

## Best Practices: “Expert Opinion” Versus “Evidence-Based Medicine” in the New SNMMI-TS Quality Initiative

**H**aving just returned from the SNMMI mid-winter meeting in San Antonio, I am still processing all the information gathered at the governance and scientific sessions. One note of interest is the new Quality Initiative that the SNMMI-TS is working on specific to demonstrating and providing quality. If you happened to miss the article that SNMMI-TS President April Mann wrote on this topic in the *Uptake* newsletter, you might want to check it out at [www.snmmi.org/FocusOnQuality](http://www.snmmi.org/FocusOnQuality). One aspect of this topic is determining the difference between “expert opinion” and “evidence-based medicine” in determining best practices. In the past, much of medicine has been based on the consensus of experts and their opinions on the best ways to do things. For instance, it might be considered best practice to screen for stress fractures using a bone scan instead of a traditional radiograph. But where are the data to support that expert opinion? The evidence may be there, but many of our protocols are based on a group of experts talking about what they do and how they do it, not actual evidence driven by scientific methods data. Why is this distinction important? Coming soon to a reimbursement plan near you will be a requirement that there be adequate evidence to support the procedure being done—thus the need for “evidence-based best practices” or “evidence-based medicine.” It seems fairly obvious that if we do things a certain way because that is what has worked in the past, it’s the best way to continue doing them. The issue now is whether we can prove it with data. Because of this new mandate in order to obtain reimbursement, the Quality Initiative will work to demonstrate and provide quality through education and training, advocacy, awareness, outreach, and collaboration. These efforts will not only be useful in demonstrating the high quality and safety of nuclear medicine procedures but will also arm today’s practicing technologists with the tools to provide a high-quality patient experience. If you want the full plan of the Quality Initiative, I again suggest you read the article by April Mann. However, it is clear to me that this mandate will be very important to future reimbursement issues, and I applaud the new initiative and all who are working so hard on it.

The next big event for the SNMMI is the annual meeting, which this year will be held in Baltimore, Maryland, from Saturday, June 6, to Wednesday, June 10. If you have never visited Baltimore, you are in for a real treat. The Inner Harbor is a wonderful setting in which to stroll around. There are water taxis, great shops, and restaurants, along with the National Aquarium and several museums, that are all within a short walking distance of the Convention Center. Early registration ends on April 9, 2015, so do not forget to register as soon as possible to get the lower rates. The SNMMI governance meetings actually begin the Thursday before the annual meeting, or June 4 this year. Thursday and Friday are

packed with council and committee meetings that attend to the business of the SNMMI and the SNMMI-TS. On Saturday, special categorical seminars are offered. These cover special topics of interest, and you can sign up for them for \$125 per seminar if you are a member and \$175 if you are not. These fees are in addition to the registration fee for the main meeting. The main meeting begins Sunday morning and runs through early afternoon on Wednesday. Each morning there will be a plenary session for everyone, and then the main meeting has overlapping continuing education offerings. Because the overlapping offerings can be confusing, it helps to plan beforehand what you want to attend by using the online meeting planner. This, as well as all other information about the meeting, may be found at [www.snmmi.org](http://www.snmmi.org). Just click on the “Meetings & Events” tab at the top of the page. I hope to see you in Baltimore in June.

“Quality is doing the right thing when no one is looking.”

—Henry Ford

In this edition of *JNMT*, we have 2 original continuing education articles, parts 1 and 2 on how to write a protocol. These articles cover protocols for use by the nuclear medicine department of a specific institution, not protocols for a society white paper or an official society-sponsored protocol. I think you will find these articles helpful for your nuclear medicine department, and I thank Kathy Thomas and Mary Beth Farrell for working on this topic for *JNMT*. There are also a variety of imaging articles that range from factors influencing sestamibi uptake in breast imaging to instrumentation techniques that can enhance image quality. There are also 5 new teaching case studies that I think our readership will find interesting. These are on a range of study types, from thyroid imaging, lung imaging, myocardial perfusion imaging, and <sup>18</sup>F-FDG PET to bone scans.

Finally, in a continuing effort to encourage online discussion, we have posted another situational judgment on the SNMMI Facebook page. Please go to [www.snmmi.org/facebook](http://www.snmmi.org/facebook) and add your comments about what you would do if you discovered that a fellow technologist was cutting corners regarding departmental protocols.



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