

MIRODA DATABASE LAUNCHED

Records from six independent radiologic science organizations, including the SNM-TS, were successfully merged into one database in July, creating the world's largest collection of information on radiologic technologists. The database, created by the Medical Imaging and Radiation Oncology Data Alliance (MIRODA), contained 240,151 unique records by early November and is the only centralized source of information on these allied health professionals.

MIRODA's goals are to:

- Define the universe of the profession, to include demographic profiles of the professionals and professions within the community.
- Correlate the relationships between education, certification, years of practice, and career paths.
- Identify practice trends and patterns, such as multiskilling, new technologies, licensure mandates, practice accreditation, and scopes and standards of practice.
- Collect information for research.
- Distribute and display data in a single resource.

Information contained in the database includes each individual's name and mailing address. The majority of records also include the individual's year of birth and sex. The database is scheduled to be updated twice a year, in March and September, to keep information current.

The current MIRODA database is designed for use by researchers who perform mail surveys. Researchers who wish to access the database should fill out an application form at the MIRODA Web site, www.miroda.org. Researchers may use the data only for scientific, academic, public policy, or health care research. Proposals from researchers are reviewed monthly by a committee of representatives of MIRODA organizations. Expected response time from the committee is 4–6 weeks.

In the next phase of MIRODA's work, the alliance plans to create a database of educational programs in radiography, radiation therapy, and nuclear

medicine. The database will include information on the number of accredited educational programs, the number of clinical education settings, and each program's length and terminal award (certificate, associate degree, or baccalaureate degree). MIRODA also is investigating whether it can collect information on the number of students enrolled in programs annually, the number of graduates each year, program capacity, retention and attrition rates, graduate employment rates, and programs' participation in distance education activities.

Organizations participating in MIRODA are the American Association of Medical Dosimetrists, the American Registry of Radiologic Technologists, the American Society of Radiologic Technologists, the Association of Educators in Radiological Sciences Inc., the Joint Review Committee on Education in Radiologic Technology, the Joint Review Committee on Educational Programs in Nuclear Medicine Technology, the Medical Dosimetrist Certification Board, and the Nuclear Medicine Technology Certification Board.

Sources: ARRT Web site, www.rrt.org, and MIRODA Web site, www.miroda.org.

PUBLIC AFFAIRS UPDATE**CARE Act Action Delayed**

As a result of the events of September 11, the Senate has delayed consideration of the Consumer Assurance of Radiologic Excellence (CARE) Act until after the start of the new year. Interest in the act in Congress remains high, and JNMT will keep readers updated on important dates and information on grassroots lobbying. Despite inaction at the federal level, legislators and regulators in Montana, Arizona, Missouri, and New York continue to explore state regulation of nuclear medicine technologists.

NM APC Task Force and Proposed HOPPS Changes

In a strongly worded and lengthy letter delivered on October 3 to Thomas A. Scully, Administrator of the Centers for

Medicare and Medicaid Services (CMS), the Nuclear Medicine Ambulatory Payment Classification (NM APC) Task Force commented on proposed rules updating the Medicare hospital outpatient prospective payment system (HOPPS). These rules and proposed 2002 payment rate changes would shift a number of nuclear medicine procedures to different nuclear medicine APCs, with subsequent reimbursement at significantly reduced rates.

The NM APC Task Force questioned the basis for these shifts, noting that they had been made with no explanation and in the face of significant evidence that the affected procedures should remain in their current APC. "The proposed changes," said the task force, "will undermine the clinical and resource homogeneity of the existing nuclear medicine APCs." The task force provided evidence that the data used to justify this proposed change are not accurate, complete, or representative of today's hospital billing. The task force advised that CMS would be premature in making such a change until a reasonably accurate database is acquired and an analysis performed. The letter strongly recommended that CMS retain PET procedures in the current APC 981 until accurate data is available. "We are unaware of any hospital that can perform these clinically critical and demanding studies for the payment level proposed," said the task force.

"The task force is concerned about the implications of the current proposal," Kenneth A. McKusick, MD, Chair of the NM APC Task Force, told JNMT. "Conclusions were made to blindly move nuclear medicine procedures from one APC to another on the basis of computer analysis of old hospital data that preceded the introduction of the APC system in August 2000. Hopefully, they will respond positively and let us work with them to acquire meaningful facts. To acquire our own facts, the NM APC Task Force will be conducting an intensive study/survey of PET costs throughout the country over the next several months."

