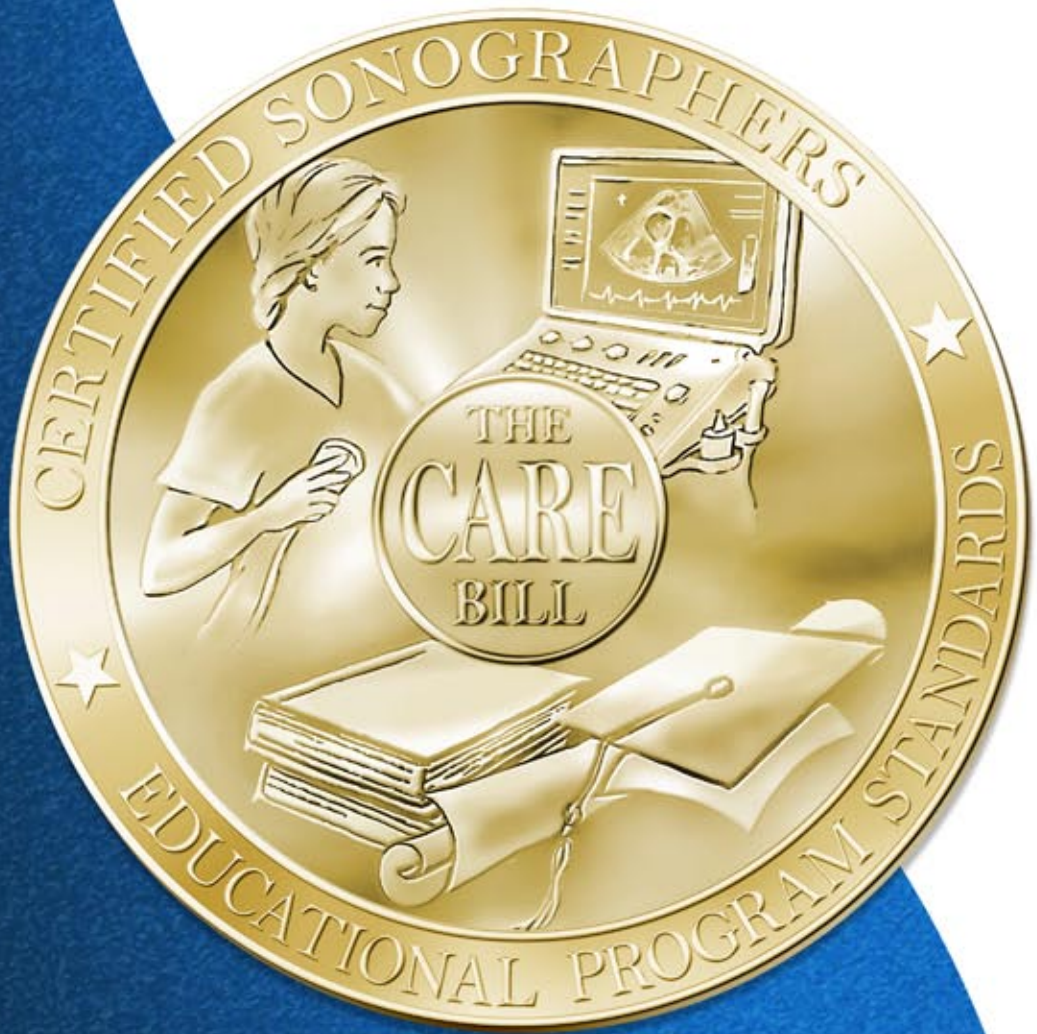


Quality Sonograms



There are two sides
to every coin...

Quality Sonograms



Certified sonographers

+



Educational standards

=



Better images (the first time)



Lower healthcare costs



and better patient care

...with this coin, *both*
sides benefit *everyone*.

The CARE Bill



Certified Sonographers

Today, the person performing a Diagnostic Medical Sonography examination using ultrasound is not required to have ANY education or experience! Patients often incorrectly assume the person performing the sonogram is qualified to perform the examination. While recent advancements in the use of ultrasound technologies are truly amazing, it's not all about the equipment - the skills and knowledge of the person performing the sonogram are the real keys in determining the quality of the diagnostic information produced.

