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Outpatient imaging caught in political cross fire

By Steven R. Renard

I was caught off guard last week by the barrage of news reports that stemmed from a study regarding lung screening for early cancer detection. Every news channel in my area was reporting it with the same vigor they use to convey news of North Korea and the Iraq war. PBS even had a special on it. What many of us in the imaging community already knew, and those in Congress seem to forget, is that medical imaging saves lives and money.

This recent news, which gripped the public's attention, was based on new research indicating that annual screening with multislice CT and pulmonary lung nodule software can dramatically improve 10-year survival. I thought to myself, "Finally, some good news!"

The imaging community can thank the International Early Lung Detection Program for the study. Just as cardiovascular CT angiography (CVCTA) wove its way through evaluations, intense scrutiny, and finally acceptance, lung screening now appears on the same track toward becoming a successful screening tool to save lives.

As with CVCTA, proper utilization and physician/patient education is the key to ultimate success. Many other professionals believe it will be a success. Just look at the numbers. The American Cancer Society estimates that in 2005 there would be well over 170,000 new cases of lung cancer and almost as many deaths: 163,510, to be exact. This indicates a very low cure rate, roughly 5%. The ACS further projects that in 2006 lung cancer will kill 73,020 women and 90,470 men. These numbers represent more than just smoking-related deaths.

The bottom line is that multislice CT scanners and lung nodule software can save lives. But early-stage lung cancer does not present symptoms. Therefore, lung cancer is rarely discovered until it has progressed to a stage where it is almost untreatable. It is well known that cancers found in the early stages are curable. MSCT screening finds over 80% of lung cancers in this early stage.

Now, in this context, consider: imaging centers across the country are cancelling orders for these MSCT scanners because of the impending Deficit Reduction Act. So how can the country's existing imaging centers meet this growing technology need? They cannot in my opinion, unless vendors develop flexible payment plans for product or service purchases and upgrades, and provide software for those already installed MSCT scanners.

Right now, the study is quick and easy to perform/interpret and the cash pay is $250 to $300 per scan. Pretty good, considering that the soon-to-be-implemented Medicare reimbursement for a chest CT is less than the cash pay -- and that's before you subtract the expense of billing or factor in possible denial of payment for the study.

If vendors could provide trial software of this screening tool and offer marketing programs targeted toward existing customers, it could aid in the process of spreading the benefits. They might even sell more scanners and software.

Referring physicians who once rebelled against the idea of whole-body scanning are now embracing body-part-specific screening for the lung, colon, and cardiac region, because of recent validations. Life insurance companies that decline to insure smokers because of risk are beginning to show interest.

For those customers weighing the viability of upgrading their spiral scanners, they may decide to invest in a used MSCT and upgrade software now.

Now let's look at the politics of it all. There has been a major shift in Congress. The next two months are traditionally good times for imaging providers and vendors. But

this year, the RSNA meeting, holiday parties, and the annual budget process are blanketed with DRA darkness. The DRA Grinch could steal Christmas from vendors and imaging centers alike. At a time when vendors and imaging centers should be focused on cheerful holidays, many centers are thinking about closing their doors and cutting staff or are just trying to stay alive until a decision is made.

The anti-Bush tide swept away several close allies of the imaging business this month. Twelve-term House Ways and Means Committee stalwart Nancy Johnson of Connecticut lost her seat. She understood the lack of access the DRA will impose and the unbalanced effects it has on the industry. She was a major supporter of HR 5704 and S 3795, both of which called for a two-year moratorium on the deep cuts in Medicare payments for medical imaging services.

With Congress closely divided and likely to deadlock on many key issues, consideration of legislation needed to delay the dramatic cuts in the DRA for the Medicare reimbursement of imaging services may stall.

This is bad news and just plain unfortunate for vendors and imaging centers. The delay has little to do with the substance of arguments made by the imaging community and more to do with political timing and partisan politics. The Democratic Party has been given an opportunity by the electorate to put its stamp on the legislative process. This switch in control means Democrats no longer need to consider major legislation on the terms set by the lame-duck Republican-led Congress. Getting lost in the changeover shuffle will not be a good thing for us imaging centers!

It is likely that we must restart the grassroots movement that got the moratorium legislation into both houses of Congress. The loss of so many supporters on Capitol Hill is a setback. But all the work that has been done explaining what a disaster the DRA is to providers and Medicare recipients does not mean previous advocacy efforts have been a waste of time. We do still have supporters, but we need to push hard to educate our newly elected Congressional members. We must continue supporting lobbying efforts, informing them about access and not just about costs. Vendors need to develop "work- out" committees to keep imaging centers profitable -- not myopic -- during the next nine months.

The latest information is that the imaging community has gained enough momentum and presented a strong enough case that with six to nine more months of work, we should be able to get new members of Congress to sign on to legislation that will put in place a two-year moratorium on the DRA.

Last, with Democrats controlling Congress, it's likely they will develop healthcare policies that could rekindle many legislative issues around self-referral. Pete Stark's return as chair of the health subcommittee of the House Ways and Means Committee will return the focus to quality imaging services and self-referral. Stark is the sponsor of the federal Stark Prohibition on physician self-referral and, in the past, he has always been focused on quality, self-referral, time leasing, and overutilization by physician-owned practices. Stay tuned for more on that in the coming year. It should be an interesting RSNA meeting and year ahead.

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