RADIOLOGICAL SOCIETY OF CONNECTICUT, INC.
A CHAPTER OF THE AMERICAN COLLEGE OF RADIOLOGY

October 15, 2020

Victoria Veltri
Executive Director,
Office of Health Strategy
State of Connecticut
450 Capitol Avenue, MS#51OHS
Hartford, CT 06134

Dear Ms. Veltri:

On behalf of the Radiological Society of Connecticut (the Connecticut state chapter of the American College of Radiology, representing over 300 physicians practicing radiology in varied practice settings across the state), **please accept these comments concerning the Office of Health Strategy's Preliminary Recommendations of the Healthcare Cost Growth Benchmark Technical Team.**

This important work should account for the dramatic changes with the global COVID-19 pandemic. 2019 is no longer an appropriate baseline for 2020 or 2021.

Since the Governor signed Executive Order 5 in January 2020, the delivery of healthcare in Connecticut and across the current has changed dramatically and continues to evolve. Like many specialties, radiology volumes were particularly affected, with episodes of patient care decreasing by as much as 75% during the peak months of the pandemic. Even as the state has progressed through its phased re-opening, care delivery continues to be constrained by necessary protocols for safety and infection control, which lengthen processes from patient screening to exam time to time between patients. Moreover, there will likely be a lengthy "catch-up" period, wherein volumes in radiology and other specialty care will be higher secondary to missed screening and follow-up visits and additional morbidity from care foregone during the crisis. Benchmarks should account for these rapidly evolving situations and should not add further to the difficulties many physicians and practices are facing with the COVID-19 pandemic.

The cost analysis and spending targets for medical imaging should differentiate medical imaging resulting from self-referral from medical imaging performed by radiologists (which require a separate ordering provider). Also, screening examinations should be considered separately as well.

Self-referral, where a physician who is not an imaging specialist (or a non-physician provider) refers patients to their own on-site imaging services, has been shown to increase utilization and cost with lower quality. By comparison, whether

it be in an inpatient or outpatient setting, imaging examinations performed and interpreted under the direction of a radiologist require an order from the patient's treating provider. In order to best control the total cost of imaging and provide the best value, cost analysis and spending targets for medical imaging should distinguish between self-referred exams and those referred to a radiologist.

Similarly, there are screening examinations which have been shown to save lives and lower costs by detecting disease earlier when it is more successfully and easily treated. For example, the US Preventive Services Task Force recommendations include indications for several imaging studies: ultrasound screening for abdominal aortic aneurysms, mammography screening for breast cancer, bone densitometry for increased fracture risk, and low dose CT scan for patients high risk for lung cancer. Compliance with these recommendations should be encouraged and rather than be subject to pressure to decrease utilization.

Lastly, while we applaud the spirit of the effort to enhance spending on primary care, we are unclear as to how primary care is defined. To our knowledge, this has not been codified, and setting a specific target without the definition of primary care services is premature. That could lead to potential overspending, thereby de-emphasizing other aspects of care; underspending, thereby falling short of beneficial outcomes (e.g., community care, behavioral health, screening tests, etc.); or depriving primary care providers of guidance with respect to the scope of their responsibilities for the coordination of care. Rather than focus on a target for increasing expenditures, we should contemplate redefining and expanding the purview and responsibilities of primary care providers, for which they would be compensated, with the goal of improving outcomes for public health.

We thank you for this opportunity to provide input and would welcome the opportunity to continue to collaborate with your office and team as this project moves forward.

Sincerely,

Thomas Farquhar, MD, PhD

Vice President and Legislative Committee Chair
Radiological Society of Connecticut