Minutes

Present: Warren Janowitz (Commission Chair), Kevin Donohoe (SNM Guidelines Committee Chair), Helena Balon, Twyla Bartel, KG Bennet, David Brandon, Dominique Delbeke, Gary Dillehay, Mary Beth Farrell, Kent Friedman, Stanley Goldsmith, Robert Henkin, Rusty Lavely, Alan Maurer, J. Anthony Parker, Karen Rusdriel, Mark Tulchinsky, Jerold Wallis, Alan Waxman, Janette Merrill (SNM Staff), Tamar Thompson (SNM Staff)

Discussion

I. Dr. Janowitz and Dr. Donohoe called the meeting to order at 1:30pm on Friday, June 4th. Dr. Lewis, Chair of the Collaborative Guidelines Committee was unable to attend.

II. Review of New Committee Names and Charges

Dr. Dominique Delbeke presented the meeting participants with the new committee and commission structure along with a brief outline of the new names and charges.

- The Procedure Guidelines Committee will now be the Committee on SNM Guidelines and focus on the revision of existing SNM guidelines
- The Practice Guidelines Committee will now be the Collaborative Guidelines Committee and focus on the development of collaborative guidelines and appropriateness criteria. This committee will also be tasked with reviewing external documents for consistency with SNM policies in order to recommend or take action to address concerns.
- The Health Care Policy and Practice Commission will now be the Health Care Practice Commission. The policy piece will now fall under the newly created Government Affairs Commission which will also oversee the Coding and Reimbursement Committee.
- A new Committee on Comparative Effectiveness will also fall under the Health Care Practice Commission. This committee will look at literature and data in existence to identify gaps and make recommendations of research.

Dr. Henkin noted that the appropriateness issue is entirely separate from the guidelines; appropriateness criteria relates to what will be covered by payers. Syncing this with guidelines is out of touch with what the rest of the medical community is doing. A reference to the appropriateness criteria is fine, but we need to be clear that the guidelines are not appropriateness criteria but will include some commonly used indications. Language will be included to state, “Common uses include but are not limited to…” for example.
We do not have good appropriateness criteria for many of our procedures so are limited to what is available. We can, however, begin to identify gaps and address concerns.

There is no real clear flow of information between the Guidelines Committees. Going forward, the meetings at MidWinter and Annual Meetings should be joint meetings at which time each can give an update of the work in progress. Additionally, before a guideline is submitted to the BOD for approval, the Collaborative Guideline should review and vice versa.

A standing operating procedure should be developed for staff and committee chairs to outline the communication lines and collaboration between these committees and the Commission.

**Action Item:** Schedule bi-monthly calls with the Committee and Commission Chairs to keep communication open.

III. SNM Guidelines Update

The Committee on SNM Guidelines is undertaking an aggressive process to revise all existing guidelines so they are usable by other organizations as reference. The committee recognizes that our guidelines are written by a small group of practitioners and therefore looks to collaborate with ACR and other organizations to develop joint guidelines. As a result, we are reformatting the SNM guidelines to match that of ACR. Our strength is in the dosimetry information, and to provide specifics in areas that ACR does not have experts in. Our biggest problem is manpower, SNM has limited staff whereas ACR has an entire department.

Currently there are three guidelines up for BOD approval:

- Procedure Guideline for Breast Scintigraphy with Breast Specific Gamma Imaging Guideline V1.0
- Procedure Guideline for Sodium18-F Fluoride for PET/CT Bone Scans V1.0
- Procedure Guideline for Hepatobiliary Scintigraphy V4.0

The current review process is too condensed. Janette Merrill suggested moving the timeline to a full 6 months to allow for more comment time; this should help to end the last minute comments that come in which often require changes to the guidelines. The suggestion is to identify three at each large meeting to have approved by the second BOD meeting after identification (for example, identify three at Mid Winter Meeting in January that would be on schedule to send for approval at the September BOD meeting). There seemed to be support for this new timeline, however a call with the Committee on SNM Guidelines is needed.

Dr. Henkin noted the ACR methodology for revising guidelines is good; they have a drop dead date for comments. If we keep allowing last minute comments, the revisions will never get done. However, it was argued that when someone makes a legitimate and important comment, we need to be able to include it.
Dr. Donohoe would like the Chair of this committee to have the power to make insertions in these cases after discussions with the chair of the appropriate task force. Often there is no need for the larger task force to fully review the guideline again.

The suggestion was made to review the guidelines annually. As we move forward with Comparative Effectiveness Research, these guidelines will become even more important. This task can be undertaken by the General Nuclear Medicine Council chaired by Dr. Tulchinsky.

Task of the Young Professional is to review guidelines of all other organizations specifically for existing appropriateness criteria for procedures. We have a SOP of what to look for and provide report to chair of task force. If we have a representative to the ACR guideline, this person needs to be in the writing group as well. Task forces also include an EANM rep, physicist, and a technologist.

The guidelines must be approved by the Board of Directors. Though the process can be frustrating, sometimes the BOD offers valid comments so it is nice to have the extra input. Guidelines do not become policy unless the BOD approves.

Action Item: The Committee should have a follow-up conference call in the coming weeks to finalize the new timeline for reviewing the guidelines and identify guidelines that should begin revision to meet the ACR cycle. In addition, the role of the GNMC should be discussed.

IV. PCPI Update

Dr. Henkin provided a brief update of the PCPI activities. Practitioners can receive a 2% bonus if they submit the bone guideline measures to PQRI. It was thought that the measure was not largely used; several meeting participants noted that they had been using the measure.

