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RESPONSE: Collaboration and Collegiality**The Dual Pillars of Cardiovascular Imaging Now and in the Future***Christopher M. Kramer, MD**Departments of Medicine and Radiology and Medical Imaging, University of Virginia Health System, Charlottesville, Virginia
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Dr. Parwani and colleagues have laid out an important vision of the future of cardiovascular imaging, especially for fellows-in-training and early career cardiologists. The future of cardiovascular care is an emphasis on value of care rather than volume, and it is in this light that collaboration and collegiality between cardiologists and radiologists is essential. Gone are the days when cardiologists and radiologists can compete over who performs cardiac imaging. It is a must that clinicians choose the right imaging test for the right patient, and the ACC has taken the lead in that direction by creating appropriate use criteria that began as single imaging modality criteria but have

since evolved into multimodality criteria (1). These criteria will form the basis for payment decisions for imaging services in the not-so-distant future.

FITs and ECs have been trained in the era of growing clinical utility of advanced cardiovascular imaging with cardiac magnetic resonance, coronary computed tomography angiography, and positron emission tomography. It is their cohort that can truly understand which is the right test in a given clinical scenario in the present era. They have also been trained during an era of revolutionary changes in structural heart interventions that are guided by imaging technology. Cardiologists are well-situated to

be the gatekeepers for choosing the correct test for each patient.

As clearly delineated by Dr. Parwani and colleagues, cardiologists and radiologists bring different backgrounds and expertise to the table. Cardiologists will be referring their patients for imaging procedures and understand the underlying clinical scenarios and pathophysiology. Radiologists are well trained in imaging physics and instrumentation and are highly skilled in diagnosing critical noncardiac

findings. Thus, joint involvement is important to building a robust cardiovascular imaging service. Indeed, this is how it is approached at our institution (2), where there is a cardiology fellow and radiology resident at every reading session with an attending (cardiologist or radiologist) in a larger reading room with consultation available as needed. It is this kind of collaboration and collegiality that is essential to the future of our profession and is best for our patients.

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