



# CARDIOLOGY ADVOCACY ALLIANCE



## Preserving the physician-patient relationship

appropriate care in the appropriate setting

### The issue:

Appropriate medical imaging, provided by trained physicians in the outpatient setting, is the standard of care in virtually every medical specialty. It couples patient convenience with the latest technology, and puts critical information in the hands of the person most knowledgeable of the patient's medical history. A small group of physicians, however, is proposing changes that would have a dramatic and negative effect on the doctor-patient relationship. As a legislator, your decision in this matter could have a significant impact on the ability of these physicians to provide the best care, in the best place, for their patients.

### We believe:

**Medically necessary testing is readily subject to review and control.** Physicians who read imaging tests should be credentialed for their use. And all imaging facilities, including those owned by radiologists, should be accredited.

**Many specialists receive *more* training in certain imaging modalities than radiologists.** Cardiologists, for example, can be board certified in nuclear cardiology or echocardiography.

**Quality of care is tied to the treating physician, not the radiologist.** Appropriate medical imaging in the office setting enables physicians to more rapidly reach the correct diagnosis, which in turn leads to the provision of timely – often lifesaving – treatments.

**Keeping medical imaging in the hands of physicians who treat patients is critical.** It allows them to use their detailed knowledge of the patient's medical history and specialized training to produce the most effective treatment plan possible.

**In-office testing is both convenient and cost effective for patients,** helping to avoid unnecessary office visits. The shift to outpatient testing substitutes less costly office-based imaging for more expensive hospital-based imaging.

**Self-referral per se does not lead to overutilization.** While the number of non-invasive tests is increasing, the number of invasive tests (biopsy or catheterization, for example) is declining.

**Healthcare costs can actually be reduced through the appropriate use of medical imaging.** Identifying disease in its earliest stages leads to timely, cost-effective treatment. According to a recent study by the Lewin group, office-based imaging has replaced invasive – and more expensive – tests like angiography or surgical biopsy.

**The bottom line: Your constituents *want and deserve* medical imaging in the office setting, performed by physicians familiar with their medical history. Credentialing and accreditation are both positive steps to manage the appropriate use of technology. Taking technology out of the physician's office, however, is an anti-competitive move that benefits no one.**

The Cardiology Advocacy Alliance provides leadership in the development of legislation, policies and reimbursement methodologies that impact the quality of care and access to services for cardiovascular patients and their physicians. CAA represents more than 3,000 cardiologists. For more information, please call 734.878.5449 or e-mail CAA at [mburrage@charter.net](mailto:mburrage@charter.net).