

Overview of 2009 ABRF Summit

The United States spends considerably more per capita on health care compared with other developed countries, yet life expectancy is lower in the U.S., and disease-specific mortality rates are higher.¹ Several reasons have been identified for greater U.S. healthcare costs, including excessive administrative expenses; higher charges for drugs, diagnostic services, and treatments; greater physician reimbursement; and more hospital amenities. However, overutilization of services, including prescription drugs and diagnostic and therapeutic technologies, has the greatest impact on the higher cost of U.S. health care.² Excessive use of imaging procedures contributes the most by far to the upward trend in costs attributable to healthcare technologies.

Imaging expenses are growing at a rate of 20 percent annually, even though approximately one-third of imaging procedures are considered inappropriate, and up to half are evaluated retrospectively as noncontributory to improved patient diagnosis and treatment.³ Overutilization of imaging procedures results in excessive costs to healthcare payers, enhanced risks to patients, and the burden of nonessential information that must be managed. Ultimately, overutilization also will lead to reduced payments for all imaging procedures, including those essential for patient care.

To solve this problem, healthcare professionals must examine its root cause--a lack of balance in the three components of quality imaging procedures. These components are justification, optimization, and implementation. Over the years, great effort has been directed to optimization of imaging procedures through quality control processes and accreditation programs. Further, healthcare professionals who implement and interpret imaging procedures must have several years of education and training in residency and fellowship programs.

On the other hand, the first component of quality imaging procedures--justification--has received much less attention. Yet justification is essential to ensuring that imaging procedures are appropriate and cost effective. Appropriateness criteria have been developed for several imaging procedures, but their incorporation into the practice of medicine has been spotty at best.

Adequate justification of imaging procedures prior to their optimization and implementation must be a collaborative effort between physicians providing the procedures and those referring patients for the procedures. Accomplishing this objective is a challenge that requires confrontation of the many forces that currently impact decisions to perform imaging procedures:

- The education of physicians and the culture in which they work
- The fee-for-service environment of health care in the U.S.
- Lack of outcome data about the effectiveness of specific applications of imaging technologies
- Marketing of imaging technologies to physicians and directly to patients
- Patient expectations and preferences for high-tech medicine, including imaging procedures
- Defensive medicine
- Physician ownership of imaging facilities
- Insensitivity to healthcare costs created by a system of third-party payments for services

To control and conquer overutilization of imaging services, we must confront these forces together. A 2009 Summit Meeting, sponsored by the American Board of Radiology Foundation, is being designed as a multidisciplinary forum to address this challenge. The forum will be participatory and focused on identifying ways that overutilization can be controlled. We hope you will join with us in this important undertaking on August 6-7, 2009, in or near Washington, D.C.

References

¹ Institute of Medicine: Crossing the quality chasm: A new health system for the 21st century. (2001) National Academy of Sciences Press. Washington DC.

² EJ Emanuel, VR Fuchs: The perfect storm of overutilization. (2008) JAMA 299(2). 2789-91.

³ America's Health Insurance Plans: Ensuring quality through appropriate use of diagnostic imaging. (2008) www.ahip.org/content/default.aspx?docid=24057.