



Talking Points: In-Office Imaging

When Congress reviews and considers the recommendations from MedPAC regarding the utilization of imaging services – know the whole story! Before Congress implements further burdensome requirements on practices, there should be a more in-depth look at quality and utilization. Urologists work hard to ensure the highest standards of patient care and the AUA stands prepared to help review quality issues and provide urologists with guidelines on appropriate imaging utilization for any real, documentable problems.

KEY POINTS:

- In-office imaging provides the fastest, most convenient and often, most reliable results.
 - The use of office-based imaging allows for faster diagnosis and prompt treatment.
 - There is no credible evidence indicating that in-office imaging is being conducted inappropriately or is resulting in inaccurate diagnoses.
 - Urology residency education requires extensive training in the diagnostic imaging tests used in patient care.
 - The review of ultrasound, computed tomography (CT) and other modalities is constant practice for urology residents and fully integrated into daily activities (clinics, surgery, rounds and conferences).
 - There is no basis for the allegation that office-based imaging is the primary cause of increased utilization.
 - The performance of diagnostic and therapeutic imaging by a patient's physician ensures that a physician familiar with the patient's clinical condition and medical history performs the services.
 - In 2001, 91 percent of Medicare claims for CT and 83 percent for MRI were performed by radiologists. Between 2001 and 2001, CT and MRI claims increased at 15 percent and 20 percent respectively.
 - Prohibiting in-office diagnostic testing would reduce patient access to timely, convenient testing and disrupt continuity of care.
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