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iNEWS

NEWS AND VIEWS

The Imaging Council of the American College of Cardiology

IN 2007, THE AMERICAN COLLEGE OF CARDIOLOGY (ACC) DRAMATICALLY CHANGED ITS MEMBERSHIP STRUCTURE by launching 4 new membership groups: Women in Cardiology Section and Council, Adult Congenital and Pediatric Cardiology Section and Council, Interventional Scientific Section and Council, and the Surgeon's Council. On the basis of enthusiastic reception of these innovations, an Imaging Council was formed this year.

The imaging council is charged to "create a forum for cardiology imaging specialist society leadership to collaborate on issues facing cardiovascular specialists using imaging technologies to provide optimal patient care" (ACC Imaging Council Charge, personal communication, June 5, 2008). The Council was further charged to "facilitate the integration of the various cardiology imaging modalities" and "represent the interests of the imaging community to ACC leadership." In addition to participating in the educational, quality, and advocacy activities within the ACC, it is hoped that the Council will "promote communication and co-operation among organizations and cardiovascular societies in the field."

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To date, ACC Sections and their Councils have been a valuable resource for the decision-making bodies of the College and have provided a welcome opportunity for the ACC to cultivate leadership and engage members. In particular, the Councils are emerging as an effective means to provide expert member input on issues and policies in their respective areas of interest—an advisory role that is critically important in the rapidly changing world of cardiovascular imaging. It is hoped that the Imaging Council will have the capacity to quickly come to consensus on key issues and present the perspectives of stakeholders in relevant ACC discussions. For example, if the Imaging Council functions as other ACC Councils, it will serve to increase members' involvement in committees and writing groups for clinical policy documents, performance measures, practice guidelines, clinical competency statements, appropriate use criteria, and data standards. Other Council activities include a new congenital heart disease registry (IMPACT; Adult Congenital and Pediatric Cardiology), a Career and Leadership Development Conference (Women in Cardiology), strengthened Society relationships (Interventional Scientific Council), and enhanced networking and focused educational opportunities (all Councils and Sections held meetings and receptions at ACC 2008).

We have invited Kim Allan Williams, MD, who is the founding chair of the ACC Imaging Council, to present his vision and plans going forward. Dr. Williams is a noninvasive cardiol-

ogist at the University of Chicago. What does he have to say? Please go to the ACC online journal Cardiosource (www.cardiosource.com) and find your favorite *iJACC* site. The opinions presented below are entirely of the authors and do not reflect or express the position of the American College of Cardiology, *JACC: Cardiovascular Imaging*, or the editors. Would you share your opinion with us? We value your opinion.

Pamela S. Douglas, MD, MACC
Duke University Medical Center

A Vision for the Future

Kim Allan Williams, MD, FACC
University of Chicago

We have an opportunity to band together as imagers and focus on our common needs, which are far greater than our differences.

ONE OF THE MOST VALUABLE ADVANCES IN MEDICAL SCIENCE IN THE LAST CENTURY has been the development of medical imaging. From our admittedly "cardiocentric" perspective, this is particularly true with regard to noninvasive cardiovascular imaging. Thus, we find it quite ironic that noninvasive cardiovascular imaging has become the flashpoint for so many political and economic concerns in recent years. The enthusiasm with which physicians and patients have embraced these developments has not been uniformly shared by third-party payors as the result of escalating costs. In addition, there have been accusations from within the house of medicine that some of the growth in imaging is inappropriate and driven by financial motivation or the practice of defensive medicine.

Particularly acute since 2004, these concerns have led to, among many others, Medicare Policy Advisory Committee reports, Congressional inquiries, revision of antiself-referral legislation, Office of the Inspector General investigations, Medicare Carrier Advisory Committee hearings, proliferation of radiology benefit managers and, most recently, a Government Accounting Office report on growth in imaging (1). The latter document typifies the thought processes used throughout most of these inquiries: high concern for limiting expenditures with less regard for optimizing patient outcomes and minimal, if any, input from physicians or their patients.

