

ACC POLICY STATEMENT**American College of Cardiology Policy Statement on Nuclear Cardiology Services****PRIVATE SECTOR RELATIONS COMMITTEE**DANIEL J. ULLYOT, MD, FACC, *Chair***SUBCOMMITTEE
ON ACCESS TO NUCLEAR CARDIOLOGY**JOSEPH P. DROZDA, JR., MD, FACC, *Co-Chair*JOSEPH V. MESSER, MD, FACC, *Co-Chair*

TIMOTHY M. BATEMAN, MD, FACC

STEVEN C. PORT, MD, FACC

GREGORY S. THOMAS, MD, FACC

Preamble

Nuclear cardiology is a cardiovascular subspecialty with a definable body of knowledge and skills critical for its optimal performance. Recognizing the special training and experience needed to deliver nuclear cardiology services, the American College of Cardiology (ACC), the American Society of Nuclear Cardiology (ASNC) and the American Heart Association (AHA) have developed and published guidelines for appropriate professional training and the clinical use of radiographic devices and cardiac radionuclide imaging (1-4). The 1995 ACC/ASNC Training Guidelines (1), for example, require training or experience equivalent to Level II training in nuclear cardiology, including 4 to 6 months of formal training. Based on those guidelines, a certification examination has been developed by the Certification Council of Nuclear Cardiology* that outlines the body of knowledge and the clinical training recommended to perform nuclear cardiology procedures.

Impact of Managed Care on Delivery of Nuclear Cardiology Service

Currently, nuclear cardiology is practiced by cardiologists, nuclear medicine specialists, and radiologists, among other

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*The Certification Council of Nuclear Cardiology (CCNC) is an independent organization based in Bethesda, Maryland, whose Board of Directors includes representatives of the ASNC and ACC.

Address for reprints: Brenda Hindle, American College of Cardiology, 9111 Old Georgetown Road, Bethesda, Maryland 20814-1699.

physicians. However, some managed care organizations are using contracting arrangements that exclude cardiovascular specialists from providing nuclear cardiology services to their members. These arrangements may include 1) the bundling of all imaging services generally provided by various specialists into one package for which only designated single-specialty providers will be reimbursed; and 2) exclusive contracts for the performance and interpretation of nuclear cardiology services to a sole physician group that includes neither nuclear cardiologists nor other physicians with experience equivalent to that recommended by ACC, ASNC and AHA guidelines. These contracts are resulting in a shift of nuclear cardiology care away from physicians with appropriate expertise and training. The ability of cardiovascular specialists to interpret both physiologic data and nuclear images would suggest that they not be excluded from providing care and being reimbursed for these services.

Recommendations

The ACC recommends the following:

1. Contracting for nuclear cardiology services should emphasize the training and background of physicians in the clinical use of cardiac radionuclide imaging, as described in the ACC, ASNC and AHA guidelines.
2. Nuclear cardiology services that are most often performed in conjunction with cardiac stress or coronary artery vasodilation differ substantively from general imaging procedures and should not be packaged with a general imaging contract without provision of physicians with specialized training and experience in nuclear cardiology.
3. Managed care organizations are encouraged to use local ACC Governors or Chapters for consultation when consid-

ering alterations in arrangements for the provision of nuclear cardiology services.

References

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3. Ritchie JL. Guidelines for clinical use of cardiac radionuclide imaging: a report of the ACC/AHA Task Force on Assessment of Cardiovascular Procedures (Committee on Radionuclide Imaging), developed in collaboration with the American Society of Nuclear Cardiology. *J Am Coll Cardiol* 1995;25:521-47.
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