



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*



**COALITION for
PATIENT
CENTERED
IMAGING**

**Contact: Patrick Brady
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**Embargoed until 10:00 AM ET
Thursday, March 17, 2005**

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American College of
Cardiology

American College of
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Gynecologists

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Surgeons

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Gastroenterological
Association

American Society of
Breast Surgeons

American Society for
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Nuclear Cardiology

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Society for
Maternal-Fetal Medicine

Physicians Promote Use of In-Office Imaging to Congress As Essential Tool in Diagnosing and Treating Patients

*New Poll Shows 85% of Americans Want the Option of
Having Their Specialist Perform Medical Imaging*

Washington, DC, March 17, 2005 – At a hearing today to discuss the management of medical imaging services, the U.S. House of Representatives' Ways and Means Subcommittee on Health explored ways to encourage best practices among specialists who seek to apply imaging to patients' diagnoses and care regimens. The benefits of increased speed, accuracy and healthy outcomes from medical imaging were examined in effort to establish a balance between promoting best practices and managing costs to public insurance programs. The Coalition for Patient Centered Imaging (CPCI), which represents more than 18 physician organizations who use in-office imaging as part of their diagnosis and treatment regimens, participated in today's hearing.

"There is unquestionable value for physicians being empowered to integrate imaging into patient diagnoses and prescribed courses of treatment," testified Dr. Kim Allan Williams, spokesman for CPCI and a Professor of Medicine and Radiology and Director of Nuclear Cardiology at The University of Chicago.

"As a cardiologist, medical imaging allows me to advance patient care in ways that were not possible 10 years ago. When I conduct images in my office, I can read them immediately to expedite diagnosis and begin treatment. The result of in-office imaging has been better health outcomes for patients with acute conditions and better maintenance and treatment of those with chronic conditions."

The Coalition for Patient Centered Imaging was formed to promote and protect patients' ability to have their medical imaging performed by their specialist in office settings. As more specialists use imaging to diagnose illness, patients avoid more invasive procedures such as catheterizations or exploratory surgeries. While medical data suggests these types of procedures are decreasing, opponents of in-office imaging have seized on the increased number of scans being produced as a means to question the wisdom of allowing specialists to conduct imaging.

"Opponents of in-office imaging have described this as a 'turf war'," said Dr. William F. Gee, a urologist and Health Policy Chair of the American Urological Association. "Nothing could be farther from the truth. This is about patient care. In the past, if I needed to perform a complete diagnosis on a patient's enlarged prostate, I would have had to pass a catheter

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through the urethra to complete the diagnosis. Today, I am able to gain the same information from a small ultrasound machine I keep in the office. Imaging has allowed me to eliminate the use of the catheter, avoid the danger of infection, and treat my patient more conveniently and with greater comfort. To suggest that this is about anything other than patient care is misguided.”

As physicians who are highly trained in specific organs and systems, specialists are able to apply their detailed knowledge and expertise to the administration and interpretation of medical imaging. By conducting the scans in their offices, specialists are better able to control the results they need for prompt diagnosis. “Not only do specialists possess more knowledge about the organ or system being scanned, but my relationship with the patient and detailed insight into their medical history assists me in applying the right treatment at the right time,” said Dr. Mark A. Gittleman, MD, a Past-President of the American Society of Breast Surgeons. “The fear of breast cancer among my patients is palpable. Not only does in-office imaging allow me to reduce patient anxiety and fear, but it decreases the time to diagnose and the start treatment, which can literally save lives.”

As Congress examines the role of in-office imaging in patient care, a recent poll conducted for the Coalition for Patient Centered Imaging by Fabrizio McLaughlin and Associates found that 85% of consumers believe that they should have the option of having their medical imaging done at their specialist’s office.

“Patients inherently recognize that their specialists are better trained and they want them to be able to perform medical imaging in their offices,” concluded Robert H. Haralson, III, MD, MBA, Executive Director of Medical Affairs, American Association of Orthopaedic Surgeons. “If Congress denies patient access to in-office imaging, patient care will be delayed, successful health outcomes will suffer and the practice of healthcare will be severely restricted. In effect, Congress will be negating the results of decades of technological improvements and application of best practices.”

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Note to Editor/Reporter:

The following physicians are available to talk about the use of imaging in their practices. Please contact Patrick Brady or Clarissa Vandersteen at (202) 955-6222:

- William F. Gee, MD, Health Policy Council Chair, American Urological Association
- Robert H. Haralson, III, MD, MBA, Executive Director of Medical Affairs, American Association of Orthopaedic Surgeons
- Kim Allan Williams, MD, FACC, FCCP, FAHA, Professor of Medicine and Radiology and Director of Nuclear Cardiology at the University of Chicago

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.



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**Contact: Patrick Brady
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**Embargoed until 9:00 AM ET
Tuesday, April 5, 2005**

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Society for Cardiovascular
Magnetic Resonance

Society for
Maternal-Fetal Medicine

**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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