By Kendall Horvath and Caitlin Kubler

Joint Commission Revises Standards for Diagnostic Imaging Services

SNMMI applauds The Joint Commission (TJC) for revising their Standards for Diagnostic Imaging Services for hospitals, critical access hospitals, and ambulatory care organizations. Although these revisions will not take effect until September 1, 2016, they set the minimum requirements technologists need to perform diagnostic computed tomography (CT) procedures.

In an effort to make their final Standards for Diagnostic Imaging Services as comprehensive as possible, while still delivering the best health care options to patients, TJC spent two years tirelessly revising their Standards based on comments received on their Proposed Revisions in 2014. SNMMI submitted comments to TJC on this issue in October 2014, addressing the need for technologists, with proper training and credentials, to be allowed to perform CT procedures. TJC chose to implement the following changes in their Standards:

- Recognizes technologists certified by the American Registry of Radiologic Technologists (ARRT) or the Nuclear Medicine Technology Certification Board (NMTCB) as qualified to perform diagnostic CT procedures;
- Allows states to issue licensure that permits technologists to perform diagnostic CT procedures;
- Exempts cone beam CT used in dental exams and CT used in nuclear medicine exams such as SPECT or PET for attenuation from the above qualifications; and
- Requires all technologists who perform diagnostic CT procedures to obtain an advanced-level certification in CT. Effective January 1, 2018.

One of the most significant revisions TJC made is to recognize technologists certified by the ARRT and/or the NMTCB as qualified to perform diagnostic CT scans. This recognition will allow more technologists to perform vital diagnostic scans on patients.

Due to the number of education pathways, certifications, and licensure requirements in some states, it is a difficult endeavor to regulate the training and competency of those that perform diagnostic CT scans. SNMMI recognizes these complexities and appreciates the changes TJC made to their Standards and believes the revisions will have a positive impact on the field of nuclear medicine that will improve the quality of patient health care.

Message from the President-Elect

By Sara G. Johnson, MBA, CNMT, NCT, FSNMMI-TS

In my previous article, I described the leadership initiative for my upcoming presidential year, which is to address infringements on nuclear medicine technologists’ scope of practice. Throughout the country, nuclear medicine technologists are being denied the right to inject adjunct medicines, prepare radiopharmaceuticals, and perform other common procedures. These procedures are outlined in our scope of practice and are an important part of our jobs. I believe that the best person to inject these agents is the nuclear medicine technologist, as s/he is the one who understands the nuances of the scan for which the adjunct medicine is being administered.

With every initiative, it’s critical to get the word out. So, a Quality Initiative Survey will be coming to you in March. Imbedded in this survey are several questions that speak directly to infringement on our scope of practice. I encourage you to fill out this important survey, so that we can examine the extent of the problem.

I am marshalling all of our resources to address this issue and have had numerous discussions on it with Lynne Roy, chair of the Advocacy Committee, and the SNMMI-TS leadership. We are now working together to enhance the scope and influence of the Advocacy Committee.

Under the aegis of the Advocacy Committee are the Technologist Advocacy Groups (TAG), comprised of dedicated members in each state who identify changes in state laws/regulations concerning the practice of nuclear medicine. They also address any concerns or questions submitted by SNMMI-TS members in their state. We will be working to give additional training to your state TAG members.
A New Era of Reimbursement?

By Krystle W. Glasgow, MIS, CNMT, NMTCB(CT), NMAA

The Patient-Experience Survey: This document has received a lot of attention lately and has created some unease in the hospital. Previously, the Patient-Experience Survey described a set of questions given to each patient seen at a particular institution; information provided was used to help health professionals improve patient care, but it did not affect reimbursement from the Centers for Medicare and Medicaid Services (CMS). In recent years, this survey has morphed into what many see as ‘the big CMS stick’ that is used to whip medical institutions into shape and could stand in the way of getting Medicare reimbursement for services rendered. The reality of the survey’s changed impact is not so extreme. But it is true that this survey, once regarded as a simple tool to be used in-house, now has a broader reach and must be taken seriously.

