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NEWS

RSNA Press Release

Diagnostic Imaging Surge by Non-Radiologists Draws Concerns

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At A Glance

- Private practice and imaging centers have significantly increased diagnostic imaging services compared to hospitals and radiology departments.
- Cardiologists and orthopedic surgeons had the largest increases in imaging tests ordered from 1997 to 2002.

CHICAGO - Imaging experts say they are alarmed by the dramatic increase in the number of diagnostic imaging tests being performed by physicians other than radiologists.

"These self-referrals, where physicians order imaging tests and then perform the tests themselves or have the tests performed by members of their own medical group, represent the type of trend that will bankrupt the healthcare system by driving up costs overall," said David C. Levin, M.D., author or co-author of five papers presented today at the annual meeting of the Radiological Society of North America (RSNA).

"Plus, having physicians who are not specifically trained in imaging could result in a decrease in quality," Dr. Levin added.

Dr. Levin and colleagues conducted their research by analyzing procedure, specialty and location codes drawn from the Medicare Part B fee-for-services databases between 1997 and 2002. They found:

- Among radiologists, noninvasive diagnostic imaging utilization rates rose 11.6 percent; among all non-radiologists, utilization rate increases were twice as high, at 23.5 percent; among cardiologists, those rates were twice again as high at 42.2 percent.

- Medicare reimbursement for magnetic resonance imaging (MRI) services increased at six times the rate (599%) for orthopedic surgeons than for radiologists (99%).

- The proportion of noninvasive diagnostic imaging performed in hospitals fell, with the in-patient percentage dropping from 33.6 percent to 28.4 percent, while imaging at private offices and imaging centers rose from 28.1 percent to

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32.6 percent.

- The utilization rate of radionuclide myocardial perfusion imaging (RMPI), an exam of the heart that uses radioactive tracers to diagnose coronary artery disease, rose 78 percent among cardiologists, compared with only 2 percent among radiologists.

Although the data cannot assess whether the individual tests ordered were needed, Dr. Levin said it is difficult to find any clinical, technological or public health trends between 1997 and 2002 that could explain the marked disparity between the increases in utilization rates by radiologists and non-radiologists.

"Other than being a way for the cardiologists and orthopedic surgeons to increase their revenues, there really is nothing that can explain this increase of imaging services," Dr. Levin said.

Dr. Levin recommended that healthcare payers take action to curb the trend, such as developing programs that allow only qualified physicians to perform imaging exams, or conducting site inspections and accrediting only facilities that are qualified to perform these imaging exams.

Dr. Levin is the national medical director of HealthHelp, a Houston-based radiology utilization management company, and former chairman of the department of radiology at Thomas Jefferson University Hospital in Philadelphia. Co-authors of the studies are Charles Intenzo, M.D., Vijay Rao, M.D., Laurence Parker, Ph.D., Andrea Maitino, M.S., and Jonathan Sunshine, Ph.D.

Abstracts:	• Growth in Utilization Rates of Noninvasive Diagnostic Imaging (NDI) among Radiologists and Nonradiologist Physicians between 1999 and 2002 • Recent Changes in Place-of-Service Where Imaging Is Performed in the United States • Payments to Orthopedic Surgeons for Magnetic Resonance Imaging • Geographic Variations throughout the United States in Utilization of Noninvasive Diagnostic Imaging (NDI) • Recent Growth in Utilization Rates of Radionuclide Myocardial Perfusion Imaging (RMPI) Among Radiologists, Cardiologists, and Other Physicians: Nationwide Medicare Data from 1998 through 2002

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