

Access to Medical Imaging Coalition

Protecting and Preserving Access to Quality Imaging Services for our Nation's Medicare Patients

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AMIC Statement Regarding Analysis of Self-Referral of Imaging Services

Washington, D.C. – The Access to Medical Imaging Coalition (AMIC) said today that a serious analysis regarding the spending and volumes levels of diagnostic imaging must account for current data regarding Medicare spending and volume of diagnostic imaging as well as peer-reviewed research regarding self-referral of imaging services.

The most recent government and independent analytic data demonstrates that Medicare spending on advanced imaging services has been cut by nearly 20 percent while use of those services has flattened. According to a recent analysis by The Moran Company, Medicare spending on advanced imaging was reduced by 19.2 percent from 2006 to 2007 and volume of service grew by only 1.9 percent. A 2008 Government Accountability Office (GAO) report confirmed this analysis by finding that the Deficit Reduction Act (DRA) reduced imaging spending by \$1.64 billion in 2007 alone, the first year cuts were implemented. The GAO also found that utilization of advanced imaging services has slowed significantly suggesting that further cuts could endanger the availability of these services.

Beyond independent analyses showing steep declines in imaging spending since the DRA went into affect, peer-reviewed research and an independent analysis conclusively proves that self-referral does not increase diagnostic spending and volume. In a November 2008 *Health Affairs*-published article, researchers studied 377,048 patients who underwent 4.9 million diagnostic tests from 1997 through 2006, in a large mix-model, nonprofit health care system providing integrated care and coverage to approximately 10 percent of Washington State residents. The researchers, Rebecca Smith-Bindman, Diana L. Miglioretti and Eric B. Larson, concluded: “We found a dramatic rise in the use of advanced imaging procedures in an environment with no opportunity to profit for self-referral. Thus, legislative effort that focus entirely on self-referral are likely not sufficient to limit the drivers of imaging.”

An independent analysis by Direct Research, LLC examining Medicare imaging spending trends from 2002 through 2007 confirms the decrease in imaging spending post-DRA. Moreover, the Direct Research analysis, which compares utilization of diagnostic imaging services in capitation, across payers and in different countries, shows that growth in Medicare spending for diagnostic imaging services was consistent with growth in spending and volume across all payers, within the Medicaid program, in hospital systems, and even among Organization for Economic Cooperation and Development (OECD) countries, such as Sweden.

Moreover, the Direct Research analysis shows that self-referral is not a dominant trend in Medicare for medical imaging and accounts for only a modest percentage of referrals for imaging services. The analysis found that the proportion of imaging studies in which the referring physician and the performing physician were one-in-the-same was 3.9% for MRI, 2.8% for CT, and 5% for PET – demonstrating that most physicians who order these scans do not experience economic gain from the referral.

“AMIC is a broad-based coalition of providers, imaging equipment manufacturers and patient organizations,” said Tim Trysla, AMIC’s executive director. “While some members support a ban on self-referral, others oppose it. Yet all agree that a broad implementation of physician-developed appropriateness criteria at the point of care together with an education and confidential feedback program to report patterns of adherence to those criteria will provide the Centers for Medicare and Medicaid Services with necessary information to limit inappropriate imaging while maintaining patients’ access to life-saving care.”

Moreover, AMIC strongly believes that patients should understand whether or not the imaging equipment used to diagnose or rule out disease is owned by their physician. To that end, AMIC supports the Senate Finance Committee’s transparency in self-referrals policy proposal that would require that physicians disclose their financial interest in pre-identified imaging services.

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