SNMMI is moving forward with implementation of its new strategic plan, which is based on the Value Initiative, spearheaded by Satoshi Minoshima, MD, PhD. The plan is divided into 5 domains:

- Quality of Practice: Gary L. Dillehay, MD, chair;
- Workforce Pipeline and Lifelong Learning: Frederick D. Grant, MD, chair;
- Research and Discovery: Richard L. Wahl, MD, chair;
- Advocacy: Munir Ghesani, MD, chair;
- Outreach: Vasken Dilsizian, MD, chair; and
- Organizational Strength and Stability: overseen by the entire SNMMI Board.

This column focuses on the Quality of Practice domain and its goal to have SNMMI members known for high-quality, value-driven performance and delivery of patient-centered nuclear medicine practice. Dr. Dillehay met with the chairs of related committees to evaluate and prioritize the objectives for this domain and to outline the time frame for their implementation.

The objectives of the Quality of Practice domain are to:

1. Increase the development and dissemination of clinical guidance documents, including appropriate use criteria (AUC);
2. Ensure the development of value/quality metrics for nuclear medicine;
3. Standardize best practices to enhance operational efficiency;
4. Expand continuing education options for practitioners;
5. Facilitate new service lines in nuclear medicine clinical settings; and
6. Improve recognition of the value of nuclear medicine.

The group determined that the first objective—to increase the development and dissemination of clinical guidance documents, including AUC—should be a high priority. This effort will continue to be led by the Guidance Oversight Committee.

In its transition from a fee-for-service system to a value-for-service system, the Centers for Medicare & Medicaid Services are focusing on evidence-based quality measures so that providers can be paid based on clear performance standards. In addition, the Merit-based Incentive Payment System (MIPS) enacted by the Medicare Access and Children’s Health Insurance Program Reauthorization Act requires clinicians to submit data on applicable quality measures. Reporting on clinical quality measures also gives clinicians a tool for improving their service to patients by benchmarking their data with national standards.

Additional quality measures are urgently needed in nuclear medicine. Only one true nuclear medicine measure is currently available for reporting: Measure 147 under the Physician Quality Reporting System/MIPS, “Correlation with existing imaging studies for all patients undergoing bone scintigraphy.”

Dr. Dillehay and the committee chairs also reiterated the need for a nuclear medicine clinical data registry. Qualified clinical data registries play an integral role in quality improvement activities such as benchmarking and improving performance, utilization reviews, data quality reports, dose optimization, and maintenance of certification/licensure through ongoing education. Because development of these registries can be prohibitively expensive, the society will explore development of a nuclear medicine registry in collaboration with other organizations that have existing clinical data registries.

Dr. Dillehay and the committee chairs, therefore, identified the following 2 additional high-priority action items for the year ahead:

1. Develop new quality measures applicable to nuclear medicine; and
2. Explore collaborative clinical data registry development for nuclear medicine with existing registries.

SNMMI’s new strategic plan provides us with the framework to improve the quality of nuclear medicine practice and enhance patients’ health care experience. Our ultimate focus is always on improving the health of patients and their quality of life.
SNMMI Leadership Update: Improving Quality, Value, and Safety

Bennett S. Greenspan

J Nucl Med. 2017;58:18N.