Results of the 2004 ACNP Election

The following new officers will serve through the end of the 2005 annual meeting:

President-Elect
Bennett S. Greenspan, MD

Secretary/Treasurer
Hadyn T. Williams, MD

Board of Regents
Shiv Gupta, MD
Mark Tulchinsky, MD
Edward Smith, ScD
Hossein Jadvar, MD, PhD

Notice:
The next annual meeting of the ACNP will be held January 15-19, 2005, in San Diego, CA. Please mark your calendar to attend this informative scientific and socioeconomic meeting.

President's Message:
Looking for the Next Generation

Elsewhere in this edition, you will read about activities of the American College of Nuclear Physicians (ACNP) in a number of venues. I would like to emphasize one issue that is important to the College and to each of us individually.

First, the good news: nuclear medicine, as a modality, remains strong. We are vital participants in the medical diagnostic and therapeutic armamentarium, and the overall number of radioisotope procedures performed each year continues to increase. Now the not-so-good news: nuclear medicine, as a medical specialty, continues to face serious problems. The recent increase in diagnostic isotope procedures is due primarily to cardiac studies, which are, for the most part, not performed by full-time nuclear medicine physicians, and to PET. The expansion of PET and especially PET/CT has brought new interest to our field but has placed many nuclear medicine physicians into conflict with radiologists. Other aspects of nuclear medicine, though certainly strong in some locales, are showing little growth. What do we need to do about all of this?

I have the opportunity to present my unsolicited and personal opinions here because I am the president of the ACNP, but, like essentially all of you, I have worn a number of hats and have come to my “world view” of nuclear medicine based on widely varying experiences throughout my career. One of my greatest concerns, and one which has been discussed within academic nuclear medicine for some time, is “Where is the next generation of nuclear medicine’s real specialists going to come from, and how are we going to train them?”

While it is not strictly the mission of the College to direct the content of training programs, we who are practicing in the field today must contribute our expertise to the American Board of Nuclear Medicine, the Accreditation Council for Graduate Medical Education, and the Program Directors. We must let them know (in the interest of changing their direction or reinforcing their convictions on their present course) what it is that we need to know to practice today and tomorrow.

Equally important to whatever the currently established nuclear medicine leadership does, we must take immediate advantage of an energetic and often overlooked force within our field: residents, fellows, and recent training graduates. This group is formally organizing within the Society of Nuclear Medicine and within the College. Industry has recognized these young physicians as important in their business plans. The College has recognized this group as a critical element for the future growth of nuclear medicine.

Those of us who are involved in training programs must do all that we can locally to encourage and facilitate the entry of these individuals into our organizations. We must seek out these residents, and we must volunteer as mentors. While there are other huge issues for nuclear medicine education— such as recruiting more candidates to enter our residencies and scientific training programs, adjusting the curriculum to meet new directions in medicine, and finding job opportunities for those who graduate— we should start with what we have today and support this group. We cannot continually look to the future without working in the present. For its part, the College can provide a national framework and exposure, and we continue to work with a committed industry component in this endeavor. The College has added a resident section and over 20 new resident members this spring, and we will continue to work to expand this program to bring

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Government Affairs

The Centers for Medicare & Medicaid Services (CMS) announced in April the elimination of the 90-day grace period for the use of retired medical codes as a result of the Health Insurance Portability and Accountability Act requirement that providers use only valid and current medical codes. This will be a big change for providers who have been accustomed to using this “cushion time” for implementation of new and revised codes. The change takes place July 1. New and revised nuclear medicine hospital revenue codes are effective this year on October 1.

Because failure to keep current will result in claims being returned as unprocessable, it is vital that providers stay current with all coding system changes as they occur throughout the year. Below we have provided a publication schedule of billing code changes:

• ICD-9 codes, valid October 1, are published annually in the Federal Register in April or May.
• Alphanumeric Healthcare Common Procedure Coding System (HCPCS) codes, valid January 1, are published on the CMS Web site every October.
• The American Medical Association (AMA) CPT codes, valid January 1, are available in October or November from the AMA.

For details on the elimination of the 90-day grace period, see CMS transmittals 89 and 95 at www.cms.hhs.gov/manuals/pm_trans/r89cp.pdf and www.cms.hhs.gov/manuals/pm_trans/r95cp.pdf. As always, we will publish these changes on the SNM Web site in the Practice Management area at www.snm.org.

Request for Revised Radiopharmaceutical Descriptions

On April 1, 2004, the SNM Coding and Reimbursement Committee submitted an application to revise 57 radiopharmaceutical descriptions for the year 2005 cycle.

The committee had 2 primary goals in mind for this “non-traditional” request to the HCPCS panel. First, we wanted to improve consistency for common radiopharmaceutical abbreviations and terms used in both short and long HCPCS code descriptions. For short descriptors, we recommended a standard terminology for describing radioisotopes. For example, the word “technetium” may be eliminated by using “Tc99m.” This change also provides room for additional fields so that units of measure can be included. Second, we hoped to see more accurate reporting of the quantity that is typically administered to the patient, e.g., “per dose” or “per mCi” as opposed to “per vial.”