Sonography is a real-time, operator-dependent activity – requiring the sonographer to have significant

knowledge of both anatomy and the equipment being used. The sonographer must also have the knowledge and experience to identify and evaluate abnormal anatomy and pathology. The sonographer's competency and skills are critical in producing the highest quality images for use in determining the final diagnosis.

The CARE bill requires those performing a sonogram to have the necessary education, experience, and certification.

Educational Program Standards

Having standards set for Diagnostic Medical Sonography educational programs is a critical factor in ensuring the person performing a sonogram has the necessary education and experience. Educational standards reflect what a person needs to know to function successfully within the

Diagnostic Medical Sonography profession. This includes extensive classroom and practical experience including adequate opportunities for the student sonographer to perform sonograms on real patients under the supervision of a certified sonographer.



The CARE bill requires those entering the profession in the future to have completed an educational program designed to adequately prepare them for the applicable national certification examination and work in the sonography profession.

The Results



Two sides of the same coin.

Increased Diagnostic Accuracy and Quality of Patient Care

Sonograms should be performed by health care professionals with the appropriate education, experience, and certification. Everyone agrees that a physician who interprets a diagnostic medical image must be qualified for the task, but what if the image the physician is interpreting is flawed? A flawed image can lead to a costly misdiagnosis that could be harmful to the patient. Often, further treatment is prescribed for the patient based on sonogram interpretation.

Educational program standards and individual certification help to ensure that the sonographer is providing the physician with accurate images and data for

making the diagnosis and may help the physician avoid malpractice claims resulting from inadequately performed sonograms.

With passage of the CARE bill, patients will be assured that the person performing the examination has the skills and knowledge necessary to properly perform the sonogram. Physicians will receive high quality images that enable them to better diagnose and treat the patient's condition.



Decreased Number of Repeat Studies and Health Care Costs

According to a 2006 study, the repeat rate for carotid artery studies between certified and non-certified sonographers could be as high as 12%. Even a 1% reduction in repeat imaging studies could result in millions of dollars in savings to federal Medicare and Medicaid programs each year.

In a March 2005 Medicare Payment Advisory Commission (MedPAC) report to Congress, MedPAC noted:

Medicare has an interest in insuring that [imaging] studies are done by skilled technical staff using appropriate equipment and interpreted by qualified physicians.

The MedPAC report also suggested:

CMS should strongly consider setting standards for at least the following areas: the imaging equipment, qualifications of technicians, qualifications and responsibilities of the supervising physician, technical quality

of the images produced, procedures for ensuring patient safety, and the professional training, experience, and education of the physicians who interpret studies.

A June 2007 Government Accounting Office (GAO) report recommended that:

CMS should require sonographers providing Medicare-covered ultrasound exams to either be credentialed or work in an accredited facility.

By requiring educational and certification standards, the CARE bill would address these deficiencies and reduce the number of repeat studies (saving the federal government and taxpayers money with each study that does not need to be repeated).

What is Sonography?



Sonography is a non-invasive diagnostic medical procedure that uses high frequency sound waves (ultrasound) to produce dynamic visual images of organs, tissues, and blood flow inside the body. This type of procedure is often referred to as a *sonogram*. Sonography can be used to examine many parts of the body, such as the abdomen, breasts, female and male reproductive system, heart, brain and blood vessels.

People often associate sonograms with prenatal screening and the detection of abnormalities in the unborn fetus. However, sonography is used in the detection and treatment of a wide variety of medical conditions and diseases including heart disease/heart attack, stroke, aortic aneurysm, blood clots, breast cancer, ovarian cancer, pancreatic cancer, liver cancer, kidney cancer, gallbladder disease and much more. Unlike X-rays, sonography does not use ionizing radiation to create images.



Sonographers collect and analyze complex, real-time images. Precise measurements and data are also collected during the exam.



