physician Fee Schedule final rule, focusing on requiring an evidence-based and transparent process for developing AUC. AUC under this program may only be developed by qualified PLEs. The initial list of 11 qualified entities, including SNMMI, is posted on the CMS website at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Appropriate-Use-Criteria-Program/index.html>. PAMA requires referring physicians to consult AUC developed by a PLE to ensure cost-effective and appropriate utilization of advanced diagnostic imaging services.

The legislation also requires delivery of these criteria by a clinical decision support tool that referring physicians will utilize when ordering such imaging services. The AUC requirements were originally scheduled to launch by January 2017; however, identification of a suitable tool or suite of tools for point-of-care delivery of AUCs has proven problematic.

CMS is now expected to publish more substantive information on development of clinical decision support tools, with required implementation not expected until 2018 at the earliest. In a statement issued in July, CMS noted that the agency is focusing on “proposals for priority clinical areas, clinical decision support mechanism (CDSM) requirements, the CDSM application process, and exceptions for ordering professionals for whom consultation with AUC would pose a significant hardship.” CMS also confirmed that the third component of the program (when ordering professionals must begin consulting CDSMs and furnishing professionals must append AUC-related information to the Medicare claim) will not begin earlier than January 1, 2018.

A statement issued by SNMMI with the announcement of designation as a PLE said, “Quality of care is SNMMI’s top priority, and the society is committed to developing a comprehensive library of multidisciplinary, evidence-based AUC for high-value nuclear medicine procedures.” Groups of subject-matter experts are currently finishing development of AUC for bone scintigraphy in malignant disease, ventilation perfusion imaging in pulmonary embolism, hepatobiliary scintigraphy in abdominal pain, and PET/CT in restaging of malignant diseases. Development of 6 additional AUC has been started, including prostate cancer imaging, myocardial perfusion imaging with PET, somatostatin imaging, infection imaging, nuclear medicine procedures for thyroid cancer, and gastrointestinal transit.