

Cardiology today

NEWS & PERSPECTIVE FOR THE CARDIOVASCULAR SPECIALIST

Payers, practitioners share expectations, data at SCCT summit

By

Researchers have established the diagnostic accuracy of cardiovascular CT, but private and some public payers want more outcomes data before offering widespread reimbursement.

During a one-day summit hosted by the Society for Cardiovascular Computed Tomography, representatives from the SCCT presented results from completed clinical studies that involved the use of CV CTA. The payers were also anxious to know what patient registries and randomized clinical trials were being conducted.

“What I hope they walked away with was recognition that there is a tremendous body of evidence for the diagnostic accuracy of CT in a number of different clinical scenarios and the early important data on the prognosis and the prognostic value of coronary CT,” **Jack Ziffer, MD**, president-elect of SCCT, told *Cardiology Today*. “At least they perhaps gained a recognition that an intermediate outcome other than patient lives saved might be appropriate given how powerful CT is diagnostically.”

The payers were in agreement that there may be sufficient information to set up full coverage for CV CTA based on recent results from randomized trials involving CV CTA in the ED setting. A patient registry is currently underway by SCCT in cooperation with the ACC and the American College of Radiology, and a head-to-head randomized clinical trial comparing stress imaging with CV CTA in symptomatic patients with expected CAD is also being conducted. – *by Eric Raible*

PERSPECTIVE

The rising costs of health care in general, and disproportionate increased use of imaging in particular, have caused payers to require more evidence of benefit before covering new imaging technologies such as coronary CTA. This need has not been accompanied by any offer by the private payers to help fund such research, which historically has been paid for directly or indirectly from payments made for providing clinical services. Equipment manufacturers fund research from profits of sales of equipment, and hospitals buy machines using clinical revenues. Nearly everyone agrees that we need more prospective, controlled clinical research and clinical registries to properly develop coronary CTA, but few have funds available to support this expensive “outcomes-based” research. The National Institutes of Health is currently considering funding of such proposals.

Coronary CTA may even turn out to be a less expensive alternative for such indications as evaluation of selected patients with chest pain in the ED. CTA can be performed very rapidly and at relatively low cost compared with the costs of hospitalization, cardiac catheterization or nuclear stress testing. Another factor to consider in the ED is the effect of defensive medicine. Fear of lawsuits results in increased reliance on testing, even in low-risk patients. Liability reform also needs to be considered to lower health care and imaging costs.

– **Samuel L. Wann, MD**

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