

## Medical imaging: is the boom over?

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Health care spending in the United States is predicted to soon exceed 20 percent of the gross domestic product. During the early part of the last decade, medical imaging expenditures rose at a much faster rate than those for most other medical services. That rapid growth led to a variety of drastic reductions in Medicare payments for individual imaging services.

In 2003, approximately 206 million imaging services were provided to a total of 34.8 million Part B Medicare beneficiaries. By 2006, that number increased 58.4 percent to 326 million services for 35.9 million beneficiaries. In contrast, evaluation and management services, major procedures, and laboratory tests grew 5.1 percent, 16.3 percent, and 14.2 percent during that same period.

During that same period, advanced imaging technologies matured and both physician and patient awareness of radiation safety grew keenly. Professional societies have taken a leadership role in these efforts, increasingly promoting ever-expanding appropriateness criteria and clinical utilization guidelines.

In total, these initiatives and events — each in isolation potentially decelerating previous growth in medical imaging — would be predicted to slow both the utilization of and spending on medical imaging. The degree to which this has occurred, and whether this represents a short-term or sustained phenomenon, has been the subject of a number of recent independent reports and analyses. Harvey L. Neiman Health Policy Institute researchers have reviewed these trends and their likely causes and their implications for policy.

Previous growth was driven by clinical utility, legal considerations and in some circumstances, 'self-referral', from physicians referring to imaging equipment that they own.

Factors contributing to the slowing of growth include technological maturation, best practice guidelines, radiation awareness, clinical information availability and integration, cost-effectiveness awareness, unit cost reductions, and market saturation.

Although slowing the growth of medical imaging may achieve short term cost savings, the longer term public health implications are not certain. If the rapid growth of medical imaging in the early part of the last decade was related to its well-acknowledged favourable impact on patient care, will further attempts to suppress its growth result in a reversal of those positive clinical outcomes? Coinciding with recent national declines in the utilization of medical imaging, for example, average patient hospital length of stay has increased. Although many factors unrelated to medical imaging could be relevant, even the potential of such inverse relationships should give policy makers pause in continuing to pursue downward pressures on imaging utilization and spending until the downstream clinical and cost consequences of such actions are better understood. Given the substantial lag between policy development and the identification of measurable outcomes, the true impact of aggressive policies may not be identifiable for many years.

Despite previous growth, medical imaging constitutes only a relatively small portion of overall healthcare spending.

Source: "Medical Imaging: Is the Growth Boom Over? The Neiman Report, No. 1, October 2012." The Harvey L. Neiman Health Policy Institute was established by the American College of Radiology to study the value and role of radiology and provide a foundation for evidence-based imaging policy.

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