

November 30, 2006

Ms. Caz Matthews  
President  
Blue Cross Blue Shield of Georgia  
3350 Peachtree Road, NE  
Atlanta, GA 30326

Dear Ms. Matthews:

The American Medical Association (AMA), the Medical Association of Georgia (MAG), and the undersigned medical specialty societies are writing to express our strong opposition to the recent implementation of Blue Cross Blue Shield of Georgia's (BCBSGA) new Diagnostic Imaging Services Program (DISP), which evaluates all physicians who provide diagnostic imaging services and, depending upon the imaging/specialty area, the requirement of physician accreditation with the American Institute of Ultrasound in Medicine (AIUM), the American College of Radiology (ACR) and/or one of 14-16 additional national accreditation organizations.

It is apparent to us that BCBSGA, as a payer, is employing an educational requirement, not for the purpose of improving quality care, but for reducing payments, which is used as a cost-saving mechanism for the health plan. This kind of requirement is most appropriate in medical education and not in health plan payment.

We are increasingly receiving complaints from physicians who stress that the DISP and similar imaging accreditation programs hinder access to care, and unnecessarily and significantly increase physicians' costs without improving quality or patient safety.

Pursuant to their policy, the AMA, MAG and the undersigned medical specialty societies oppose programs such as the DISP if they compromise access to, and the quality of, patient care. At its 2005 Annual Meeting, the AMA House of Delegates adopted Policy D-385.974 "Freedom of Practice in Medical Imaging." This policy directs the AMA to:

Actively oppose efforts by private payers, hospitals, Congress, state legislatures, and the Administration to impose policies designed to control utilization and costs of medical services unless those policies can be proven to achieve cost savings and improve quality while not curtailing appropriate growth and without compromising patient access or quality of care; and

Actively oppose efforts to require patients to receive imaging services at imaging centers that are mandated to require specific medical specialty supervision and support patients receiving imaging services at facilities where appropriately trained medical specialists can perform and interpret imaging services regardless of medical specialty.

The AMA, MAG, and undersigned medical specialty societies are also concerned that the DISP duplicates existing medical specialty requirements and whether the program adequately safeguards quality and access in the face of cost-reduction pressures. Policy D-385.974 instructs the AMA to “encourage and support collaborative specialty development and review of any appropriateness criteria, practice guidelines, technical standards, and accreditation programs, particularly as Congress, federal agencies and third party payers consider their use as a condition of payment, and to use the AMA Code of Ethics as the guiding code of ethics in the development of such policy.” Many medical specialties have and are in the process of developing and refining specialty specific imaging quality and utilization requirements that, per Policy D-385.974, must be cognizant of the patient-centered requirements of medical ethics.

Medical specialty boards also currently require training in office-based imaging procedures as a condition of certification. For example, the American Board of Obstetrics & Gynecology requires extensive training in ultrasound as a condition of certification. We strongly believe that criteria relating to imaging utilization and quality must be sensitive to the requirements of specific specialties. Therefore, these criteria are most appropriately developed and imposed by medical specialties themselves, which are also in the best position to fashion criteria that comport with the ethical obligation to promote access and quality while guiding against unnecessary utilization.

The AMA, MAG and the undersigned medical specialty societies strongly encourage BCBSGA to re-evaluate the appropriateness of the DISP and similar accreditation programs. We urge BCBSGA to discontinue these programs unless and until it can be demonstrated that these programs reduce health care costs and improve quality without hindering appropriate growth or curtailing the quality or access to care.

Should you have any questions related to this correspondence, please call the office of Camilla Grayson, Director, Department of Health Policy/Research, Medical Association of Georgia at (404) 881-5050. We welcome the opportunity to discuss this further with you.

Sincerely,

American College of Cardiology (Georgia Chapter)  
American College of Physicians (Georgia Chapter)  
American College of Surgeons  
American College of Surgeons (Georgia Chapter)  
American Medical Association  
Georgia Obstetrical and Gynecological Society  
Medical Association of Georgia

cc: Ronald H. Koenig, MD