These recommendations were developed based on hundreds of calls, e-mails, and questions from the nuclear medicine community regarding specific HCPCS codes and coding issues. The SNM worked collaboratively with the nuclear medicine community, including the Academy of Molecular Imaging, the American College of Nuclear Physicians, the American Society of Nuclear Cardiology, the National Electrical Manufacturers Association, and the SNM Technologist Section. Although not specifically signing on to these recommendations, the Council on Radionuclides and Radiopharmaceuticals and the American College of Radiology provided valuable suggestions and assistance.

Brand vs. Generic Radiopharmaceuticals

CMS’s recently implemented Transmittal 112 describes changes for the brand name versus generic payment of drugs, biologicals, and radiopharmaceuticals under the Outpatient Prospective Payment System. CMS states “the new codes … are required to enable differentiation between the payment amount required under the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA) for a brand name drug and the payment amount required under the MMA for its generic form.”

The new radiopharmaceutical codes have caused much confusion in the nuclear medicine community. The SNM has contacted CMS officials regarding these codes and their proper use. Currently, absent CMS clarification of which is considered the branded radiopharmaceutical and which is considered generic and considering that the payment rates are identical with the exception of a single code, the SNM does not recommend implementation of these codes without further clarification from the agency. We will post CMS’s response to our request for clarification on www.snm.org as soon as it is available.

Medicare contractors began issuing LCDs on or after December 7 and will transition all LMRPs to LCDs over the next 2 years.

Denise Merlino
SNM Coding Advisor

President's Message: Looking for the Next Generation

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young physicians and scientists into the socioeconomics of the “real world.” Dr. Dadparvar and her group are actively pursuing this activity on behalf of the College, but resident development is basically a local issue and they deserve our personal support.

As an extension of our efforts to promote the practice of nuclear medicine and with particular emphasis on those who spend a substantial part of their time in nuclear medicine, the College is conducting a salary survey over the next several months. The goal of this survey is to produce data on the salaries of nuclear medicine physicians in various practice settings. It has been many years since the College has performed such a survey, and the lack of reliable data that we can take to our chairs and administrators is a major stumbling block in advocating for fair and realistic reimbursement of both entry-level and established nuclear medicine physicians. When you receive this survey, please fill it out and return it. If we can not produce results from a meaningfully large and diverse sample population, we will not be able to counter reimbursement rules based on radiology RVU standards and other criteria already well established by other groups but not necessarily appropriate for our specialty.

Thank you for your continued interest and commitment to the College.
ACNP 2004 "Man of the Year"—Jack Slosky

Accomplished, dedicated, respected—all words that epitomize this year’s ACNP “Man of the Year,” Jack Slosky, PhD, MBA, FACP, N.

A unanimous selection by the ACNP’s Board of Regents, Jack received the 2004 “Man of the Year Award” at the recent 30th anniversary ACNP annual meeting in Marco Island, FL. In addition, Jack was also named an ACNP Fellow—an honor bestowed upon only a select number of ACNP members.

“The ‘Man of the Year’ award came as a total surprise to me,” said Slosky. “I have been lucky enough to be surrounded with tremendous colleagues throughout my career, and they share much of the credit for these honors. I am truly humbled to have received this award.”

An Impressive Career

A nuclear medicine industry stalwart, Jack has been involved in the field for the better part of 30 years, the last 25 in various research and managerial roles at Bristol-Myers Squibb Medical Imaging headquartered in Billerica, Mass.

Born and raised in Warsaw, Poland, Jack earned his master’s degrees in Mathematics and Biochemistry and his doctorate degree in Biochemistry/ Radiochemistry from Warsaw University. Jack later earned a Certificate of Special Studies in Administration and Management from Harvard University and an MBA in High Technology from Northeastern University.

Jack began his professional career in 1973, when he came to America to pursue a postdoctoral assignment in academic research that took him throughout the U.S. and Brazil. During this period he co-authored more than 40 scientific papers for a variety of international chemical and pharmaceutical journals.

“Coming to the U.S. had been a dream of mine for a long time,” said Jack. “The ability to go into a library and read any book you wanted without fear was such a refreshing change from the persecution and censorship of communist Poland. While it was difficult in a sense to leave my homeland, America provided me with a vast range of opportunities that simply didn’t exist in communist Poland.”

In 1979, Jack joined the Research and Development Department at Bristol-Myers Squibb Medical Imaging (then the New England Nuclear Corp.), overseeing the process chemistry area. During the mid-1980’s, Jack led the team that developed the raw materials, process chemistry, and formlulary for Cardiolite® (Kit for the Preparation of Technetium Tc99m Sestamibi for Injection). In fact, Jack holds two patents supporting the chemistry of Cardiolite.

