



SNM Procedure Guidelines Manual Becomes Available

The Commission on Health Care Policy and Practice's (CHCPP) Guidelines and Communications Committee has published the *Society of Nuclear Medicine Procedure Guidelines Manual 1997*. The manual contains the twenty-six procedure guidelines which have been approved by the Society of Nuclear Medicine's (SNM) House of Delegates.

According to Henry D. Royal, MD, Chair of the Guidelines and Communications Committee, several factors motivated the SNM to mobilize the resources necessary to develop procedure guidelines.

The SNM recognized that current and future economic pressures would force nuclear medicine practitioners to streamline their procedures. Procedure guidelines were needed to identify those elements of the examination that were most important

in obtaining a high quality exam, while at the same time controlling cost. Achieving the appropriate balance between high-quality and cost is essential to insure that our patients get the value that they deserve.

The value of clinical research in which nuclear medicine plays a part would be enhanced if there were agreement on how clinical nuclear medicine procedures should be performed. Currently, clinical nuclear medicine procedures are performed differently at various medical centers. Use of standard procedures would increase the applicability of clinical research to the practice of clinical medicine and would facilitate technology assessment.

The guideline development process would train a cadre of nuclear medicine specialists in the methodology for developing guidelines. These individuals would become

knowledgeable in technology assessment and in the fundamentals of evidence-based medicine. Expertise in these subjects is essential for future clinical research. In addition, this expertise will enable knowledgeable Society members to work with other specialties in the development of evidence-based practice guidelines. Royal's leadership has been essential in completion of the project and the creation of this publication.

The Guidelines and Communications Committee will distribute this book to third party payers and offer it to all nuclear medicine departments within the U.S. A copy of this publication may be purchased by contacting Olivia Wong at (703) 708-9000, ext. 250 or via e-mail at owong@snm.org. The cost of the manual is \$20.00. Guidelines are also available from the SNM web site at www.snm.org.

COGME Drafts Recommendations To Reduce First-Year Resident Numbers

Ways to align current numbers of physicians with actual workforce needs was the main topic of discussion at a meeting of the Council on Graduate Medical Education (COGME) in Washington, D.C., in February. Concerns were voiced that an imbalance exists between residents accepted into residency programs and the perceived oversupply of physicians in the U.S. health care environment.

COGME is an advisory body to both the Congress and the Secretary of Health and Human Services in the areas of graduate medical education.

In particular, excessive numbers of graduate trainees continue to enter into specialty areas of medicine when there is a generally accepted need for graduate physicians in family practice, internal medicine and pediatrics.

Guest speakers from the American Medical Association, American Hospital Association, Association of American Medical Colleges, American Association of Osteopathic Medicine and the Institute of Medicine outlined a variety of other related

issues, including the need to reduce overall physician supply, to change financing mechanisms in graduate medical education, balance out geographic maldistribution and adjust the mix of specialists.

In response, COGME drafted a list of recommendations to reduce the number of entering first-year residents to a level that would continue to provide opportunities to all U.S. graduates of medical schools. Because Medicare payments are directly linked to the number of residencies at teaching hospitals and other institutions which offer residencies, COGME has suggested in their initial draft to cap direct medical education payments (DME) at 1996 first-year resident numbers and to unlink indirect medical education adjustment payments (IMEA) through institutional block grants. DME is the Medicare payment to the institution which covers residents' salary, benefits, and overhead costs. IMEA is a separate payment to the teaching institution for service costs or costs related to teaching.

An intent of these recommendations is

to curb increasing numbers of international medical graduate (IMG) residents in U.S. teaching hospitals, an ongoing trend in recent years. Because of financial mechanisms related to IMEA payments within the Medicare system, many hospitals have found it advantageous from a service and financial standpoint to increase the number of resident positions to the extent that the number of resident positions have far exceeded the number needed for U.S. medical school graduates.