Dr. McKusick cautioned that the quality of information flowing to CMS is important. "We are also concerned that not all hospitals are providing ac-

curate information in their cost and charge reports," he said. "One way to quickly check is to find out what is being charged for each procedure and then apply the department's cost/charge ratio. That is basically what CMS is using to calculate the cost for all procedures. Of course, each department should be sure that its own procedures are being correctly coded and recorded." For more information and as a reference, check out the Sample UB92 Teaching Program on the APC link on the SNM Web site at www.snm.org. This material was designed to help nuclear medicine personnel work with their own billing and fiscal staff.

10 CFR Part 35 Efforts Successful

The ongoing joint effort by the American College of Nuclear Physicians (ACNP) and the SNM to prevent implementation of the Nuclear Regulatory Commission (NRC) revisions to 10 CFR Part 35 showed evidence of success in October. An urgent letter went out on October 2 to all members of the two professional societies. Alan H. Maurer, MD (president, SNM) and Gary L. Dillehay, MD (president-elect, ACNP), urged members to make telephone calls to members of Congress, protesting the proposed revisions. In part, the letter stated, "We have asked Congress to prevent the NRC from implementing the new Part 35 regulations because they are not sufficiently meaningful improvements over the current Part 35. The Senate has adopted our proposal as part of the Energy and Water Appropriations bill; the relevant House legislation was passed before we asked for legislative relief."

During the week of October 8, a House-Senate conference committee met to work out differences in language between the two bills. ACNP and SNM members were urged to call conferees to ask that they support the Senate-passed language on Part 35. "This language is critical," noted the letter, "if we are to avoid spending \$500 million

to implement a poorly conceived program when health care dollars are increasingly scarce."

On the evening of October 30, the House-Senate Conferees adopted this compromise language on Part 35:

...notwithstanding any other provision of law, no funds made available under this or any other Act may be expended by the Commission to implement or enforce any part of 10 CFR Part 35, as adopted by the Commission on October 23, 2000, with respect to diagnostic nuclear medicine, except those parts which establish training and experience requirements for persons seeking licensing as authorized users, until such time as the Commission has reexamined 10 CFR Part 35 and provided a report to Congress which explains why the burden imposed by 10 CFR Part 35 could not be further reduced.

The bill was passed by Congress, and on Monday, November 12, was signed by the President, becoming Public Law 107-66. This is a major success for the SNM and ACNP and all members who supported these efforts.

—William Uffelman, SNM Director of Public Affairs and General Counsel

VOICE BOX

SNM Discontinues Mailing of Voice Transcripts

Effective January 1, 2002, SNM will discontinue monthly mailing of VOICE transcripts to technologist members. In October 2000, SNM launched online access to VOICE transcripts for technologist members. Thanks to feedback from SNM-TS members over the past year, we have made improvements to the VOICE transcript accessing process. Many of you have taken advantage of the easy access available to download this information with the click of a few buttons.

If you are a technologist member, you can access your VOICE transcript by following three simple steps:

1. Go to the SNM Web site at www.snm.org;
2. Click on VOICE Transcripts (in the Education and Meetings section); and
3. Type in your last name, member number, and date of birth.

By offering online access to VOICE transcripts instead of monthly mailings, we will be able to use financial and human resources more efficiently. We look forward to channeling those resources into more effective program management.

We have moved from weekly updates of transcripts to daily system updates. Although we update transcripts daily, please note that receipt and processing of information for on-site programs can take up to 30 days.

We will continue to mail VOICE transcripts once a year to nonmembers during the month before your birth month.

If you have any questions about online access to your VOICE transcripts, please contact Mary Bien, SNM Education Assistant, at mbien@snm.org or call the national office at 703-708-9000.

Keep 2002 Mid-Winter Meeting in Mind

The SNM Mid-Winter Meeting is fast approaching. Make your plans now to take advantage of the exceptional continuing education (CE) programs to be offered at the meeting in Scottsdale, AZ, February 10 and 11, 2002. Two full days of CE offerings, including a half-day session dedicated to nuclear medicine technologists, will be featured at the meeting. For detailed information about registration and course offerings, go to www.snm.org.

—Brenda Johnson, SNM Director of Education