Diagnostic Imaging In Physicians’ Offices

The paper by David C. Levin and colleagues (January 2010) provides an important contribution to our understanding of the consequences of the Deficit Reduction Act (DRA) on outpatient diagnostic imaging. The local experience in our small practice correlates well with the national data, but I am not entirely convinced by the explanations proposed in the paper. Although I am sure that radiology business management companies are having some impact on our local imaging environment, the effects are not that far-reaching as yet. I am also highly skeptical about the effects of imaging appropriateness criteria on the behavior of ordering physicians.

Another possible explanation is that the DRA has discouraged capital expenditure on new imaging equipment in private offices. In the setting of relatively high, fixed capital costs for existing equipment, decreased access to capital for new equipment, and declining per case reimbursement, a natural way for offices to try to maintain a steady revenue stream is to increase case volume using existing equipment. Because private offices already operate at a relatively high occupancy rate, the ability to increase volume dramatically in the short term is limited. It is not too difficult to believe that at least some of the small increase in private office imaging volume came at the expense of the hospital outpatient imaging facilities and was an attempt to redirect patients to offset the effect of the DRA reductions on the private offices.

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