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**Physicians Promote Use of In-Office Imaging to Congress As Essential Tool in  
Diagnosing and Treating Patients**

*New Poll Shows 85 percent of Americans Want the Option of  
Having Their Specialist Perform Medical Imaging*

Washington, D.C., March 17, 2005 – At a hearing today to discuss the management of medical imaging services, the U.S. House of Representatives' Ways and Means Subcommittee on Health explored ways to encourage best practices among specialists who seek to apply imaging to patients' diagnoses and care regimens. The benefits of increased speed, accuracy and healthy outcomes from medical imaging were examined in effort to establish a balance between promoting best practices and managing costs to public insurance programs. The Coalition for Patient-Centered Imaging (CPCI), which represents more than 20 physician organizations who use in-office imaging as part of their diagnosis and treatment regimens, participated in today's hearing.

"There is unquestionable value for physicians being empowered to integrate imaging into patient diagnoses and prescribed courses of treatment," testified Kim Allan Williams, M.D., spokesman for CPCI and a Professor of Medicine and Radiology and Director of Nuclear Cardiology at The University of Chicago.

"As a cardiologist, medical imaging allows me to advance patient care in ways that were not possible 10 years ago. When I conduct images in my office, I can read them immediately to expedite diagnosis and begin treatment. The result of in-office imaging has been better health outcomes for patients with acute conditions and better maintenance and treatment of those with chronic conditions."

CPCI was formed to promote and protect patients' ability to have their medical imaging performed by their specialist in office settings. As more specialists use imaging to diagnosis illness, patients avoid more invasive procedures such as catheterizations or exploratory surgeries. While medical data suggests these types of procedures are decreasing, opponents of in-office imaging have seized on the increased number of scans being produced as a means to question the wisdom of allowing specialists to conduct imaging.

"Opponents of in-office imaging have described this as a 'turf war,'" said William F. Gee, M.D. a urologist and Health Policy Chair of the American Urological Association. "Nothing could be farther from the truth. This is about patient care. In the past, if I needed to perform a complete diagnosis on a patient's enlarged prostate, I would have had to pass a catheter through the urethra to complete the diagnosis. Today, I am able to gain the same information from a small ultrasound machine I keep in the office. Imaging has allowed me to eliminate the use of the catheter, avoid the danger of infection, and treat my patient more conveniently and with greater comfort. To suggest that this is about anything other than patient care is misguided."

As physicians who are highly trained in specific organs and systems, specialists are able to apply their detailed knowledge and expertise to the administration and interpretation of medical imaging. By conducting the scans in their offices, specialists are better able to control the results they need for prompt diagnosis. “Not only do specialists possess more knowledge about the organ or system being scanned, but my relationship with the patient and detailed insight into their medical history assists me in applying the right treatment at the right time,” said Mark A. Gittleman, M.D., a past-president of the American Society of Breast Surgeons. “The fear of breast cancer among my patients is palpable. Not only does in-office imaging allow me to reduce patient anxiety and fear, but it decreases the time between diagnosis and the start of treatment, which can literally save lives.”

As Congress examines the role of in-office imaging in patient care, a recent poll conducted for CPCI by Fabrizio McLaughlin and Associates found that 85 percent of consumers believe that they should have the option of having their medical imaging done at their specialist’s office.

“Patients inherently recognize that their specialists are better trained and they want them to be able to perform medical imaging in their offices,” concluded Robert H. Haralson, III, M.D., MBA, executive director of medical affairs, American Association of Orthopaedic Surgeons. “If Congress denies patient access to in-office imaging, patient care will be delayed, successful health outcomes will suffer and the practice of health care will be severely restricted. In effect, Congress will be negating the results of decades of technological improvements and application of best practices.”

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Note to Editor/Reporter:

The following physicians are available to talk about the use of imaging in their practices. Please contact Patrick Brady or Clarissa Vandersteen at (202) 955-6222:

- William F. Gee, M.D., Health Policy Council Chair, American Urological Association
- Robert H. Haralson, III, M.D., MBA, executive director of medical affairs, American Association of Orthopaedic Surgeons
- Kim Allen Williams, M.D., FACC, FCCP, FAHA, professor of medicine and radiology and director of Nuclear Cardiology at the University of Chicago

*CPCI is a coalition of physician and medical groups formed to protect patient access to in-office diagnostic imaging performed by physicians other than radiologists.*