

SNMMI Acts to Ensure Patient Access to Safe and Effective Nuclear Medicine Procedures

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For more than a decade, the Centers for Medicare and Medicaid Services (CMS) has been “bundling” reimbursement for diagnostic radiopharmaceuticals with other costs into one total reimbursement for each procedure. This has created certain challenges in the United States, because diagnostic radiopharmaceutical costs vary widely, depending on the procedure, and may at times exceed the entire procedural reimbursement set by CMS.

The bundling approach contributes to several negative effects for patient care. Referring physicians may be less likely to utilize nuclear medicine procedures that are inadequately reimbursed. This may potentially steer the patient to less effective diagnostic procedures, which may lead to an increased length of time until precise diagnosis is made, an increased length of time to detect therapy response, and increased barriers to care coordination. The end result: a major disservice to patients, whose access to safe, painless, and effective diagnostic procedures may be limited.

Future innovation in nuclear medicine and molecular imaging also may be affected by inadequate reimbursement of radiopharmaceuticals. If the availability of nuclear medicine procedures is limited, then future research and development activities may focus on other areas. With so many advances on the horizon for nuclear medicine and molecular imaging, patient care will advance more slowly if these innovations are never realized.

SNMMI has been advocating for adequate reimbursement of nuclear medicine procedures and radiopharmaceuticals for decades, and it remains as a top priority for 2019 and beyond. We believe that improved reimbursement is essential to ensuring that patients have access to the most effective care available. By making radiopharmaceuticals more accessible, we can improve our value in health care, enhance the patient experience, and improve clinical outcomes.

SNMMI has taken several steps to help achieve this goal. Last September, SNMMI aligned with the Council on Radionuclides and Radiopharmaceuticals and the Medical Imaging and Technology Alliance to introduce the Medicare Diagnostic Radiopharmaceutical Payment Equity Act of 2018 in the U.S. House of Representatives. This legislation would obtain separate payment from CMS for high-value diagnostic radiopharmaceuticals, which would help ensure that patients receive medically appropriate tests that provide the most accurate diagnoses and treatment plans possible. On a larger scale, ensuring adequate payment will be crucial for the

nuclear medicine and molecular imaging community to advocate for a better approval, coverage, and reimbursement process for drugs, devices, diagnostic procedures, and therapies.

In the few months since the bill’s introduction, SNMMI has held numerous meetings on Capitol Hill to discuss this important legislation.

In addition, SNMMI members from medical institutions across the country have sent their representatives letters of support. I encourage all U.S. members of the nuclear medicine and molecular imaging field to contact their representatives, express their support for this legislation, and encourage their representatives to cosponsor the bill.

Continuing its commitment to ensuring equitable reimbursement, SNMMI convened a reimbursement summit at the 2019 Mid-Winter Meeting in Palm Springs, CA. Attendees included SNMMI leadership, subject-matter experts on reimbursement, a reimbursement consultant, and a legislative and regulatory strategist. With the end goal of increasing patient access to new diagnostic and therapeutic radiopharmaceuticals, attendees developed a strategy to work toward enacting policy changes that will achieve adequate reimbursement.

The next steps for SNMMI in this strategy include supporting a thorough patient-level data analysis of the utilization of nuclear medicine procedures that will focus specifically on how utilization has shifted from small to large medical centers as a result of the cost of radiopharmaceuticals, thus potentially limiting access for patients. SNMMI also plans to meet with CMS to discuss nononcologic PET coverage and to present evidence-driven data to generate another request for reconsideration of its coverage policy.

SNMMI’s efforts toward appropriate reimbursement go hand in hand with its efforts toward appropriate use of imaging and integrated care pathways. In the United States, health care spending now amounts to nearly 20% of the gross domestic product. We are clearly an outlier among developed countries, and the situation is unsustainable. If this trend continues, we will start losing critical access to fundamental health care. With appropriate reimbursement,



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confirmed cognitive impairment considering the cognitive status seems to be the most accurate way to characterize AD patients to date.”

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Reviews

Review articles provide an important way to stay up to date on the latest topics and approaches through valuable summaries of pertinent literature. The Newslines editor recommends several general reviews accessioned into the PubMed database in January and February. In an article e-published on January 29 in *Frontiers in Medicine (Lausanne)*, Donche et al. from Ghent University (Belgium) reported on “The path toward PET-guided radiation therapy for glioblastoma in laboratory animals: A mini-review.” Lindenberg et al. from the National Cancer Institute (Bethesda, MD) and Aarhus University Hospital (Denmark) reviewed “PET imaging in renal cancer” in an article e-published on February 11 ahead of print in *Current Opinion in Oncology*. Weitzman and Sherman from the University of Texas MD Anderson Cancer Center (Houston) provided an overview of “Novel drug treatments

of progressive radioiodine-refractory differentiated thyroid cancer” in the March issue of *Endocrinology and Metabolism Clinics of North America* (2019 Mar;48[1]:253–268). In an article e-published on February 8 ahead of print in *Neuro-Oncology* Schiff et al. from the University of Virginia (Charlottesville), Erasmus MC Cancer Institute (Rotterdam, The Netherlands), the Cleveland Clinic (OH), the German Cancer Research Center (Heidelberg, Germany), the University of North Carolina (Chapel Hill), Leiden University Medical Center (The Netherlands), the University of California Los Angeles, the Mayo Clinic (Rochester, MN), Mannheim University Proton Center (Germany), Apollo Proton Cancer Center (Chennai, India), the National Institutes of Health (Bethesda, MD), and the Dana-Farber Cancer Institute (Boston, MA) described “Recent developments and future directions in adult lower-grade gliomas: Society for Neuro-Oncology (SNO) and European Association of Neuro-Oncology (EANO) consensus.” Rowe et al. from the Johns Hopkins University School of Medicine (Baltimore, MD) reported on January 27 in *Annual*

Review of Medicine (2019;70:461–477) on “Imaging of prostate-specific antigen with small-molecule PET radiotracers: From the bench to advanced clinical applications.” In an article e-published on February 10 ahead of print in *Medicinal Research Reviews*, Xu, an independent radiopharmaceutical consultant, and Li, from SOFIE Biosciences (Somerset, NJ), reviewed “Imaging metabotropic glutamate receptor system: Application of positron emission tomography technology in drug development.” Ylli et al. from MedStar Health Research Institute (Washington, DC) offered an overview of “Conventional radioiodine therapy for differentiated thyroid cancer” in the March issue of *Endocrinology and Metabolism Clinics of North America* (2019;48[1]:181–197). In an article released online on January 31 in *Cells*, Zella et al. from the Ruhr-University Bochum, Katholische Kliniken Ruhrhalbinsel (Essen), and University Medical Center Göttingen (all in Germany) described “Novel immunotherapeutic approaches to target alpha-synuclein and related neuroinflammation in Parkinson’s disease.”

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we—the society, individual members, and all stakeholders—also must advocate for the most appropriate use of imaging based on evidence that can lead to better outcomes for patients. It is important to remember that our value is defined by quality, outcomes, service capacity, accessibility, and other metrics relative to cost.

A multipronged approach is essential to bringing the highest value of our specialty to patient care. The SNMMI Value Initiative is fully investing in these efforts so that our field can move forward robustly. I appreciate everyone’s efforts to advance the ever-increasing value of nuclear medicine and molecular imaging.