

## From the Newsline Editor

**A**s physicians, technologists, and scientists working in the field of nuclear medicine, we should consider ourselves very fortunate. Nuclear medicine is an exciting, dynamic, ever-changing, and advancing medical specialty at the forefront of diagnostic and therapeutic medicine. Sometimes we lose sight of this because of perceived external challenges or threats to the specialty. We do have something that others covet. However, we have faced many challenges over the years and have always come out stronger, because our strengths far outweigh our weaknesses or any possible external attacks.

The enduring strength of nuclear medicine is the tracer principle, supported by imagination and hard work, bred by the diversity of our backgrounds and experience, and stimulated by our enthusiasm for our work. We are helping patients and at the same time doing work that is fulfilling

and interesting. There have always been and will continue to be hurdles to overcome, but as a specialty and as workers in the field of nuclear medicine, we will continue to be successful as we focus on positive solutions to problems and the inevitable bumps in the road. Newsline will try to serve as a conduit for information that can help all of us keep up to date on important events in the world that affect our specialty.



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## MedPAC: Imaging Spending Down

**A**t a public meeting held on December 15, the Medicare Payment Advisory Commission (MedPAC) confirmed a recent downward trend in Medicare spending and utilization of medical imaging procedures in the United States. During its public meeting, MedPAC stated that imaging services declined 2.5% in 2010, a figure that agreed with an analysis published 1 mo earlier by the Medical Imaging and Technology Alliance (MITA) and with data released earlier in the year in the peer-reviewed literature.

The MITA analysis showed that spending on imaging services for each Medicare beneficiary had dropped 13.2% since 2006, when significant imaging-specific reimbursement cuts from the Deficit Reduction Act began to be implemented. The report indicated that imaging utilization per beneficiary declined by 3% in 2010, whereas spending for nonimaging Medicare services grew by 20% between 2006 and 2010 and utilization increased by 2% in 2010. These findings are in agreement with data published by a group from Thomas Jefferson University (Philadelphia, PA) earlier in 2011. Levin et al. reported in the *American Journal of Roentgenology* (2011;196:W25–W29) on a study analyzing nationwide Medicare Part B databases on noninvasive diagnostic imaging. They found that the total utilization rate of noninvasive diagnostic imaging grew at a compound annual growth rate of 4.1% from 1998 to 2005 but decreased to 1.4% from 2005 to 2008. From 2005 through 2008, the overall growth trends flattened dramatically for MR imaging and nuclear medicine and abated somewhat for CT, ultrasound, and echocardiography. Flattening of the advanced imaging growth curves was seen in both private offices and hospital outpatient facilities. From 1998 to 2005, the compound annual growth rate was 3.4%

among radiologists and 6.6% among nonradiologist physicians. From 2005 to 2008, this rate decreased to 0.8% among radiologists and 1.8% among nonradiologists.

These and other data indicate that imaging is now a smaller portion of Medicare spending than it was in 2000—an apparent contradiction of recent efforts by MedPAC to rein in “out of control” imaging spending. Congress and the Administration have cut imaging reimbursements 7 times in 6 y, with payments for some services being reduced by more than 60%, including bone density screenings and some brain MR studies. In June 2011, MedPAC issued a report urging creation of a program under which physicians who order high volumes of MR, CT, nuclear medicine, and/or other advanced imaging studies would be required to receive prior authorization from Medicare before performing the procedures. “In the last decade, ancillary services have reached high levels of use, fueled at least in part by unduly high payments,” MedPAC stated in a press release at that time. More than 2 dozen professional groups, including SNM, wrote to oppose the proposal, stating: “In an era of health care reform initiatives whose objective is to increase health care coordination and make the delivery system more patient-centered, we find it disturbing that MedPAC is considering a recommendation that has the potential to, for example, discourage physicians from interpreting their Medicare patients’ x-rays.”

“The assumption that life-saving diagnostic imaging and radiation therapy are increasing health care costs is simply not true,” said David Fisher, executive director of MITA. “Even in light of these significant downward trends in spending and utilization, policymakers continue to target medical imaging for more cuts.”