# PET Scanning in VHA:

## Be careful what you wish for…

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## Background

- Late 1980's 11 PET scanners purchased
- 1992 – Moratorium in place
- 1996, 1998 – VATAP reviews
  - Recommendation: maintain moratorium

## Background

- 2003 - Under Secretary for Health (USH) considers lifting PET moratorium
  - Pressure from facilities and VISNs
- Special PET Advisory Group convened to review common indications
  - Comprised of PET experts
  - Lacked skills and resources

## Background

- 2004 - USH requested advice on:
  - Indications for use in VA
  - Equitable geographic distribution based on # qualifying patients
  - Additional costs 2° anticipated expansion of in-house & outsourced PET scanning

## Guiding Principles

- Use evidence-based decision making
- Maximize tax payer's ROI
  - Purchase justified by adequate volume
- Equitable access
- Shared resources within VISN
- No cyclotrons

## Obtain Volume Projections

- Select indications for use:
  - VATAP reviewed indications for use among INAHTA members –
    - based on evidence
    - advocate managed introduction where impact is greatest

## Obtain Volume Projections

- Recommendation = CMS Medicare approved indications & PET systems
  - Similar populations
  - Consistent federal policy

## Obtain Volume Projections

- Select appropriate VA data sources:
  - National sources
  - Prevalence data from VA PET sites
  - Peer utilization review
- Reduces burden & standardizes process

## Estimate Costs

- Data sources:
  - VA, industry, Medicare, private sector, pubs
  - Berger et al. AJR 2003;181:359-365
  - Keepler & Conti AJR 2001;177:31-40

## Estimate Costs

- FDG widely available but unit cost varies
- Procedure cost depends on daily volume
- Berger et al. AJR 2003;181:359-365:
  - Break even analysis = 3 scans/day needed to justify purchase

## Options for PET Services

- "Business decision"
  - In-house PET, leased or purchased
    - Includes dedicated PET or PET/CT
  - Mobile PET, contracted per procedure or per day basis
  - Fee for service, contracted
  - Sharing agreements with affiliate
  - MOU for referral to another VA facility

## Considerations for PET

- Options driven by projected volume, available contracting arrangements, geographic distribution & referral patterns
- Minimize cost vs. maximize access
- NO additional funding from HQ for PET acquisition
  - Network prioritizes PET

## Summary

- Moratorium lifted with some restrictions
- CMS Medicare indications only
- Coordinated VISN decision
- Scanners placed at high referral centers
  - Initial # scanners purchased per VISN based on 714 studies/year min
- Final decision pending

## Final Thoughts

- Guidance emphasizes decision inputs, not more evaluation
  - Reflects reality in US
- Guidance = compromise between desire & reality in the US & VA context
  - VA's reputation
  - VA's capitated budget

## More Final Thoughts

- ↑↑ VA enrollment, ↑ budget, ↑ ↑ ↑ ↑ fed budget deficit
- Current trend in VA = decentralized decision making
  - Networks = focal point for decision making
- Many competing needs

## One More Final Thought

Be careful what you wish for…

…you may get your wish