



Society of Diagnostic Medical Sonography

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Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS – 1413 – P  
P.O. Box 8013  
Baltimore, Maryland 21244-8013

We are filing these comments on behalf of the Society of Diagnostic Medical Sonography (SDMS), a national nonprofit professional association representing approximately 22,000 sonographers throughout the country. SDMS is the largest nonprofit association for sonographers in the world. A substantial portion of our membership is directly involved in the provision of echocardiography imaging services. We speak in *opposition to the proposed cuts to echocardiography services*. These proposed cuts, averaging 42% are targeted at equipment, supplies, sonographer salaries, administrative costs and other related overhead costs for those providing echocardiography services. These proposed cuts are on top of the 30% cut previously imposed upon the echocardiography codes. These new proposed cuts, if implemented, will have a devastating effect upon patient access to echocardiography services. If implemented, these cuts will result in substantial numbers of cardiology practices dropping echocardiography services from the array of services available to their patient populations; not an outcome in the interest of the patients that we serve, nor in the interest of the taxpayer who ultimately pays for federally funded programs such as Medicare and Medicaid.

The basis upon which CMS has proposed these cuts were the results taken from a survey sample of 55 cardiologists who completed a practice expense survey. No information has been provided to the public regarding these 55 respondents, and there are significant questions regarding the validity and reliability of this survey population, and the extrapolation of the results of these 55 respondents to the thousands of practicing cardiologists throughout the country. There is a genuine question of the representativeness of this survey population to the entirety of the cardiology community.

If these proposed echocardiography cuts are implemented it will have the net effect of driving a significant portion of patients, who had previously received their echocardiography services in their cardiologist's office, into other settings to obtain their diagnostic echocardiograms. The likely site of service for these patients will be hospital settings. This is problematic given that some of the highest vacancy rates for hospital personnel are found in ultrasound; approximately 15%. An SDMS national survey done in 2005 indicated that 60.5% of all hospitals reported the need for additional sonographers, including those that provide echocardiography services. Based on a survey undertaken by the Society for Vascular Ultrasound (SVU) in 2006 the wait-times for non-emergency vascular services were already approaching 14 days. It is unlikely that a substantive increase in productivity can be generated from current hospital-based sonographers given that the average number of 'scans per day', 10.5, is a figure already close to the physical threshold of what is possible (source: SDMS 2005 survey). It is also unlikely that the sonographers, who will be currently employed in offices of cardiologists, and who

currently provide echocardiography services, will move into hospital settings for future employment. It is more likely that they will gravitate to other ultrasound service modalities not affected by these cuts. This trend is projected based upon the lower salaries provided to sonographers by hospitals, compared to salaries available from private practice employment, and the reduced space and equipment support typically found in hospital settings for ultrasound services compared to private practice offices.

Additionally, the costs of alternative procedures to traditional echocardiography, angiography, MR, CT are significantly higher. Alternative imaging procedures are more invasive in nature and have higher adverse risks associated with them compared to echocardiography. The decrease in the availability of echocardiography services will lead to increased utilization of the higher costs imaging procedures; an outcome that does not make good sense from the perspective of quality patient care or expense control.

In summary, if these proposed cuts to echocardiography are implemented it will:

- Increase imaging costs to Medicare
- Reduce access to Medicare recipients
- Reduce the quality of patient care

We strongly urge CMS to set aside these proposed cuts to the echocardiography codes.

Sincerely,

A handwritten signature in black ink that reads "Donald F. Haydon". The signature is written in a cursive, flowing style.

Donald F. Haydon, CAE  
Chief Executive Officer