Going forward, PCPI is changing the way it works, no longer looking at cookbook adherence to guidelines, looking at how to improve quality in practice. This ties in well with MOC; new guidelines coming down will be more around finding and improving problems within a practice. If a practice can prove they are implementing the guidelines, they will get a bonus. The hospital side has been in place for over 8 years. Now in hospitals, they take money away if not adhering to guidelines. This will eventually happen to individuals. NQF is complex organization; they are the Medicare contracted intermediary to review and approve of these, however they are not approving imaging ones. We may not have staff to do this.

Last time we threw it together using a lot of AMA staff. Going to have to look at how we go forward because no one is going to do this for us. AMA understands our problem with our membership; they do not want to lose members, so are looking the other way on some issues. AMA needs everyone they can get to attack common issues. PCPI will define the format, but as a specialty, we will need to create our own measurements.
SNM staff have begun working with ACR and AMA-PCPI staff on the testing of the lone measure. The bone scan measure was given time-limited NQF endorsement. We will need volunteers to fill out the survey to begin identifying test sites.

Under current Medicare law, if practitioners report the bone scan measure, they may be able to get 2% bonus. SNM needs to send information to membership to notify that this measure exists. Some practices are submitting data on the measure.

V. Community Based Cancer Centers (CBCCs)

We have a potential ally in the CBCCs for a lot of what we are doing. They have been supportive of us in front of Medicare and would be a tremendous group to work with. We should form an alliance and open a discussion to see what is mutually beneficial. One thing in the BOD strategic plan is outreach. While past outreach has mostly been on patient advocacy, perhaps this can be included. It was suggested that this might be a role of the new Committee on Comparative Effectiveness, however Dr. Delbeke pointed out that the charge of that committee is to do a review of literature, research of what is acceptable to payers, and identify gaps where research should be undertaken and then outreach to the community with the findings.

VI. Need for Departmental Procedure Manuals

Dr. Maurer initiated the discussion on the need to develop a guideline or some outline of standards of what should be contained in a Department Procedure Manual. If departments have manuals that staff can follow, this removes the need to approve every dose, etc. Some community hospitals have very outdated manuals. This is an area of deficiency for most labs as well; it would be good to have a professional guideline on the manual.

This can be included in the Guideline on General Imaging; just include the core components of a procedure manual. That would be a good place to start, but will eventually need to expand to include therapy.

**Action Item:** Draft language for inclusion on the Guideline for General Imaging. Discuss the possibility of tasking the General Nuclear Medicine Council to draft language for this and expansion to include therapy.

VII. ACR Appropriateness Criteria Panels

The current method of reviewing the panel topics by the Collaborative Guidelines Committee is inefficient. Some of the panel representatives are uncommunicative with SNM staff when
tasked and there is also a very tight turn around (2 weeks) for reviewing and submitting comments back to ACR. Janette Merrill suggested implementing a process similar to that of the guidelines whereby she will get a list of all panel topics to be reviewed and task members of the Committee will review and send comments to the SNM representative to the panel for inclusion. This eliminates the stress of the tight timeline because the representative will already have the comments in hand prior to being tasked by ACR. This suggestion was well received and will be implemented.

The Radiation Rate Levels used by ACR pose a problem, however they have changed from listing as low, medium, high to a symbol instead. Coronary CTA has two categories, can eventually in the future do for MPT, separate PET and SPECT. PET is in medium and SPECT is in high level. ACR does not have to accept our suggestions; the appropriateness criteria do not go through the SNM approval process like the ACR guidelines do. The criteria include a statement that participation by a society does not necessarily equate to endorsement.

ASNC just published a paper on recommendations for radiation dose reduction in MPI. We can address concerns we ASNC. SNM leadership has already had discussions with ACR leadership about the ratings.

VIII. Imaging e-Ordering Coalition

Dr. Janowitz read of this organization in the paper and felt this organization was in line with what we are doing. The Coalition is aligned with trying to promote the use of more appropriateness criteria for the approval of studies. Medicare is getting to the point of using RBMS, appropriateness criteria or other forms of approving imaging procedures. The Coalition is comprised of a pretty eclectic group, ACR is a member as is GE, so there is respectable membership.

Is this something we should be involved in? It would be good to have input to make sure the community is represented correctly; dues are $5K a year, which SNM would have to pay. They are doing a fair amount of lobbying with CMS.

Additional materials are available from Dr. Janowitz. We should examine this further in order to make a recommendation. Staff can approach ACR for additional information, however if this is mainly a lobbying org to get ACR appropriateness criteria accepted, our efforts would be better served at getting members active and heard on the panels.

Action Item: Staff will contact ACR staff to find out more about the Coalition. The Health Care Practice Commission will need to determine if a recommendation should be made to the BOD to join.
IX. Position Paper on Expert Consensus

An action item from the January meeting of the Health Care Practice Commission was to draft a collaborative position paper on the development and use of expert consensus panels. Dr. Henkin agreed to chair the writing group. ACC, ASNC and ACR were all invited to participate however none accepted. This will not move forward.

X. Other Business

Two guidelines were found that were sent for BOD approval in June 2004 - GI Bleed and Meckel’s Diverticulitis – however it was never determined if these guidelines were approved. Dr. Tulchinsky and Dr. Brandon volunteered to review these guidelines; they may be posted to the website as is or the Committee on SNM Guidelines may need to consider revising them. BOD approval will need to be established.

There are three guidelines that are ready to go for first round review – Parathyroid Scintigraphy, Lung Scintigraphy and Somatostatin Receptor Scintigraphy with $^{111}$In Pentetrotide. SNM staff will get these under way.

XI. Adjournment

The meeting adjourned at 3:15pm.