



We, the undersigned members of the COALITION for PATIENT CENTERED IMAGING, agree to the following principles:

- A patient's right to receive the most advanced, effective diagnosis and treatment through in-office imaging must be protected. Patient access must be ensured.
- In-office imaging provides patients with prompt, convenient, high-quality test results and allows for a more timely diagnosis and initiation of treatment.
- A patient's doctor is best qualified to decide when a test is necessary, and may be best qualified to administer the test and interpret the results. Only a patient's doctor can integrate imaging results into the medical treatment plan.
- Patients' access to quality health care services and treatment will suffer if restrictions are imposed on physicians' ability to provide in-office imaging.
- In-office imaging provides savings in other areas of Medicare spending by supplanting invasive techniques performed in hospital settings, allowing specialists to diagnose and treat patients sooner, before complications arise, and reducing the number of office visits.
- Congress should mandate and fund cost-effectiveness studies to determine the incremental costs of procedures in relation to their incremental health benefits, as increases in medical imaging volume and costs may actually be offset by improved patient health care.
- Congress should be made aware there is not a consensus in the physician community regarding the specialty-specific training, experience, and other requirements for physicians who administer and interpret imaging studies per each modality.
- Quality initiatives developed by specialty societies such as development of appropriateness criteria and accreditation and certification standards for medical imaging are growing and should continue. However, there are no data at this time to indicate whether this will increase or decrease utilization of imaging in the Medicare program. Public policy initiatives should support efforts by individual medical societies to ensure appropriate utilization by qualified specialists, but should not encumber these efforts by overly burdensome regulations.
- There are no credible and impartial studies documenting serious quality and safety concerns of in-office imaging that necessitate increased regulatory oversight.

*American Academy of Family Physicians
American Academy of Neurology
American Association of Clinical Endocrinologists
American Association of Clinical Urologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology
American College of Gastroenterology
American College of Obstetricians and Gynecologists
American College of Surgeons
American Gastroenterological Association
American Medical Group Association
American Society for Gastrointestinal Endoscopy*

*American Society of Breast Surgeons
American Society of Echocardiography
American Society of Neuroimaging
American Society of Nuclear Cardiology
American Urological Association
Congress of Neurological Surgeons
Heart Rhythm Society
Medical Group Management Association
Society for Cardiovascular Angiography and Interventions
Society of Cardiovascular Computed Tomography
Society for Cardiovascular Magnetic Resonance
Society for Maternal Fetal Medicine*