The surveys are supposed to be an incentive to give patients higher quality services, and they are meant to measure clinical and administrative aspects of the patient’s care. That is a good thing. These experience surveys really focus on how patients and their families perceive the care provided. The Centers for Medicare and Medicaid Services (CMS) will now review the surveys, using them to help determine the level of reimbursement to be given.

The greater significance of the survey has definitely caught the eye of many health care professionals, and there is some confusion regarding the different versions of the survey, which vary according to the area of the health care system being evaluated. However, all the versions have a clear theme. The questions tend to focus on how well health care providers are meeting the needs of the patient, including timely care and effective and courteous communication. Generally, there is also an area for the patient to give an overall rating of his/her experience in a department or facility.

Below are some sample statements with which a person completing the Patient Experience Survey might be asked to agree, somewhat agree, somewhat disagree, or disagree.

• I would recommend this facility/department.
• I waited longer than necessary before I was acknowledged in the facility/department.
• Staff sufficiently explain about medications before they give them to me.
• The department, waiting area, and bathroom are clean.
• I feel that any counsel regarding my exam/procedure was private (no other patients/visitors could overhear).
• I was given information regarding my procedure and what to expect at home; I was also given any instructions for care after leaving the department/facility.
• I would recommend this facility/department to others.

These are just examples of questions that could be asked in a Patient-Experience Survey, and a particular department may have questions appropriately tailored to its specific offered services. However, it is easy to see how small things can make a big impact on how patients perceive their care.

Key points to keep in mind regarding the Patient-Experience Survey:

• Often a family member will fill out the survey for a loved one. Patient family perception of care can be just as important as the individual patient’s perception of care.
• The Patient-Experience Survey goes directly into the section of the Medicare website that

Continued on page 7 see Reimbursement

to enhance their knowledge and make them a better resource for all members.

The Advocacy Committee also has a Scope of Practice Task Force, which has done an incredible job putting together our Scope of Practice white paper. Going forward, we’re looking to have the task force become an even more active and influential voice on this issue.

Education is a key component in our effort to reclaim our full scope of practice. Those who are questioning our ability to perform all aspects of our job argue that we do not have up-to-date knowledge of the adjunct medicines and procedures that we are using. I must admit that there is some truth to that concern. Restrictions already placed on what nuclear medicine technologists can do have resulted in our being out of practice in certain areas. Some nuclear medicine technologists have not been allowed to inject adjunct medicine or do other procedures in some time and may indeed have become “rusty” with their technique.

While we will work to gain back lost ground, we must also have a plan in place to deal with this gap in education. I am presently devising a plan to put together learning modules on adjunct medications and other rapidly evolving areas of our practice. I am working with the SNMMI-TS leadership to develop individual continuing education courses on the administration of Lasix, captopril, CCK, etc. These courses will be short CEs, available online for easy access. In this manner, nuclear medicine technologists can update their skill set and provide the highest quality of care to their patients.

I hope that you are as inspired as I am to proceed with this important endeavor. I have enjoyed this opportunity to address you again, and I look forward to seeing you in San Diego at the SNMMI Annual Meeting in June. ■
The word *industry* comes from the Latin *industria*, which means “diligence, hard work.” *Diligence* is definitely a word that describes molecular imaging. During my tenure in nuclear medicine, it has never ceased to amaze me how many times nuclear medicine has reinvented itself. Many times I have been told that nuclear medicine is dying and yet, thanks to R&D and industry partners, the field is continuing to grow and evolve. We are definitely a resilient group!

The good news is that the global nuclear medicine diagnostic market is expected to grow approximately 12 percent by 2019. The major growth factors are the increasing use of PET and hybrid imaging equipment and the rise of alternative diagnostic radiopharmaceuticals. In addition to the many CE opportunities, technologists can look forward to plenary sessions, scientific presentations, a large poster hall, and exhibit hall.