There are several areas of specialization in the field of diagnostic medical sonography. These specialty areas include:

Abdomen - evaluation of all the soft tissues, blood vessels, organs of the abdominal cavities (e.g., liver, spleen, urinary tract, pancreas) and superficial structures (e.g., thyroid, scrotum)

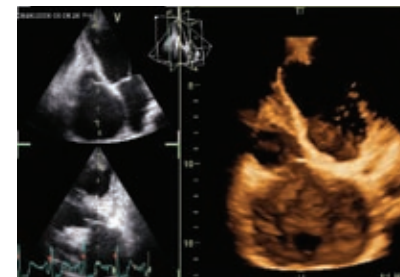
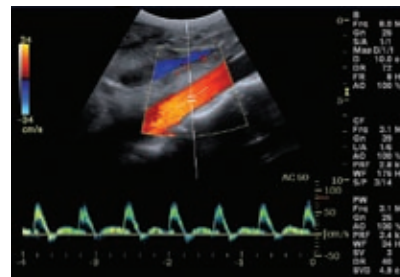
Breast - evaluation of breast abnormalities that are found with screening or diagnostic mammography

Obstetrics/Gynecology - evaluation of the female reproductive system, and fetal anatomy, growth and development

Cardiac - evaluation of the anatomy and blood flow of the heart, its valves and related blood vessels

Vascular - evaluation and analysis of the blood flow of peripheral, abdominal and cerebrovascular blood vessels

Neurosonology - evaluation of the infant brain and spinal cord



Questions and Answers

Q. Does the CARE bill affect other health care providers besides sonographers?

A. Yes, the CARE bill covers a wide range of imaging and radiation therapy health care providers. Many of these imaging modalities use ionizing radiation – where repeat studies or inaccurate results can result in unnecessary exposure to additional radiation.

Q. Are physicians or physician practice adversely affected by the CARE bill?

A. No, physicians are not adversely affected by the CARE bill. The CARE bill does not apply to physicians or their practice. The bill only affects the ‘technical component’ rather than the ‘professional component’ of Medicare and Medicaid reimbursement. Physicians, however, would greatly benefit from improved images that result in better diagnosis and patient care. Physicians may also benefit from reduced malpractice liability resulting from poor quality images and/or incorrect diagnoses.

Q. Who benefits if the CARE bill is passed?

A. Everyone benefits!

- Patients – better patient care, more accurate diagnoses, better treatment
- Physicians – better sonograms to aid in making accurate diagnoses, less liability
- Taxpayers – less wasted money by reducing the need for repeat sonograms

Q. How much can be saved by passing the CARE bill?

A. The radiologic technology community projected that a reduction of only 1% of their repeat imaging studies could result in a cost savings of more than \$92 million per year. According to a 2006 study, the repeat study rate between certified and non-certified vascular sonographers performing carotid artery studies could be as high as 12%. Reducing the number of repeat studies could result in significant savings to federal Medicare and Medicaid programs each year.

Q. What is the CARE bill going to cost taxpayers?

A. According to the Congressional Budget Office, the cost will be negligible. On the other hand, costs savings to the federal Medicare and Medicaid programs could be in the millions of dollars each year by simply reducing unnecessary repeat examinations. Uneducated, non-certified personnel conducting sonograms do cost the taxpayer. The CARE bill would dramatically reduce these costs while providing higher quality patient care.

Q. Will access to needed imaging be affected?

A. No. The CARE bill allows rural states to request exemptions if availability of qualified professionals is a concern. The bill also provides a ‘grandfathering’ process to allow experienced individuals who may not currently be certified to take the national certification examinations. In addition, the bill provide for implementation over a period of several years to help reduce the chance that access would be adversely affected.

Q. Does the CARE bill affect all sonograms?

A. No, the CARE bill only affects sonograms paid for through the Department of Health and Human Services, primarily the Medicare and Medicaid programs. However, private health insurers often implement requirements similar to those in the Medicare and Medicaid programs.



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CARE.

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**Society of Diagnostic
Medical Sonography**

a member of the

Alliance
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