

Health Care Reform: A Great Opportunity for Nuclear Medicine



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Whether we like it or not, and whether President Clinton is successful in passing his version of health care reform or not, health care reform is here. It was bound to happen with or without President Clinton because employers are reaching the limits of their ability to cover employees' health care costs. Sooner or later something had to happen, but it might not have been called health care reform, and we might not have been made as acutely aware of it as we have been by President Clinton.

In this respect, we are fortunate because the issue has been brought to the forefront. The ball is in our court; we have a tremendous opportunity to determine our future by being participants in health care reform when and where appropriate. We need to be alert to what others want to accomplish as well, so that we can assess the impact of their goals upon our specialty. Our future roles will be determined by our own actions as health care reform unfolds. I suspect the transition to the new order will not be easy because most of us harbor an inherent dislike of change. Be that as it may, our opportunity is here.

In order to prepare, we need to look at the way we do everything and think how we might do things differently in the future. We need to reassess manpower needs, career ladders, the educational system, accreditation, and certification. Some individuals may leave the nuclear medicine industry and return to the practice of nuclear medicine technology. How will we respond to their need to update their skills? Is the educational community ready and able to assist? What about opportunities for new career ladders? There are physician assistants in many different fields of medicine; how about a physician assistant in nuclear medicine (PANM)? Perhaps a PANM could extend a physician's ability to provide services by performing some of the physician's routine duties. An educational program would be needed to provide physician assistant training beyond the associate or baccalaureate degree level in order to provide career advancement for nuclear medicine technologists.

What will the manpower needs be in the future? If everyone is ultimately covered by some form of health care plan and nuclear medicine is a cost-effective diagnostic procedure, then manpower needs may eventually become greater than we now anticipate. How will the educators respond? Is our current recruitment effort adequate? As the cost of education continues to escalate, it is more and more difficult for individuals to attend traditional educational programs. It may be necessary to devise some nontraditional educational programs that will allow individuals to work and to attend a nuclear medicine technology program simultaneously. Should we become more specialized or strive to educate generalists? What skills and competencies will be needed?

In order for innovative educational programs to flourish, the accreditation system must be reformed to encourage nontraditional programs. Currently, nontraditional programs that satisfy accreditation criteria are very difficult to devise.

Reform has come to the accreditation system at this time for other reasons as well, i.e., the impending dissolution of the Committee on Allied Health Education and Accreditation (CAHEA). The confluence of both reform efforts presents a unique opportunity! Finally, as the education and accreditation arenas begin to change and respond to the pressures of health care reform, it is obvious that the certification system needs to respond as well.

Health care reform offers a wonderful opportunity for the Technologist Section and our educators and accreditors to have a significant impact upon the future of nuclear medicine technology. I hope that we seize this opportunity and use it to determine our future before others do so for us.