The Technologist Section program starts on Saturday, June 11, with over 25 superb sessions in: nuclear medicine and neurology, PET/CT, PET/MRI and CT licensure, theranostics, new radiopharmaceuticals, Mo-99 availability, I-131 treatments, coding and reimbursement, pediatric medicine, quality and safety, CT interpretation, technical aspects of Ga-68 imaging, therapeutic areas, cardiac PET, radiation safety, current controversies, problems and techniques, and many more!

Over the course of the meeting, more than 45 hours of technologist continuing education will be available, including five scientific paper sessions. As the SNMMI-TS also reviews and approves the physician/scientist CE and scientific sessions for VOICE and VOICE+ credit, you will have the opportunity to earn more than 30 CEH at the meeting, with many topic choices each day.

In addition, the *CT Workshop for Technologists: Principles of CT, Anatomy and Case Reviews* specialty workshop will be offered in a two-day format with mock exam. Key topics to be covered include CT image processing and display, patient related factors affecting image quality, artifact production and reduction, principles of digital system quality assurance and maintenance, patient prep and education, selectable scan parameters, anatomy, and image interpretation. The goal of this workshop, an expansion of the one first offered at the mid-winter meeting, is to help prepare technologists to take the CT Certification exam. Full details are available at [www.snmmi.org/am](http://www.snmmi.org/am).

Use the online meeting planner to view all the sessions scheduled at the annual meeting. For a detailed program preview, visit [www.snmmi.org/am](http://www.snmmi.org/am).

### The Molecular Imaging Field: Creative, Challenging, and Growing

By Michele A. Panichi-Egberts, CNMT, RT(N), FSNMMI-TS

The 63rd SNMMI Annual Meeting will be held in lovely San Diego, CA! Please make plans to attend this dynamic meeting which will provide a wealth of information on emerging technologies. In addition to the many CE opportunities, technologists can look forward to plenary sessions, scientific presentations, a large poster hall, and exhibit hall.

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Our profession is filled with many abbreviations: TJC, NRC, CMS, HIPAA, and now TAG. Each of these means something very specific. One may be an agency, another a classification, and yet another is a title dedicated to the technologist. TAG stands for Technologist Advocacy Group. As with most acronyms, what does it mean? And what exactly are these technologists doing? Let’s take a look.

The Technologist Advocacy Group (TAG Team) consists of dedicated members in each state who are involved at their local level. Their primary responsibility is to identify changes in their state laws/regulations concerning the practice of Nuclear Medicine. They should also be prepared to field questions submitted by the technologists in their state regarding the laws governing the practice of Nuclear Medicine. At the national level, the TAG will be informed of any issue by either the SNMMI Health Policy and Regulatory Affairs (HPRA) staff or the SNMMI Advocacy Committee. This article will provide the TAG with several tools they may employ to stay abreast of any proposed legislative changes to the field of Nuclear Medicine and the means with which they may disseminate this information.

Although these duties are the backbone structure of the TAGs, what should TAG representatives know about their own state? To begin with, they should be knowledgeable of the following Nuclear Medicine practices in their state:

- Is it a licensure state?
- What type of credentialing is required? i.e. CNMT and/or ARRT(N)
- What is the term of the license, and what types of exams are required for licensure.

In addition, they should know which modalities are licensed by their state, as well as the state’s continuing education requirement and whether a Scope of Practice is in place for nuclear medicine technologists. They are also responsible for having contact information for the head of the state’s Nuclear Medicine Radiation Control Program/Board, the Conference of Radiation Control Program Directors (CRCPD), and the NRC Representative. Finally, they need to know who holds a leadership position in their state government’s Assembly/House and Senate.

To know the answers to these questions is to have a well-prepared TAG. If the TAG member is knowledgeable, then providing a proper response will be achievable.

But how is it that a state TAG may be made aware of any upcoming challenges to an existing law or a proposed new piece of legislation at their state level? The SNMMI has offered an excellent web service to assist each and every TAG, regardless of which state it represents. This service is called SCOUT.

