

PET Utilization Task Force
Action Plan

January 15, 2008

FOCUS AREA	GOALS	CHAMPIONS	ACTION PLAN	
			YEAR 1	YEARS 2-3
REFERRING PHYSICIANS	<ul style="list-style-type: none"> •Identify needs that are/are not being met •Develop an action plan to meet needs 	Macapinlac Peller	<ul style="list-style-type: none"> • Develop and distribute survey related to current satisfaction level of the PET/CT services they are receiving and to identify specific quality issues. Also include broader questions related to reasons why they refer today (or not). Be sure to investigate details related to reports (what they like, what they don't like, what they want). •Summarize data and develop an action plan to meet needs •Discuss action plan with other professional groups, such as ASCO, to enlist their cooperation and help 	<ul style="list-style-type: none"> •Provide education for administrators to support investments in improved quality of services •Develop and distribute materials that referring physicians can use for patients •Provide resources to help with authorization of services by third party payors •Meet other needs identified in survey
PRACTICE GUIDELINES	<ul style="list-style-type: none"> •Develop clinical practice guidelines to ensure appropriate utilization and proper performance of PET/CT •Develop a summary of best practices to supplement practice guides 	Segall Fletcher	<ul style="list-style-type: none"> •Collect and review existing practice guidelines •Distribute, revise, develop guidelines for oncology, neurology, and cardiology •Develop educational materials describing best practices •Develop educational activities (on-line, meetings) 	<ul style="list-style-type: none"> •Distribute/publish guidelines and best practices •Implement nation-wide educational activities •Work with ASCO, ASTRO, NCCN and other professional groups to ensure appropriate utilization of PET/CT in practice guidelines
NUCLEAR MEDICINE PHYSICIANS AND RADIOLOGISTS	<ul style="list-style-type: none"> •Identify the educational need of physicians and technologists who perform and interpret PET/CT •Develop a report template to standardize reporting and improve quality 	Shreve Rohren	<ul style="list-style-type: none"> •Develop programs to educate Nuclear Medicine physicians to interpret CT, and Radiologists to interpret PET •Provide education for physicians on the needs of referring physicians and elements of a good report •Develop report template 	<ul style="list-style-type: none"> •Implement nation-wide educational activities Develop self tutorial for elements of a good report •Develop clinical support team to do on-site evaluation, consultation, and training
RESEARCH	<ul style="list-style-type: none"> •Identify research priorities •Develop standardized research methodology that will facilitate aggregation of data •Collect data on cost-effectiveness of PET/CT 	Graham Mankoff	<ul style="list-style-type: none"> •Identify research needs and list priorities •Create an electronic library of studies on the cost-effectiveness of PET/CT, then define what studies need to be done and how they should be funded •Identify programs within SNM that could provide financial support for research in areas identified as high priority •Identify individuals/sites for research support in high-priority areas 	<ul style="list-style-type: none"> •Develop standardized research methodology •Provide financial support for research in high-priority areas

	Action (What)	Articulate a clear deliverable
	<p><i>Good reports - short, precise, accurate, Interpreter Competence as consultant</i></p> <p>Broad survey referring physicians (medical oncologists) related to current satisfaction level and to identify specific</p> <p>Need to identify an incentive to get referrers to respond to the broad survey.</p> <p>ASCO focus group to get deeper understanding of the survey results.</p> <p><i>Survey why oncologists don't refer; create panel to investigate what they need</i></p> <p>(see above survey)</p> <p><i>ASCO driving PET/CT awareness campaign (joint effort w/ SNM)</i></p> <p>Identify PUTF member to sit on Advocacy task force and communicate needs of PUTF to that group for actions.</p> <p><i>Easy pre-authorization process (full burden on referring physician office)</i></p> <p><i>Education</i></p> <p>education on referring MD needs</p> <p>train residents & fellows in radiology & nuc med / education office staff & support group surrounding practice</p> <p><i>Improved Communication between referring and interpreting MDs</i></p> <p>administrator's education to support investments in quality of PET center</p>	
Referring Physicians		
	<p><i>Update response criteria to include PET/CT (change guidelines)</i></p> <p>Survey ACRIN, SWOG, RTOG, ACSOG, NCI to identify existing studies (get from Barry Siegel?)</p> <p><i>Clinical management pathways for under utilized indications</i></p> <p>Approach NCCN to modify guidelines for the 'Big 5' - start w/ breast</p> <p><i>ASCO driving PET/CT awareness campaign (joint effort w/ SNM)</i></p> <p>Identify PUTF member to sit on Advocacy task force and communicate needs of PUTF to that group for actions.</p> <p><i>Quality Reporting</i></p> <p>practice guideline to be approved by SNM and published in JNM</p> <p>Overall report quality - standardized templates & structured reporting, improved software for image viewing</p> <p>- faster analysis, historical information, answer clinical questions, provide images with reports, CME, measure the service provided, tele-medicine friendly reports for remote interpretation</p> <p>Gather: ICANL elements for reporting, ACR standards, any software solutions? etc.</p> <p>- get data from NOPR to see common mistakes and missing elements</p> <p>- go to sites who already have templates that work - MD Anderson</p> <p>- incorporate needs of the referring MD</p> <p><i>Improved Education Materials for Interpreting MDs</i></p> <p>Standard Procedures (See Quality Reporting)</p>	
Practice Guidelines		
	<p><i>Simply referral process: e.g. one call to schedule; for reimbursement issues</i></p> <p>Create best-practice sharing task force / sub-committee</p> <p>SNM sanctioned how-to brochures/website</p> <p>Ideally, develop nation-wide clinical support team, Consider reverse fellowship program</p>	

