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- American Society for Gastrointestinal Endoscopy
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- American Urological Association
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- Medical Group Management Association
- Society for Cardiovascular Angiography and Interventions
- Society for Cardiovascular Magnetic Resonance
- Society for Maternal-Fetal Medicine

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Advocates Convene in Washington to Deliver Important Message to Policymakers:

Office-Based Medical Imaging Saves Money and Lives Restrictions on Practice Would Delay Care, Cost Money, and Hurt Patients

Washington, DC, April 5, 2005—Appearing today on Capitol Hill at a health forum, physician specialists representing the Coalition for Patient Centered Imaging (CPCI) released a study that provides additional perspective to the findings in the Medicare Payment Advisory Committee’s March 2005 Report to Congress. The study, conducted by The Lewin Group, demonstrates that recent utilization of imaging services in the Medicare program is not growing faster than the overall growth rate for Medicare Part B services and that office-based imaging is replacing more expensive hospital-based diagnostic techniques. The report indicates that advanced office-based imaging techniques are assisting specialists to optimize patient care through the application of clinical expertise coupled with knowledge gained through medical imaging and familiarity with patients’ medical histories.

“Providing my patients with the highest quality care requires me to use a variety of different techniques,” said Dr. William Gee, M.D., a Lexington, KY, urologist and Health Policy Chair of the American Urological Association who participated in today’s panel. “To augment my expertise, I rely on both my knowledge of the patient’s medical history and the results of medical scans performed in my office. Office-based imaging gives me the information I need to more accurately and more quickly diagnose and treat a patient’s condition. Any proposal to restrict office-based imaging would be a setback in the development of best practices for patient care.”

Advancements in the clinical utility of medical imaging equipment combined with the growing need to better treat America’s aging population has increased the number of medical scans being performed each year. Without fully examining the benefits to patient care and health outcomes or the offsets in costs achieved through reductions in other services, opponents of office-based imaging have tried to question the appropriateness of physician-offered imaging.

The Lewin Group used Medicare data and available literature to examine issues related to the growth in office-based imaging, including growth trends, quality, value, and clinical appropriateness.

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Among the findings of The Lewin Group's report are:

- The recent rate of growth in imaging is comparable to the growth in all Medicare Part B services;
- Self-referral does not appear to explain the majority of growth in imaging services as some of the fastest growing imaging services are primarily done by physicians that receive referrals;
- Non-invasive imaging is supplanting some of the use of hospital-based invasive cardiac diagnostic techniques, resulting in fewer patient complications and other benefits to patients;
- Studies on the quality of imaging done by non-radiologists are typically based on old technology, such as X-ray, and do not reflect modern clinical practice.

“The growth of imaging, which is a key concern for policymakers, has been misrepresented by opponents of in-office imaging,” said Al Dobson, PhD, Senior Vice President of The Lewin Group and a co-author of the study. “Our analysis shows that a large share of the apparent growth in imaging utilization can be explained by a shift in site of service from hospitals to physicians’ offices. For example, roughly 30% of the increase in images commonly taken by cardiologists is due to this shift. For all imaging services, MedPAC found that the movement of imaging out of hospitals accounted for approximately 20% of the growth in office-based imaging. Some of the growth we see in office-based imaging has been misinterpreted to be new spending: it’s not.”

The study's authors also examined existing studies that purport to question the quality of medical scans conducted by specialists. “Two studies most often cited, which question the quality of office-based imaging, are not particularly relevant to this policy discussion,” offered Lane Koenig, PhD, Senior Scientist at Lewin and a co-author of the study. “The studies examined the ability of physicians to perform X-rays. These findings do not address the ability of specialized physicians to perform and interpret ultrasounds, MRIs, and CT scans.”

Physicians involved in direct patient care are concerned that opponents of in-office imaging are using questionable facts to justify placing limits on their ability to perform medically necessary scans. “The quality of care for my patients is my utmost priority,” said Dr. Mircea Morariu, M.D., a practicing neurologist, neuroimager and panel member. “To suggest that the imaging I use is inappropriate or unnecessary shows a lack of understanding of how technology has transformed patient care. Using outpatient diagnostic imaging such as ultrasound and MRI, I can evaluate patients quickly and institute a treatment plan immediately. This avoids patients spending many hours in emergency rooms waiting for care, and also prevents unnecessary hospital admissions.”

Further, proponents of office-based imaging are concerned about the consequences for Medicare beneficiaries’ access to quality health care when standards are imposed on specialists to restrict the growth in office-based imaging, especially when physicians who perform in-office imaging are being singled out for these overly burdensome and unproven proposals.

“My medical education, residency, and specialty training have qualified me to administer and interpret the medical images I use,” concluded Dr. Morariu. “Forcing me to take time away from my patients to meet a series of arbitrarily imposed imaging standards is bad policy and bad medicine.”

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CPCI is a coalition of physician and medical groups formed to protect patient access to in-office diagnostic imaging performed by physicians other than radiologists