SCOUT, [https://scout.sunlightfoundation.com](https://scout.sunlightfoundation.com), is a free service that provides daily insight into how our laws and regulations are shaped in Washington, DC, and our state capitals. SCOUT sends custom alerts based on search criteria created by the TAG representative—providing relevant news on state and/or federal legislation, congressional hearings, court opinions, oversight reports, etc.

When a SCOUT alert is received, the TAG representative should review the proposed legislation to determine how it will impact the nuclear medicine professionals in that state, and then should disseminate this information to them. The TAG representative should then share this same information with the whole TAG Team, the Advocacy Committee, and the SNMMI’s HPRA staff. This is done in order to create a proper response, if needed.

The next tool that will help TAG representatives stay informed is our own TAG E-Community, which provides an opportunity to share questions and topical issues with other members of the TAG Team. Information may be shared by using the email address tag.team@snmmi.org.

Another way to stay current is to communicate with each other. TAG representatives within the same chapter function as a subgroup within the larger TAG Team; they should stay in regular contact with one another and discuss current events that impact the nuclear medicine profession. Working together, they can then update others at chapter meetings. Contact information for other TAGs can be found at [www.snmmi.org/TAGmembers](http://www.snmmi.org/TAGmembers).

Finally, the TAG co-chairs have made an effort to support TAG representatives by having chapter-level conference calls. These calls have proved successful. A second round of calls is about to begin and should be concluded prior to the Annual Meeting in San Diego.

Although TAG duties may seem daunting, they are not. The time commitment is minimal. It involves three or four conference calls a year and, when necessary, addressing issues that arise in the TAG member’s state. Any issue that comes to light is not only addressed by the TAG; it is also given attention by both the Advocacy Committee and the SNMMI HPRA staff. Support is offered every step of the way.

The TAG distinction is one that the technologist should be proud to have. TAG is more than just an acronym; it is a title that denotes involvement, knowledge, a passion for our profession, and a willingness to see that our field stays relevant and ever expanding.

For more information, please feel free to contact Tony Sicignano, TAG co-chair, at a0712@sbcglobal.net and/or Kendall Horvath, SNMMI’s staff liaison for the TAG Group, at khorvath@snmmi.org.
It's been a crazy winter. Aren't you ready to go someplace where the weather is nice almost all of the time? Well, do we have the place for you! How does San Diego, CA, sound? That is where the 2016 SNMMI Annual Meeting is taking us.

The Annual Meeting will be in beautiful San Diego, June 11-15. For the second year, the Professional Development and Education Fund (PDEF) will host the Hot Trot 5K Run/Walk. It was such a success last year that Chair Jessica Williams, CNMT, RT(N), FSNMMI-TS, decided to organize it again. This year, the course will begin at the convention center, take you around the bay front and finish back at the convention center. Consider joining us for this fun event, while supporting the PDEF. Trust me, you can do it! Last year there were many first-time runners, and we all had a blast.

The TS program committee has once again built a continuing education program that you just do not want to miss. There will be an all-day session on Saturday dedicated to neurology. The IDEAS trial is bringing new attention to this aspect of nuclear medicine. If you perform neurological studies, are considering performing them, or just want to increase your knowledge, this all-day session is a must. Come see the impact that we are having on the diagnosis and treatment of neurologic diseases.

The general technologist CE sessions begin Saturday afternoon and will continue through Tuesday. We believe we have incorporated all aspects of nuclear medicine and PET into these sessions. If you are looking to attend a scientific session on pre-clinical studies or pre-clinical radiotracers, one of the physician tracks may meet your needs. Planning your meeting ahead of time will allow you to determine the best way to spend your time. Download the meeting app to get started!