	Action (What)	Articulate a clear deliverable
Nuclear Medicine Physicians and Radiologists	<i>Quality Reporting</i>	Build into MOC process ABR & ABNM joint effort - create society sponsored performance improvement module satisfying part 4 requirements - *(separate SNM task force looking for projects)
	<i>Education</i>	cross-train nucs to read CT & rads to read PET - PET review course for those techs taking the PET Boards how to be a better PET Champion fast track training for CT - Weekend PET/CT certification program sanctioned by SNM for radiologists to meet requirements - sample curriculum; does demand exist? How will it be marketed?
	<i>Competency</i>	already part of MOC; PET/CT competency module (accreditation, incentive to improve quality, quality assurance programs, review quality of scans & reports include in equipment sales)
	<i>Improved Communication between referring and interpreting MDs</i>	education tools (how to work with payors) quality & grow speakers' bureau
Research	<i>Cost effectiveness data & outcome tracking</i>	Define and initiate NOPR2 Consider retrospective study Data mining for current NOPR Cost effectiveness prospective study
	<i>Easy pathway to web based info</i>	
	<i>Education</i>	fast track training for CT - Weekend PET/CT certification program sanctioned by SNM for radiologists to meet requirements - sample curriculum; does demand exist? How will it be marketed? faster analysis of PET studies via software developments
	<i>Improved Education Materials for Interpreting MDs</i>	Electronic Library of PET/CT Information (centrally located)
Miscellaneous	<i>Payment for CT portion of PET/CT</i>	
	<i>Good reports - short, precise, accurate, Interpreter Competence as consultant</i>	Structure a small study to validate that perception of report really does improve when the new report standards are implemented. Measure current state Measure improved state
	<i>Design & initiate evidence based on studies to justify PET/CT studies</i>	
	<i>Update response criteria to include PET/CT (change guidelines)</i>	Complete Meta Study Meta analysis of existing guidelines by indication (start with Breast? Mankoff?) Integrate into already planned studies
Miscellaneous	<i>ASCO driving PET/CT awareness campaign (joint effort w/ SNM)</i>	
		Produce joint white papers
	<i>Quality Reporting</i>	SNM certification for CT - certifying documentation and not competency; would need to be brought up to board
		incorporate into new software releases or industry distribution channels build into NOPR2

Action (What)	Articulate a clear deliverable
<i>Improved Communication between referring and interpreting MDs</i>	
improve relations with med onc, rad onc & surgeons	
technology based communications?	
<i>Improved Education Materials for Interpreting MDs</i>	
- how do we promote awareness? - MI site for patients & referring MDs (see as a PET/CT resource, not solely an SNM resource)	

#1. Referring Physicians

Survey referring physicians to understand current state and validate assumptions

Broad survey referring physicians (medical oncologists) related to current satisfaction level of the PET/CT services they are receiving and to identify specific quality issues. Also include broader question set related to reasons why they refer today (or not). Be sure to investigate details related to reports (what they like, what they don't like, what they want).

Host an action planning call to solidify details of the survey execution plan.

Get it distributed. Need to make sure this is sent via the SNM office and not through commercial vendors.

Need to identify an incentive to get referrers to respond to the broad survey.

