January 8, 2007

Reed V. Tuckson, MD, FACP
Senior Vice President
Consumer Health and Medical Care Advancement
UnitedHealth Group
MN008-T902
9900 Bren Road East
Minnetonka, MN 55343

Dear Dr. Tuckson:

The American College of Physicians (ACP), representing more than 120,000 physicians specializing in internal medicine and medical students, shares the United Health Group (UHG) concern regarding rising imaging costs. ACP believes that it is important to ensure medically appropriate, timely imaging testing that is at the same time efficient and conscious of resource use. The College is open to mechanisms to promote these goals. We have reviewed the UHG Radiology Notification Program and have concerns as to whether it is the best mechanism to achieve these goals. We welcome a dialogue with UHG to determine how to proceed in a manner that is effective and acceptable to all stakeholders. Below are specific ACP comments/suggestions regarding the Radiology Notification Program. While some comments pertain exclusively to the Radiology Notification Program and others are geared toward exploring other options, our comments collectively indicate our interest in taking reasonable, practical steps to address these issues.

- ACP supports promoting patient safety, efficiency, and accountability in the provision of imaging tests.
- The UHG Radiology Notification Program is prior-authorization in a different form.
- The amount of information the ordering physician must provide seems excessive.
- UHG should discuss the extent to which the UHG experience that led to its decision to eliminate prior-authorization for many services a few years ago is relevant to its development of the Radiology Notification Program.
- UHG should provide an estimate of the amount of time it typically takes a physician practice to receive a confirmation number.
- ACP is interested in whether UHG has data comparing imaging done in the emergency department (ED) setting compared to the outpatient setting. While we believe that it is imperative to avoid impeding appropriate imaging in ED setting, it would be helpful to examine the data pertaining to ED use.

- UHG should consider translating its "Physician Guidelines: Current, Evidence-Based Recommendations Regarding Imaging" into a list of diagnosis codes that is generally covered for each Current Procedural Terminology (CPT) code describing an imaging test included in the notification program to give physicians a more short-hand form of clinical guidance.
- UHG should investigate reducing the number of CPT codes describing imaging tests included in the notification program to focus its effort on the highest impact tests and/or UHG could focus on one modality, e.g. PET scans, to understand the impact of such a program.
- UHG should focus any notification/authorization/education program on physicians who order more imaging tests relative to their peers. If UHG finds that most physicians order a relatively small number of imaging tests on an annual basis, it should share that information/data with ACP and other relevant specialty organizations so that they can assess the issues in that context and determine appropriate options for action.
- UHG should provide information on the ordering of each imaging test(s) of concern by physician specialty, in part, to attempt to ascertain whether imaging tests are being ordered prior to when the specialist sees the patient.
- UHG should consider providing an incentive to the ordering physician to consult a radiologist or other physician performing/reading the imaging test to foster an environment that allows busy physicians to communicate to take the most appropriate action for the patient and for the healthcare system.
- UHG should state how the "Physician Guidelines: Current, Evidence-Based Recommendations Regarding Imaging" document will be updated and maintained.

Please contact Brett Baker, Director, Regulatory and Insurer Affairs, by phone at (202) 261-4533 or by e-mail at bbaker@acponline.org if you have questions.

Sincerely,

Joseph W. Stubbs, MD
Chair, Medical Service Committee