This year, abstract submissions have increased. There are so many new ideas, and your colleagues are bringing them to you. Take some time to see the abstracts and meet the authors. Awards for best abstracts will be announced at the Technologist Business Meeting on Tuesday afternoon. As usual, the Annual Meeting’s final event is The Countdown Party. All attendees are invited to come and dance the night away. This is your last chance to network and chat with friends and colleagues from across the country. You don’t want to miss it!

While it is important to network and get your continuing education credits, it is just as important to visit the exhibit hall. The hall opens on Saturday evening in conjunction with the welcome reception. The vendors represent all aspects of our field. Be in the know; visit them and see what’s new. And, be sure to thank them for their support. Without them, our meeting would not be possible.

If you have some time on your hands, get out and experience San Diego. This is a city that has something for everyone. If you are a nature lover, there are beautiful beaches, parks, and gardens. Or, you may prefer golfing or whale watching. The San Diego Zoo is a must-see attraction for individuals and families alike. And, don’t forget about baseball! The San Diego Padres ballpark is within walking distance of the convention center. Consider getting a group together for a casual, fun night out. There are so many different things to see and do in San Diego.

Visit www.snmmi.org/am to begin planning your meeting and your visit to San Diego. Visit the site regularly; more information is posted as it becomes available. We look forward to seeing you in beautiful San Diego!
Mid-Winter Meeting Summary

By Kathy Krisak, CNMT, FSNMMI-TS

Sunny Orlando, FL, played host to the 2016 SNMMI Mid-Winter Meeting, January 28-31 at the Hilton Orlando Lake Buena Vista, providing many of us with a much-needed break from winter weather. There was also plenty of time in the evening for a walk through Disney Springs, right next to the hotel, to find fine food and entertainment.

More than 400 people attended this year’s meeting, which brought together leading nuclear and molecular imaging physicians, technologists, pharmacists, scientists, and laboratory professionals representing the world’s top medical and academic institutions and centers.

The Technologist Section once again started off the meeting with its popular and successful Leadership Academy. The academy brings together technologists who aspire to be leaders and helps them develop the necessary skills through a two-day course. The SNMMI-TS leadership and staff are dedicated to mentoring the next generation of leaders at the local, regional, and national levels. You might want to consider talking to your chapter leadership about attending the 2017 Leadership Academy.

On Friday, the first order of business for the Leadership Academy participants was to attend the semi-annual meeting of the National Council of Representatives (NCOR). The NCOR is made up of SNMMI-TS leadership and representatives from across the country (some representing local chapters and some elected to the NCOR).

The Academy members learned first-hand about issues that the current SNMMI-TS leadership team is working on, and they participated in the discussion. We hope to see them become official representatives in the near future!

NCOR Speaker Anne Marie Alessi, BS, CNMT, RT (N), FSNMMI-TS, and SNMMI-TS President Aaron Scott, MIS, NMAA, CNMT, FSNMMI-TS, provided an extremely productive meeting, in which chapter representatives discussed a range of issues faced by technologists.

Meeting organizers put together a fantastic educational program, which included a new, one-day workshop on “Principles and Guidelines for CT Scanning for Technologists.” An expanded, two-day CT workshop will be offered at the annual meeting to help prepare technologists for the CT exam.

Other offerings addressed equally important topics, including the future of imaging in nuclear medicine, opportunities for nuclear medicine technologists, cardiac imaging, PET/MRI, and achieving quality and safety for the patient. All the lectures were well attended.

In addition to the CE Sessions, member volunteers worked together in councils, focus groups, and committees to continue the overall strategic work of SNMMI across all areas, including quality and practice concerns, guidance updates, and outreach efforts.

I would like to thank the all who presented and volunteered for sharing their time and expertise so generously at this year’s SNMMI Mid-Winter Meeting.