Based on survey results, generate list of questions that we want to explore further via an ASCO focus group.

Organize and execute ASCO focus group to get deeper understanding of the survey results.

Report at SNM

Convince ASCO to initiate a PET/CT awareness campaign (joint effort w/ SNM)

Identify PUTF member to sit on Advocacy task force and communicate needs of PUTF to that group for actions.

Identify key groups we need to target

Identify opportunities to communicate (meetings, journals, newsletters, etc.)

Produce collaterals necessary to promote messages (white papers, brochures, treatment algorithms, cost-effectiveness summaries)

#2. Practice Guidelines

Improve Nationwide Report Quality

Schedule planning call to generate/discuss action plan.

Collect any NOPR data that offers insight into current report quality (common mistakes, missing elements)

Collect existing examples of report quality standards: ICANL, ACR, Ed Eikman ground work, software solutions.

Collect examples of reports from sites with templates that work (e.g. MD Anderson)

Compare results of the referring doc survey with the existing standards and best practices. Identify any referring doc needs that are not addressed in current standards or templates.

Develop a draft recommended template and guideline for quality report writing (must include self-tutorial for users of the template.)

Structure a small study to validate that referring docs perceive improved report quality after the new report standards are implemented.

Design study

Recruit sites to participate (5-10?)

Measure current state by surveying referrers (could only be 2 or 3 referrers per center who agree to participate.)

Implement changes at participating sites based on newly defined quality report guideline

Have expert committee review report quality BEFORE it goes to the referring docs so we're sure we have an improved quality product being delivered. Or at least have the expert "grade" the report quality so we have something to tie the feedback to.

Measure improved state. Use same method and questions that were used to measure the initial state.

Write a white paper to be endorsed by the SNM that describes the elements of a quality report.

Develop and distribute a self-tutorial package to readers nationwide.

Build new report standard into MOC process via an ABR & ABNM joint effort.

Create society sponsored performance improvement module satisfying part 4 requirements - separate SNM task force looking for projects (Conrad)

Change Practice Guidelines to include PET/CT (update response criteria)

Focus Areas and Goals - Background Information

Complete a Meta Study to demonstrate the clinical fit and cost-effectiveness of including PET/CT relative to current standard practice.

- Select/recruit Meta-study Leader

- Contact provider community to understand what already exists related to meta type studies

- Define specific area to apply Meta study (e.g. Breast Monitoring?)

- Complete Meta analysis of existing guidelines.

- Integrate PET/CT into already planned studies

- Survey ACRIN, SWOG, RTOG, ACSOG, NCI to identify existing studies (get from Barry Siegel?)

- Evaluate and prioritize opportunities to add PET/CT

- Contact study owners to request/ explain PET/CT inclusion.

- Approach NCCN to modify guidelines for the 'Big 5' - start w/ breast

Document Clinical Best-Practices and Develop Information Sharing Method(s)

- Developed prioritized list of best-practices to share.

- Define mechanism by which the information will be shared (web, brochure, paper, publication, etc.). Consider what role industry can play in the distribution of information and training.

- Consider a nation-wide clinical support team when is available to visit on-site, evaluate, and train and encourage improvements.

- Consider how to implement a reverse-fellowship program.

3. Nuclear Medicine Physicians and Radiologists

Provide clinical education to improve accuracy and quality of PET/CT Services that are being provided.

- Define and develop programs to cross-education NM to read CT, and Rads to read NM/PET.

- Consider a weekend PET/CT certification program sanctioned by SNM for radiologists to meet requirements - sample curriculum; does demand exist? How will it be marketed?

- Train residents & fellows in radiology & nuc med

- Provide education for interpreters on what the referring physician is looking for (based on the referring MD survey.) Probably should be a CME online course.

- Develop a review course for techs taking the PET boards.

- Develop PowerPoint training module (that can be printed and walked through on-site) to educate office staff & support groups at referring offices and PET centers so these people better understand their roles and how they can influence the referral rate.

- Improve education materials for Interpreting MDs

- Create an electronic library of PET/CT information. Must be centralized and easily located.

- Provide marketing materials on "how to sell PET/CT".

- Include standardized procedures.

- Include materials that PET sites can provide to their patients and referrers

- Include materials to ease the pressures of the pre-authorization process.

- Include materials (maybe speakers bureau?) to provide education on how to influence payers.

- Provide administrator's education to support investments in improved quality of services at their PET Center.

