State Laws Pull Plug on Office-Based Imaging

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A lthough the recent spotlight has been on what the federal government will do to rein in the rising numbers of medical imaging procedures, states also are doing their part.

In Maryland, for example, state law requires that only licensed radiologists perform advanced imaging procedures such as CTs, MRIs, or PET scans. Radiologists

say that laws like this help decrease the use of inappropriate imaging, which they say is done largely by nonradiologists who use the equipment in their offices.

"We believe Maryland's law is a model that we would like to see in other states," said Josh Cooper, senior director of government relations at the American College of Radiology, in Reston, Va. Florida has a similar law, but it is not as restrictive as Maryland's, he said.

Another way states are trying to man-

age the use of imaging equipment is through "certificate of need" laws that require physicians and others setting up imaging facilities to obtain a certificate of need to document that there is a demand in the community for such a facility. Rhode Island has such a law, according to Mr. Cooper.

While the radiologists and their college are keen to support state and federal laws that limit imaging utilization, other physicians say the radiologists are just trying to keep the business for themselves. "The radiology community ... claims that growth in imaging is due to 'self-referral' by physicians who own their imaging equipment, and that the quality of images and interpretations by non-radiologists is inferior to those by radiologists," the Lewin Group, a Falls Church, Va., consulting firm, said in a report for the Coalition for Patient-Centered Imaging, a coalition of medical specialties that wants specialists to be able to perform in-office imaging procedures.

"Our findings suggest that self-referral is not the primary driver of growth in imaging services," the report stated.

Both sides expect the battles to continue. 'Our sense is that we will continue to see attempts to both legislate and regulate medical imaging at the state level.' "Some of the fastest-growing imaging services, such as MRI and CT scans, are primarily done by radiologists."

State legislatures are seeking fresh approaches to the issue. A bill currently in the California legislature would

exempt only radiologists and cardiac rehabilitation physicians from a ban on physician self-referral.

The California Medical Association (CMA) is opposed to the bill, according to spokeswoman Karen Nikos. The group's opposition is based on its self-referral policy, adopted in 1993, which states, "While CMA recognizes that there is nothing inherently wrong when a physician invests in a facility or when a physician refers a patient to a facility in which the physician has an ownership interest, CMA recognizes that serious ethical questions are raised when referrals are made purely for a profit motive. CMA has a responsibility to create policy and support legislation that would prevent abusive practices such as overutilization and overcharging.'

Advocates on both sides of the issue say they expect these battles to continue. "Our sense is that we will continue to see attempts to both legislate and regulate medical imaging at the state level," said Barbara Greenan, senior director for advocacy at the American College of Cardiology in Bethesda, Md.

"The ACC will continue to proactively educate state policy makers and payers about the value of office-based imaging, and to oppose efforts to restrict specialist physicians' ability to provide imaging services," she said.

One way to make sure that cardiovascular imaging is not overutilized is to develop standards for performing such procedures, Ms. Greenan continued, noting that the college is currently developing appropriateness criteria for cardiovascular imaging procedures. However, insurers and government agencies interested in following imaging criteria will be faced with a choice: whether to use the ACC's criteria or criteria developed by the American College of Radiology.

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