



The Society For Pediatric Radiology

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The SPR Research and Education Foundation

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To: Ms. Gail Boudreaux, Chief Executive Officer, Anthem, Inc.
Dr. Craig Samitt, Executive Vice President and Chief Clinical Officer

From: Diego Jaramillo, MD, MPH, Chair, SPR Board of Directors
Peter Strouse, MD, FACR, SPR President, Editor, *Pediatric Radiology*
Richard Barth, MD, FACR, FAAP, Chair, SPR Public Policy Committee

RE: Anthem's Level of Care Policy for Advanced Radiologic Imaging

On behalf of The Society for Pediatric Radiology, we are writing to express our deep concern with the recent outpatient advanced imaging policy Anthem Blue Cross Blue Shield (Anthem) has rolled out in multiple states. We believe the new policy will have a profoundly negative impact on the quality and safety of pediatric care for children undergoing advanced outpatient imaging studies. Under the Anthem policy, children would be directed away from centers staffed with pediatric specialists, those most knowledgeable in managing their diseases and already providing care for them. This includes those specialized physicians who are best at interpreting the studies, and those whose expertise is in sedating the children safely so that diagnostic studies can be obtained. Application of this policy has the potential to impact most significantly children with complex diseases including cancer, congenital heart disease, neurologic problems, etc.

The Society for Pediatric Radiology joins other imaging societies including SCORCH (The Society of Chairs of Radiology in Children's Hospitals), the organization for radiology department leadership in children's hospitals in urging Anthem to rescind its recently announced new policies (1. Clinical UM Guideline # CG-MED-55, Level of Care: Advanced Radiologic Imaging and, 2. Retro-Review and Pending of Claims for all MRIs and certain CT Scans performed in Emergency Departments). We are certain that the policies will direct many of its most vulnerable members, including children and adolescents, away from hospital-based outpatient imaging departments to free-standing imaging centers that typically serve adults.

A basic premise of pediatric and pediatric subspecialty healthcare is that children **are not small adults**. Their anatomy, physiology, risks from exposure to ionizing radiation, and diseases are fundamentally different from those seen in adults. Therefore, to safely and effectively image children, pediatric-specific protocols must be utilized. Radiation exposure must be optimized while maintaining diagnostic accuracy, which often requires the use of modified hardware and customized software available at specialty pediatric centers. Many MR imaging studies require sedation and anesthesia, which are difficult to provide safely outside of the hospital environment.

Most free-standing imaging centers do not have pediatric-trained providers and appropriate and safe pediatric imaging depends on dedicated pediatric care providers including subspecialty board-certified pediatric radiologists to oversee and interpret the exams, pediatric-trained technologists to perform studies safely and efficiently, and dedicated pediatric nurses for placement of intravenous needles, injection of intravenous contrast, and safe oversight of your young patients. Management of adverse reactions to contrast media is different for children and adults; safe care and satisfactory outcomes are dependent on dedicated pediatric care providers, who are most familiar with the administration of medication to children. We strongly believe that pediatric specialists make a difference in safety, accurate clinical decision making, and, most importantly, improved outcomes for children. Referring pediatric providers depend on pediatric imaging specialists for competent reports, clarity in recommendations, and accessibility for consults in difficult situations.

At a time when the public cries out for simplification of health care, your policy renders access to imaging more complicated for sick children and the parents who care for them. This policy may increase wait times for exams, require families to travel greater distances for imaging, and necessitate separate appointments from their hospital-based physicians, meaning more missed school for children and missed work for parents.

Ultimately, Anthem's new policy has the potential to increase cost to Anthem and its members from the need for second opinion specialist over-reads of imaging exams performed at free-standing centers, and from misdiagnosis resulting in delayed or inappropriate treatment, not to mention the necessity of repeating inadequate or non-diagnostic imaging studies. Finally, if inadequately performed studies result in harm to children, there is the potential Anthem will be held liable".

Anthem's new policy will result in a fragmented pediatric patient record, undermine clinical management and continuity of care, and reduce patient choice. We believe the new policy establishes a non-transparent pre-authorization process resulting in increased administrative burdens all of which move medicine backward. Several medical groups, including the American College of Radiology and the American Medical Association, have voiced their strong opposition to this policy, as have state-based regulatory bodies. We join these groups in expressing our concerns, particularly as it relates to the care of children.

While we share Anthem's goal to reduce costs where possible, we hope you agree the goal cannot be accomplished at the expense of children's health and safety. Pediatric imaging, the diagnostic backbone of children's health services, is not a commodity that should be sold to the lowest bidder. Instead, we encourage Anthem to partner with their hospital-based service providers to establish access for safe and effective imaging care for children.