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Calendar of Events

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<th>Date</th>
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<tr>
<td>April 8-9, 2016</td>
<td>GNYC Spring Symposium</td>
<td>Atlantic City, N.J.</td>
<td><a href="http://www.gnycsnm.org">www.gnycsnm.org</a></td>
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<td>April 14-17, 2016</td>
<td>CAR 79th Annual Scientific Meeting— Imaging in an Era of Comparative Effectiveness: How to Stay Relevant</td>
<td>Montreal, Quebec, Canada</td>
<td><a href="http://www.car.ca">www.car.ca</a></td>
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<tr>
<td>April 15-17, 2016</td>
<td>MECSNM 46th Annual Spring Educational Conference and Exhibition</td>
<td>Linthicum Heights, Md.</td>
<td><a href="http://www.mecsnnm.org">www.mecsnnm.org</a></td>
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<tr>
<td>April 17-19, 2016</td>
<td>BNMS Spring Meeting 2016</td>
<td>Birmingham, United Kingdom</td>
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<td>May 9-10, 2016</td>
<td>International Conference on Medical Imaging &amp; Diagnosis</td>
<td>Chicago, Ill.</td>
<td><a href="http://www.omicsonline.org">www.omicsonline.org</a></td>
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<tr>
<td>June 9-10, 2016</td>
<td>International Conference on Nuclear Medicine &amp; Radiation Therapy</td>
<td>Cologne, Germany</td>
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compares hospitals. The site compares key health care points of an institution with the particular state average and the national average. This means that these surveys cannot only affect reimbursement but also affect any potential patients’ perception of the institution.

Change and the unknown can be daunting and raise questions as we seek clarity: “Is this change going to negatively impact our reimbursement rates for the department?” Or, “How on earth do we maintain an excellent patient satisfaction score for every single one of our patients?” There are no simple “yes” or “no” answers to such questions, and no single solution will work for all patients and situations. Yet, do not fear; getting that coveted excellent score is possible.

That being said, it is important to point out that gone are the days when reimbursement was coming as long as a technologist performed an excellent quality study and submitted it correctly to the interpreting physician. Some may regard this change, with its required extra steps, as an annoyance. However, they should see it as an opportunity to improve patient care and help patients feel good about their care experience. The steps that are necessary to achieve this are things that many of us have been doing all along.

With the new CMS guidelines, we and our patients will ultimately benefit.

So, how do we reach the coveted high satisfaction score for our department? First, we must maintain the standard of high quality exams—nothing can replace that. However, patient satisfaction goes beyond quality images. It requires asking patients relevant questions, but also pausing long enough to let them answer fully—even if that means hearing about their grandchildren. We must certainly keep our patients on target in order to get through a day’s work, but we must also do so with kindness and care.

Patient satisfaction might mean pouring a cup of hot coffee for 85-year-old ‘Mr. Jones’ while he waits on his wife’s PET scan to be completed. It also might mean giving 95-pound ‘Ms. Smith’ an extra warm blanket, even though that involves walking down the hall to get one from another department. It may mean having a box of tissues ready in each room for the time when ‘Mr. Doe’ finally breaks down because he is realizing the grave nature of his prognosis.

Do not look at the new criteria as a yet another burden added to a long list of required tasks. Consider it to be what our patients deserve and a way to recognize the thoughtful care you already provide. As nuclear medicine professionals, we are more than just technologists to patients. Sometimes we are counselors, friends, or simply good listeners. We may be the only warm smile the patient sees all day.

We do not need to chase reimbursement. We simply need to be empathetic and treat each patient as we would want our own family member to be treated. High patient satisfaction scores will inevitably follow. But, the greatest achievement will be in giving a patient excellent quality images and care provided with kindness and professionalism. Putting a smile on the face of a patient at a difficult time in his or her life makes a big difference and takes very little extra effort on our part.

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**Hot Trot 5K Run/Walk – Saturday, June 11 | 7:30 AM**

At the Annual Meeting, exercise your body before you exercise your brain! Sign up for the 2nd annual Hot Trot 5K run/walk.

Proceeds benefit the SNMMI-TS Professional Development and Education Fund, with a portion supporting Mama’s Kitchen, a local San Diego charity.

Come out, have fun, and support your field!