After several years in Research and Development, Jack transitioned into marketing, where he held several managerial positions integral to the successful launch of Cardiolite in Europe, Canada, and the U.S. Jack then moved into his current leadership role in Health Economics Policy and Professional Relations. In this role, Jack maintains a high level of visibility within both the industry and government arenas, championing healthcare economics and reimbursement issues in support of patients and the entire medical imaging community.

Tireless Advocate for Nuclear Medicine

In addition to his efforts on behalf of ACNP to educate young physicians about the nuclear medicine industry and its related socioeconomic issues, Jack lends his vast experience and expertise in the industry to a number of important trade groups.

Most notably, Jack is the current chairman of the Nuclear Medicine Industry Association of North America (NMIA-NA) and co-chairs the Health Care Committee for the Council on Radionuclides and Radiopharmaceuticals (CORAR). In these positions, Jack continues his tireless efforts on a variety of issues affecting patients and the nuclear medicine community.

Devoted Family Man

Jack’s greatest enjoyment and satisfac-

Participation in ACNP Salary Survey is Important to Your Profession

If you have received but haven’t yet filled out an ACNP Salary Survey, please do so as soon as possible. The Information from the survey will be a valuable resource for all nuclear medicine physicians and scientists. The Survey is based on AAMC and AMA standards and responses will be kept strictly confidential. Data will be reported for geographic regions only, not by institution.
Greetings to all residency/fellowship trainees! In this issue of Scanner, I would like to address some of the questions I’ve been asked about the ACNP Resident’s Organization.

**How did the organization get started and what is its role and function?**

The 1st Annual Nuclear Medicine Residents Meeting was held during the 30th Annual Meeting of the ACNP in Marco Island, FL, on January 10–14, 2004. The ACNP Residents Organization was established to support and train nuclear medicine residents and fellows in starting and implementing successful careers.

Aside from developing the clinical nuclear medicine knowledge base, the Residents Organization focuses on professional development (read: career planning and finding a job) and thus functions to provide the tools, resources, and opportunities to make the successful transition from trainee to attending physician. For more information about the ACNP Residents Organization, please visit the Residents Organization’s section of the ACNP website at www.acnponline.org. You can find the information by clicking on “Professional Enhancement” and “Residents as Future Leaders.”

**What is a specific example of what ACNP can do for me?**

The ACNP Residents Organization is launching a mentorship program at the ACNP reception during the upcoming 51st Annual Meeting of the Society of Nuclear Medicine in Philadelphia in June.

Because some trainees find it awkward or difficult to communicate with their own program director and attendings on certain topics in professional development (read: career planning and finding a job) and thus functions to provide the tools, resources, and opportunities to make the successful transition from trainee to attending physician. For more information about the ACNP Residents Organization, please visit the Residents Organization’s section of the ACNP website at www.acnponline.org. You can find the information by clicking on “Professional Enhancement” and “Residents as Future Leaders.”

**How can I get involved?**

ACNP membership for residents/fellows is free, made possible by generous industry support, which is subsidizing the $50 annual membership fee. You can find a simplified half-page version of the membership application in the June 2003 issue of Scanner. You may download it from the Scanner archive section of the ACNP website at www.acnponline.org.

Furthermore, I would welcome a volunteer to work as vice president or treasurer of the Residents Organization. My email address is henrykimmd@yahoo.com, and I welcome your participation and ideas. Please pass the word along about the ACNP Residents Organization, its free membership, and the free mentorship program. Bring a friend and your fellow trainees to the ACNP reception at the upcoming SNM annual meeting, and let’s start working together on building a community of our peers. After all, we represent the future of the nuclear medicine specialty.

Henry Kim, MD
President, ACNP Residents Organization

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**ACNP’s Scientific Award Winners**

At the ACNP’s 30th Annual Meeting in Marco Island, FL, three residents won best assay awards of $500. Congratulations to Jian Q. Yu, MD, from the Hospital of the University of Pennsylvania; Marsha Naydich, MD, from the St. Luke’s-Roosevelt Hospital, New York; and Ghassan El-Haddad, MD, from the Hospital of the University of Pennsylvania.

Travel grants of $750 were awarded to Irini Youssef, MD, St Vincent Medical Center, New York, and Rakesh Kumar, MD, Hospital of the University of Pennsylvania.

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**Nominations for Fellowship**

Each year ACNP honors outstanding nuclear medicine physicians and scientists who have made significant contributions to the field. If you or anyone you know is eligible, please submit a fellowship application form along with two letters of recommendation from ACNP fellows to Simin Dadparvar, MD, chair of the Fellowship Committee, by September 30, 2004. See www.acnponline.org/Fellowship.

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**ACNP Reception at SNM Annual Meeting**

Curious about ACNP or interested in the Resident’s Organization mentoring program? Come to our reception at the 51st SNM Annual Meeting to find out how ACNP can benefit you. The reception will be held Sunday evening, June 20, from 5:30 to 7:00 PM in room 410 at the Philadelphia Marriott.