The ACC has historically been a strong proponent of quality in imaging and imaging education. The College more recently has needed to be the primary voice of cardiology in dealing with imaging advocacy issues as they arose. To this end, the leadership of ACC decided in 2005 to meet these challenges by convening experts from imaging subspecialty societies into the Cardiovascular Imaging Collaborative under the leadership of Drs. Ami Iskandrian, Michael Wolk, and Pamela Douglas. The Cardiovascular Imaging Collaborative gradually took over the functions of the Cardiovascular Imaging Committee and worked through subcommittees on Quality, Education, and Advocacy. These subcommittees were helpful in guiding congressional testimony on imaging by specialists, contributed to quality initiatives such as the 2 American College of Cardiology–Duke University Medical Center Think Tanks on Quality in Cardiovascular Imaging and supported the development of imaging appropriate use criteria (AUC).

These efforts have now been redesigned into the ACC Imaging Council, with 2 members representing each participating society, including American College of Cardiology, American Society of Echocardiography, American Society of Nuclear Cardiology, Society for Cardiovascular Angiography and Intervention, Society for Cardiovascular Computed Tomography, and Society for Cardiovascular Magnetic Resonance. In addition, there are ex-officio members from the leadership of the College, and staff participation from the member societies.

The purpose of the Imaging Council is to create a forum for cardiology imaging specialist society leadership to collaborate on the rapidly evolving issues and challenges that face cardiovascular specialists who use imaging to provide optimal patient care. The Council will represent the interests of the imaging community to the ACC leadership, while promoting collaboration between these cardiovascular imaging societies. The Council will lend subspecialty society expertise to the ACC's efforts in the areas of research, education, quality, clinical guidelines, appropriate use criteria, training, utilization, informatics, and advocacy with payors and government agencies.

This new Council has been very busy already and has great potential for impact on many College activities. In its brief period of existence, the Council has dealt with numerous guidelines, and position statements and advocacy issues have arisen, particularly in areas of coding, reimbursement, new AUC, and other quality initiatives.

Recent and upcoming advocacy issues being addressed by the Imaging Council at the time of writing in-

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clude: 1) United Health Care proposed delay of lab accreditation requirements; 2) imaging-related codes that will likely be reviewed at the next Relative Value Uptake Committee meeting; 3) Centers for Medicare and Medicaid Service's new rules on independent diagnostic testing facilities and their proposed application to private practice cardiology offices; and 4) potential testimony at the Ambulatory Payment Classification Panel meeting for the 2009 proposed Hospital Outpatient Prospective Payment System Fee Schedule. The Council's quality agenda includes: 1) advising the ACC on cardiovascular specialist representation to the American College of Radiology Cardiovascular Appropriate use technical panel; 2) advising the ACC on participation and representation to the Center for Medical Technology Policy fall workshop on the evidence needed for cardiovascular CT reimbursement; 3) lobbying to promote funding for imaging research, one outcome of the recent NHLBI Workshop on Outcomes in Imaging; 4) participating in the upcoming revised Radionuclide Imaging (SPECT) AUC and the newly formed multimodality imaging AUC; 5) discussing the next topics for the AUC taskforce; 6) reviewing the National Quality Foundation Outpatient Imaging Efficiency Measures Draft Report; and 7) discussing participation in the Value of Imaging Research Coalition proposal for an imaging registry. We will also review the ACC's upcoming plans for imaging educational activities at the 2009 Annual Scientific Sessions, and serve as an active resource to the Planning Committee, Topic Coordinators, and Co-Chairs.

The new Imaging Council exemplifies the new mantra of the American Medical Association, "Together We Are Stronger." As individual cardiovascular imaging specialty societies, we have an opportunity to band together as imagers and focus on our common needs, which are far greater than our differences. This initiative is being undertaken for the benefit of our patients and member physicians. With this in mind, I am honored to be the Imaging Council's first chairperson. If you have cardiovascular imaging concerns or thoughts on how the Imaging Council can help the ACC serve your needs better, please let us know. We welcome the opportunity and can be reached through our lead staff liaison from the ACC, Stephanie Mitchell, at smitchel@acc.org.

REFERENCE

1. Appendix V: Comments from the Department of Health and Human Services. Medicare Part B Imaging Services: Rapid Spending Growth and Shift to Physician Offices Indicate Need for CMS to Consider Additional Management Practices. (GAO-08-452). Government Accountability Office. July 14, 2008. Available at: http://www.gao.gov/new.items/d08452.pdf. Accessed August 12, 2008.

Key Words: multimodality imaging ■ advocacy ■ imaging quality.