



David Conley, MD

Point of Service Imaging in Rhinology

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Point of Service (POS) Imaging in Rhinology was the topic for an ARS Breakfast Symposium prior to the annual meeting in San Diego.

Dr. Brent Senior kicked off the symposium highlighting the developing controversy about POS imaging from the radiology and payer sides. In just a few years there has been a large increase in private office CT volume, combined with a resultant push back from ACR and third party payers. Most of this volume and activity is actually being driven by other specialties. Challenges that lie ahead will be the new CMS rules requiring certification by 2012 and the drop in the physician fee schedule proposed for 2010.

Dr. Michael Setzen discussed *"Incorporating POS CT in your practice"*. From a patient care perspective, a number of benefits are immediately evident with the change to office based scanning. These improvements in care include: facilitation of early diagnosis and appropriate treatment, improved patient compliance (3 visits in 1), less time away from work, school and family, enhanced patient and referring physician satisfaction, better patient/doctor relationship and diagnosis comprehension when reviewing the images together, and enhanced practice revenue.

Dr. David Conley addressed the *"Impact of POS Imaging on treatment of rhinosinusitis"*. Preliminary data from a prospective randomized trial was presented. In this study, patients who meet the AAOHNS Task force criteria for chronic rhinosinusitis and have a normal endoscopic examination were randomized to a POS CT scan or the standard course of antibiotics. Analysis indicates that the arm randomized to POS CT reduced unnecessary antibiotic use, and may even be more cost effective. Further analysis will be presented when the study is complete.

Finally, Dr. Martin Citardi presented *"Expanding indications for POS Imaging - Intraoperative Imaging"*. He feels the ideal intraoperative imaging system would be portable, integrate with existing surgical navigation, provide high quality images, offer minimal risk for patients and staff and carry reasonable costs. Intraoperative imaging is a potential solution to the intrinsic problem that surgical navigation only relies upon preoperative imaging

and does not reflect changes from the surgery. Dr. Citardi presented a series of endoscopic procedures illustrating the added value of intraoperative scanning in complex skull base procedures. Current estimates suggest that intraoperative CT effects change in surgical management in approximately 25-30% of rhinology procedures.

In summary, the integration of a POS CT scanner into a rhinology practice has many benefits for the patient. Appropriate use of this diagnostic tool holds great promise to improve patient care and may reduce unnecessary antibiotic use and may even reduce overall health care costs.

