



The undersigned members of the Coalition for Patient Centered Imaging (CPCI), a coalition of national physician and other health care provider organizations dedicated to high quality imaging, agree to the following principles:

- A patient's access to advanced and efficient diagnosis and treatment through in-office imaging must be protected.
- Advancements in medical imaging have changed the way physicians deliver patient care by providing patients with prompt, convenient, high-quality test results, thereby allowing for more timely diagnosis and initiation of treatment and improving patient outcomes.
- A patient's physician 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 physician can integrate imaging results into the medical treatment plan.
- Specialty physicians are uniquely qualified to provide imaging services specific to their specialty because they are properly trained in both diagnostic imaging techniques and in the structure and function of the organs and systems they are imaging.
- In-office imaging not only promotes patient compliance with imaging orders, but also provides savings in Medicare spending by supplanting invasive techniques, allowing physicians to diagnose and treat patients sooner, before complications arise, and facilitating expeditious integration of diagnostic test data into patient treatment plans.
- In the past, policymakers expressed concern about the rates of growth in imaging services. It is noteworthy, however, that the rate of imaging volume growth in Medicare has been slowing since 2005¹. In fact, in 2008² and 2009³, imaging growth was below overall growth in physician services.

¹ Medicare Payment Advisory Commission. 2007. *Report to the Congress: Medicare Payment Policy*. Washington, DC: MedPAC.

² Medicare Payment Advisory Commission. 2010. *Report to the Congress: Medicare Payment Policy*. Washington, DC: MedPAC.

³ 2009 Preliminary Medicare Physician Claims Data Analysis performed by Kurt Gillis, PhD, American Medical Association.

- While policy makers have expressed concerns related to the increased volume of imaging, there is no indication that the increases are resulting in inappropriate studies being performed. Increased utilization should only be a concern to policy-makers where higher use represents inappropriate, unnecessary care. Reduced utilization may also be a concern when it results in a negative impact on the quality of care.
- Professional medical societies are taking steps to ensure that only medically necessary imaging procedures are performed. These steps include the development and implementation of: training guidance, appropriate use criteria, practice guidelines, and other clinical documents to support physicians in delivering the most appropriate care.
- Public policy initiatives should not arbitrarily cut reimbursement for imaging or place restrictions on physicians' ability to provide in-office imaging. Rather, public policy should support efforts to foster the quality and appropriateness of imaging services. Congress has already taken steps in this direction, such as through the Medicare Improvements for Patients and Providers Act (MIPPA) imaging accreditation requirement.

American Academy of Neurology

American Association of Clinical Urologists

American Association of Neurological Surgeons

American College of Cardiology

American Medical Group Association

American Society for Neuroimaging

American Society of Nuclear Cardiology

American Urological Association

Congress of Neurological Surgeons

Medical Group Management Association

Society for Maternal-Fetal Medicine