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Imaging in America: Where is the growth? Who is driving it? Predictions for the future

ACCF 5th Annual New Approaches and Procedures in Nuclear Cardiology and Cardiac CT

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Imaging – Multiple Views

- Hailed as one of the top 11 innovations in medicine in the past 1,000 years
 - Looking Back on the Millenium. N Engl J Med. 2000 Jan 6: 342 (1): 42 – 9.
- Credited with improving early diagnosis, preventing invasive surgical procedures
- Tagged as a contributor to health care cost inflation
- Seen as over utilized

Who's interested in the growth of imaging

- Physicians
- Patients
- Health plans
- Employers
- Radiology benefit managers
- Congress
- Medicare
- MedPAC
- GAO

What's the perception of imaging growth?

- Rapid, “out of control”
- Driven by financial incentives, self-referral
- Unexplained variation
- Over-priced

Imaging in Medicare, 2000 - 2006

- Imaging services per Medicare beneficiary grew by 67%, compared to 35% for all physician services

MedPAC. Databook. Healthcare Spending and the Medicare Program. June 2008.

- Spending for imaging under Medicare physician fee schedule doubled to \$14 billion

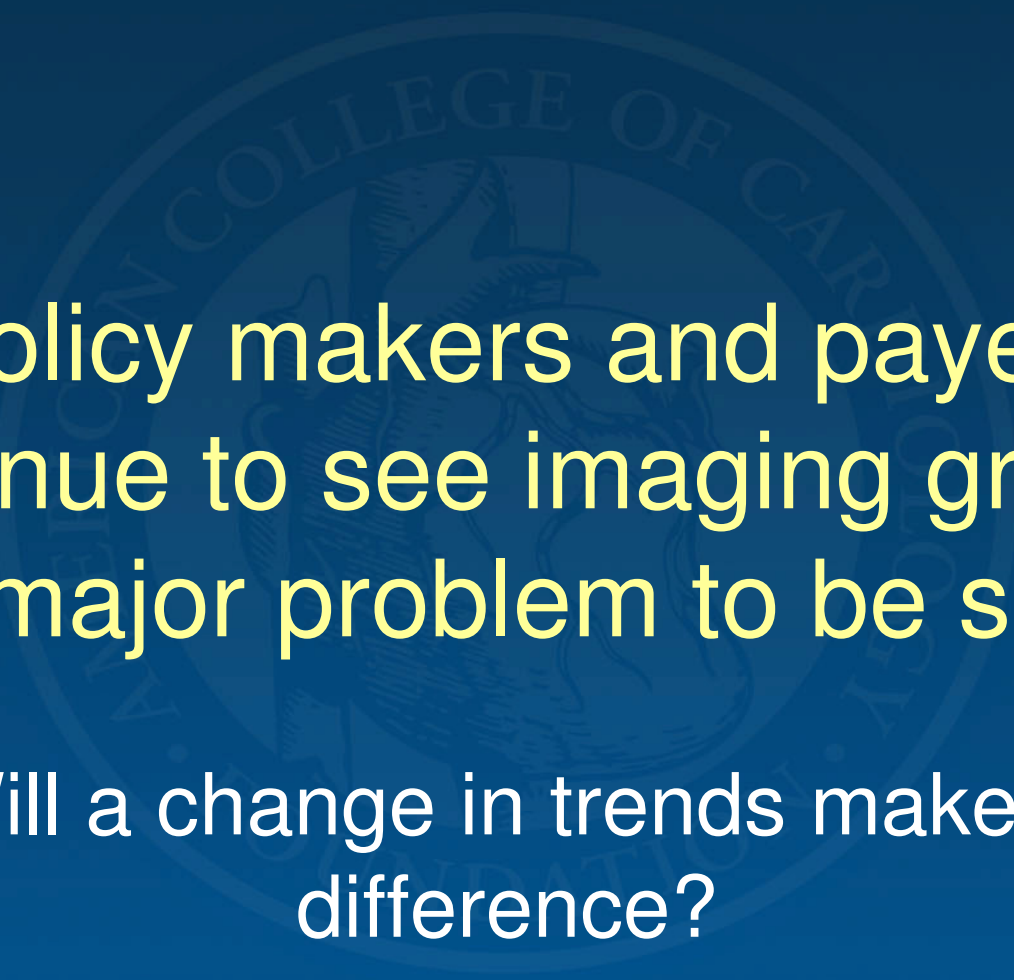
GAO. Medicare Part B Imaging Services. June 2008

A change in the pattern?

- AMA analysis of preliminary 2007 Medicare physician fee schedule data suggests slower growth
- Sharp decline in Medicare spending on imaging
- Slower growth in volume and intensity of advanced imaging services

CV imaging mirrors the trend

- AMA analysis showed in decrease in spending for all CV imaging modalities
- Nuclear cardiology and diagnostic cardiac cath volumes declined
- Echocardiography showed flat volume growth
- Cardiac CT volume increased



Policy makers and payers
continue to see imaging growth
as a major problem to be solved

Will a change in trends make a
difference?

Medicare strategies

- DRA cap on payment for in-office imaging
- Coding and payment policy initiatives
- Proposed IDTF enrollment requirement for physicians
- Expansion of anti-markup restrictions
- Tightening of Stark/self-referral rules
- Coverage policies

Deficit Reduction Act

- Limits Medicare payment for TC of diagnostic imaging service in physician office to no more than payment in hospital outpatient setting
- Contributed to decline in Medicare spending on imaging in 2007
- GAO analysis found that volume continued to climb, especially for advanced imaging (CT, MR, nuclear)

DRA 2009

		OPPS	MPFS
0146T	CCTA without contrast	\$284	Carrier priced
75559	CMR with stress imaging	\$357	\$614
93880	Duplex scan extracranial arteries	\$154	\$223
93925	Lower extremity study	\$154	\$285

Coding and payment initiatives

- Many cardiology services are reported with a combination of multiple CPT codes
- Benefits – flexibility and accuracy in coding
- CMS, other policy makers, other physician specialties see it differently

Bundled services

- Assumptions:
 - Fee for service is inflationary
 - Paying for small units of service makes it worse
 - Component codes and add-on codes lead to duplicative payment
- The solution? Bundled codes!

Bundled cardiology services in 2009

- New comprehensive code for transthoracic echocardiography
- New combination code for stress echocardiography
- 2010 and 2011 – we move beyond echo to other areas of cardiology

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Proposed IDTF requirement

- CMS has proposed to require all physician practices that perform diagnostic tests in the office to enroll in Medicare as Independent Diagnostic Testing Facilities
- Cardiology community strongly opposed this proposal as an unreasonable administrative burden with no benefit of quality improvement
- Final rule to be published by November 1

Private sector strategies

- Radiology benefit managers (RBMs)
- Restricted provider panels
- Accreditation requirements
- Coverage restrictions



ACC Objective

Change the debate to focus on
quality and appropriate care, not
just utilization and costs

ACC strategies and tactics

- Educate policymakers, payers, employers
- Promote implementation of ACC quality resources (e.g., guidelines, appropriateness criteria)
- Advocate for fair coverage and reimbursement policies for cardiovascular imaging services

What's your role

- Practicing cardiologists are key to successful advocacy with Congress, regulators, health plans
- Work with ACC Chapter to identify and resolve problems with health plans
- Educate legislators and regulatory agencies about practice, patient, and community impacts
- Participate in surveys for assigning RVUs

Thank you

