

MESSAGE FROM THE PRESIDENT

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How often have you heard the naysayers claim that the decline of nuclear medicine was eminent? It is true that certain procedures have decreased or have become obsolete with the advent of CT and ultrasound. Now that functional MRI is moving into the mainstream, nuclear imaging can no longer claim to be the only imaging modality that captures organ physiology.

These and other advances in technology have allowed greater understanding of the disease process and have contributed to advances in patient management. The referring physician has a greater choice in selecting the best imaging modality to help him diagnose and treat his patient more effectively and efficiently. Less time is wasted on producing an exam with equivocal results. The modality that can identify the disease or pathology with the highest degree of certainty at the least cost is the modality that should be selected.

In the last few years, new developments in nuclear medicine have allowed more efficient and accurate diagnosis for many disease states. Never has this been more evident than at the Society of Nuclear Medicine's 45th Annual Meeting held this past June in Toronto. Bone scans to evaluate metastatic prostatic cancer, cardiac perfusion imaging to determine cardiac artery disease prognosis, scintimammography to image a breast nodule in dense breasts are but a few examples of the diagnostic power of nuclear medicine. New radiopharmaceuticals and new indications for existing materials are being discovered every day. With the introduction of multiple coincidence detection cameras, imaging with FDG is now an affordable reality for many community hospitals. Tumor viability can now be tracked with greater sensitivity and specificity. This will allow greater understanding of cancers and as this knowledge increases, 511-keV imaging with real PET scanners will increase because physicians will have a better understanding of how to apply this information.

Technology has allowed us to grow and to succeed. Educating the payers and, in many instances, the referring physicians in the appropriate use of this technology will be our challenge. Another challenge will be for us to remain current and knowledgeable about these new imaging techniques so that the information we provide is definitive, not equivocal. Adding to this are the constant cost pressures to do more with fewer resources, to become multiskilled and to demonstrate competence.

Each chapter of the SNM-TS is committed to providing nuclear medicine technologists with relevant continuing education seminars concerning new and emerging protocols, socioeconomic issues and refresher lectures. Nationally, the technologist section is working to provide various continu-

ing education articles on our web site, to produce a nuclear oncology primer and to make available other educational offerings so that you can become familiar with the many new protocols and radiopharmaceuticals that have been approved recently by the FDA.

To assist in educating patients, payers and physicians, the Public Education and Professional Enhancement Committee has developed PREP (Patient Related Educational Pamphlets). PREP contains information about diagnostic and therapeutic nuclear medicine procedures on a diskette. This is a wonderful marketing tool that each nuclear medicine facility can customize to meet its specific needs.

The SNM, in conjunction with the American College of Nuclear Physicians

and our vendor partners, has begun marketing the appropriate use of nuclear medicine to primary care physicians such as family practice physicians and internists. This has been accomplished by exhibiting at their meetings and displaying educational materials and answering questions about our specialty. The response has been so favorable that we will provide lectures and a slide show at future meetings.

Not only do payers such as Medicare and HMOs continue to reduce payments, they are demanding a higher level of quality and service. One way that they assure quality is to contract only with facilities that have met standards developed by experts in their field. Although JCAHO accreditation is certainly important, specific accreditation for specific functions, such as nuclear medicine, is on the horizon. For that reason, the SNM has begun the process of writing standards for nuclear cardiology, general nuclear medicine and PET scanning. Yes, this will mean another survey that we must prepare for, but in the near future it will determine who gets paid.

These are but a few examples of what our hard-working committees are doing to enable technologists to keep up to date and to spread the word about nuclear medicine. Your professional society, the SNM-TS, is committed to providing as many products as possible to help you succeed and to provide information concerning most aspects of nuclear medicine. However, without your active participation in continuing education to assure you are providing the best scan possible for interpretation, or without active marketing to your customers so that they have a clear understanding of what nuclear medicine can offer in the way of diagnosis and treatment, our referrals will dwindle. Without demonstrated excellence, our payments will cease. We must show that nuclear medicine adds value to a diagnostic work-up. No one else can, will or wants to do this for us. Without your commitment the naysayers may be right. Please contact the officers in your local chapters or me at 310-855-4203 to volunteer.