To reduce the number of residents that are trained each year, one of COGME's recommendations supports HCFA sponsored demonstration projects that work towards this purpose. In New York state, the Greater New York Hospital Association has assisted HCFA in developing a federal demonstration project that would reduce the number of residents while gradually reducing Medicare payments. This would allow participating hospitals to make a smoother transition as they restructure their operations while maintaining qual

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1. The licensee may authorize the release from its control of any individual who has been administered radiopharmaceuticals or permanent implants containing radioactive material if the total effective dose equivalent to any other individual from exposure to the released individual is not likely to exceed 5 mSv (0.5 rem).
2. The licensee shall provide the released individual with instructions, including written instructions, on actions recommended to maintain doses to others as low as is reasonably achievable if the total effective dose equivalent to any other individual is likely to exceed 1 mSv (0.1 rem). If the dose to a breastfeeding infant or child could exceed 1 mSv (0.1 rem) assuming there were no interruption of breastfeeding, the instructions shall also include: (a) guidance on interruption of discontinuation of breastfeeding and (b) information on the consequences of failure to follow the guidance.
3. The licensee shall maintain a record of the basis for authorizing the release of an individual, for 3 years after the date of release, if the total effective dose equivalent is calculated by: (a) using the retained activity rather than the activity administered, (b) using an occupancy factor less than 0.25 at 1 meter, (c) using the biological or effective half-life or (d) considering the shielding by tissue.
4. The licensee shall maintain a record, for 3 years after the date of release, that instructions were provided to a breastfeeding woman if the radiation dose to the infant or child from continued breastfeeding could result in a total effective dose equivalent exceeding 5 mSv (0.5 rem).

—David Nichols is the associate director of the ACNP/SNM government relations office

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ity patient care and service delivery. Many of these New York hospitals have a high number of IMGs, who now account for 40% of the residency slots filled each year. The project goal is to gradually decrease the dependence on IMG residents to provide essential service functions. Other recommendations of COGME include:

- Restructuring the current visa program for international medical graduates studying in the U.S. to return to their countries

once training is complete.

- Allowing DME and IMEA payments in ambulatory care and other non-hospital settings as delivery patterns change in health care.

The proposed federal budget for this year contains significant cuts in Medicare spending which will undoubtedly affect the amount in payments made to teaching institutions. Most institutions have already made adjustments to their resident programs based on the changes occurring in the market. Many have decreased the num-

ber of resident positions to adjust for the downsizing of graduate medical education, or shifted the number of funded slots toward primary care training rather than medical specialty training.

COGME's draft recommendations were approved in concept and will be sent out to its members for revision in the next few months. A final report will be submitted to the DHHS Secretary and Congress for review.

—Olivia Wong is the SNM health care policy administrator

Newsbriefs

Reimbursement Roadshow Debuts

The SNM Commission on Health Care Policy and Practice (CHCPP) sponsored its first roadshow on reimbursement for nuclear medicine procedures on February 1 in Baltimore, MD. Forty-two participants attended the one-day seminar. Kenneth A. McKusick, MD, Darrell McIndoe, MD, and Denise Merlino, MBA, CNMT served as moderators. R. Thomas Loughery, MBA, a practice management consultant, was key speaker at the roadshow.

These workshops will cover major procedural aspects of nuclear medicine services, including proper code selection, claim submission and documentation. Nuclear medicine physicians, technologists, medical office managers, key billing and medical records personnel will learn how to properly use the current CPT and ICD-9-CM manuals, use HCPCS II for effective coding and billing, understand third-party

payments, get updates on new editions of CPT and relevant Medicare changes, become knowledgeable about current Correct Coding Initiative, implications of fraud and abuse for incorrect coding, review common procedures and maximize reimbursement.

"These seminars focus on all the nuances of nuclear medicine. Physicians, technologists and coding and billing personnel will all benefit from the knowledge of these reimbursement roadshows," said Wendy Smith, associate director of Health Care Policy.

The next reimbursement roadshow will be in conjunction with the SNM's 44th Annual Meeting this June in San Antonio, TX. The categorical seminar will offer Category 1 CME and VOICE credit. Three additional roadshows will be offered this fall. For further information on upcoming roadshows contact Wendy Smith at (703) 708-9000, ext. 242 or via e-mail at wsmith@snm.org.

DOE to Provide Research Isotopes

The DOE will provide limited quantities of accelerator-produced isotopes for research purposes every month for two years beginning in October, 1997. Owen Lowe, associate director of DOE's Office of Isotope Production and Distribution, stated that some funds will be available to subsidize the development and production costs. The isotopes will be produced in accelerators at the Brookhaven National Laboratory, Los Alamos National Laboratory and the Tri University Meson Facility. The DOE is developing criteria for establishing priorities for development and production. Suggestions concerning the criteria or interest in the isotopes may be addressed to Dr. Norton Haberman at 301-903-4321 or by e-mail to Norton.Haberman@hq.doe.gov.