#4. Research

Design and Initiate studies to demonstrate cost-effectiveness & outcomes

- Define and initiate NOPR2 that is specifically designed to address cost-effectiveness

- Consider a retrospective study

- Data mine the current NOPR for any useful data.

- Define and initiate a cost-effective prospective study (if needed.)

Design & initiate evidence based studies to justify PET/CT studies

Focus Areas and Goals - Background Information

Develop prioritized list of needed studies. Review results of referring MD survey to help prioritize.
Identify specific sites to execute studies. Help locate resources if necessary.
Assure that studies begin (within the next 6 months.)

Referring Physician Needs Prioritization

Need	Impact on Increasing Referrals (H, M, L)	Solution Availability Today (H, M, L)
Good reports - short, precise, accurate, interpreter's competence as consultant	H	L
Provide evidence based studies to justify PET/CT studies	H	L
Update response criteria to include PET response (change guidelines)	H	L
Clinical management pathways for under utilized indications	H	L
Survey why oncologists don't refer; create panel to investigate what they need	H	L
ASCO driving PET/CT awareness campaign	H	L
broad coverage by CMS and private payers	H	L
one call to schedule; for reimbursement issues	H	L
cost effectiveness data & outcome tracking	H	L
Easy pre-authorization process (full burden on referring physician office)	H	L
easy pathway to web based info	H	L
Info on how PET can make their job easier	H	M
Increased cooperations between societies for coverage	H	M
What do I do with this information? How does this change patient management? -		
stratify patient into correct treatment plan	H	M
tumor board marketing tools	H	M
quality PET/CT imaging (protocol, patient prep)	H	M
understand reimbursed indications	H	M
patient risk vs benefit	H	H
clinical protocols	H	H
positive patient experiences	H	H
response to patient advocacy groups	H	H
PET/CT vs. other modality options	H	H
Reach patients in order to impact PET/CT scans	M	L
CME from an oncology society & endorsements; web resources for referring MDs	M	L
promote patient safety	M	L
one stop shop - PET optimized CT (Full PET & Full diagnostic CT read) - simple		
scheduling for patient & integrated report	M	M
data on which patient types are appropriate for PET	M	M
Patient FAQ and reference guide	M	M
response to patient demand	M	H
support of administrators	M	H
Intra-tumor metabolic maps	L	L
identify biomarker presence or absence	L	L
dosimetry for RIT	L	L
improve PACS systems so they view images properly	L	L
improve CD ROMs so outside studies can be viewed properly	L	L
PET practice guidelines	L	M

Interpreting Physician Needs Prioritization

Need	Impact on Increasing Referrals (H, M, L)	Solution Availability Today (H, M, L)
Reports	H	L
- standard templates & structured reporting	H	L
- improved software for image viewing	H	L
- historical information (prior studies)	H	L
- timely	H	L
- do they answer the clinical question?	H	L
- provide images with reports	H	L
- CME	H	L
- measure the service provided	H	L
- tele medicine - friendly reports for remote interpretation	H	L
Education	H	L
- cross-train nucs to read CT & rads to read PET	H	L
- SNM provides fast track training for CT	H	L
- education on referring MD needs	H	L
- faster analysis of PET studies	H	L
- train residents & fellows in radiology & nuc med	H	L
- educate office staff & support group surrounding practice	H	L
Competency	H	L
- certification or proof; accreditation	H	L
- incentive to improve quality	H	L
- quality assurance programs	H	L
- review quality of scans & reports included in equipment sale	H	L
Improved Communication between referring and interpreting MDs	H	L
- improved relations with med onc, rad onc & surgeons	H	L
- education tools on how to work with payors for coverage	H	L
- administrator's education to support investments in quality of PET center	H	L
Improved Education Materials for Interpreting MDs	H	L
- electronic library of PET/CT information	H	L
- marketing materials - how to sell PET	H	L
- standard procedures	H	L
- material to provide patients and referring MDs	H	L
Greater confidence in reimbursement stability	H	M
Better / Faster computers and software programs	H	M
Professional Fee = work load	H	M
When do I order a follow-up exam?	H	H
New radiopharmaceuticals	M	M
Bring Preceptorships & Education to them so they do not need to leave practice	M	M
Better understanding of pre-authorization process	M	M
Help with turf war - Radiology vs. CT department	M	M
Access to expert for over-reads & protocol	M	M
Payment for CT portion of PET/CT	M	M

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