

# Few to no work efficiencies when different providers read different scans on same patient

April 9 2013

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According to a new study published online in the *Journal of the American College of Radiology*, any efficiencies in physician interpretation and diagnosis gained when different providers interpret different medical imaging scans performed on the same patient are minute and vary by procedure.

Specifically, no potential intra-service work duplication was found when different exam interpretations were rendered by different physicians in the same group practice. Small potential efficiencies were found possible regarding pre- and post-service activities. Across all modalities (scan types), this corresponds to a maximum [Medicare](#) professional component physician fee reduction of only 0.95 percent to 1.87 percent for services regarding the same type of scan. For services from different modalities, potential duplications were too small to even quantify.

This issue is debated in [health policy](#) circles because the Centers for Medicare and Medicaid Services (CMS) recently enacted a 25 percent Multiple Procedure Payment Reduction to [Medicare reimbursement](#) for interpretation of advanced [diagnostic imaging](#) scans performed on the same patient, in the same session. This reduction applies across all physicians in a group or practice. It does not affect the number of scans ordered, only interpretation of scans already performed. This type of reduction has recently been expanded to [physical therapy](#), cardiovascular and ophthalmology technical services as well.

"These findings are important because the exams affected are primarily used to care for the most sick or injured patients—those with massive head and body trauma, stroke or widespread cancer. These people often require interpretations by different doctors to survive. This study shows that the data Medicare used to justify funding cuts was inflated by 1,200 percent and not reflective of clinical practice," said Geraldine McGinty, M.D., chair of the American College of Radiology Commission on Economics.

Because each imaging study produces a set of images requiring individual interpretation, a physician is ethically and professionally obligated to expend the same time and effort, regardless of the date or time of service. Studies show that [medical imaging](#) use and imaging costs are down significantly since 2006.

"While potential efficiencies exist in physician pre- and post-service work when same-session, same-modality imaging services are rendered by different physicians in the same group practice, these are relatively minuscule, and have been grossly overestimated. These findings support the need for greater transparency and methodological rigor when health care regulatory actions are taken," said McGinty.

Provided by American College of Radiology

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