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Society of Interventional Radiology Releases Maintenance of Privileges Position Statement

Standards of Practice Article in Journal of Vascular and Interventional Radiology Notes Outcomes More Important Measure of Quality Than Procedure Volume Alone; Hospitals Should Also Consider Training When Developing Image-guided Interventional Procedures Criteria

FAIRFAX, Va.—The Society of Interventional Radiology released a position statement on the maintenance of credentials for image-guided interventions that lays out guidelines for the continuation of non-coronary percutaneous artery interventional procedures privileges in the hospital setting—saying that outcomes are a more important measure of quality than procedure volume alone.

“This statement is an important step as the Society of Interventional Radiology guides the safe and efficacious delivery of services and informed clinical decision-making,” said SIR President Timothy P. Murphy, M.D., FSIR, who represents nearly 4,700 doctors, scientists and allied health professionals dedicated to improving health care through minimally invasive treatments.

In order for a physician to be granted medical staff membership and clinical privileges, a hospital’s credentials committee—those charged with reviewing applications for appointment, reappointment and privileges—obtains critically important information for review and traditionally relies on ongoing procedure volumes among individual physicians to gauge continuing competency.

“Interventional radiology is a highly diverse specialty with a large number of procedures under the umbrella of image-guided interventions. All of these procedures use similar, overlapping skill sets. Credentialing criteria that parse out volumes of specific procedures without consideration of the global skill set and overlap in skills among image-guided procedures may be biased against interventional radiologists and may not serve the best interests of patients,” said Murphy, one of the document’s co-authors. “SIR believes that the volume of specific procedures is less important in determining quality than patient outcomes,” he added. “The education, experience and skills required to perform image-guided interventions are extensive, and many interventional radiologists have the training and education to provide these services by obtaining subspecialty certification in vascular and interventional radiology from the American Board of Radiology,” added Murphy, an interventional radiologist and director of the Vascular Disease Research Center at Rhode Island Hospital in Providence.

Murphy explained that the society believes that those physicians who have achieved and maintained that credential should be considered qualified unless there is specific evidence in terms of outcomes of procedures that indicates a deficiency in competency. “Physicians that meet ABR’s rigorous criteria for issuing and maintaining a subspecialty certificate in vascular and interventional radiology possess broad experience that complements their skills in performing interventional procedures,” he said. Murphy noted that ABR criteria include the successful passage of a board exam that incorporates knowledge of clinical medicine, imaging and image-guided procedures; the completion of advanced educational modules and successful passage of test questions that measure comprehension; the documentation of performance of a large volume of image-guided procedures; the demonstration that the practitioner is engaged in continuous practice quality improvement; and accredited fellowship training.

“Within ABR criteria, there are also expectations with regard to analyzing a wide range of imaging modalities including fluoroscopy, radiography, computed tomography, ultrasound and magnetic resonance and determining what laboratory or physiological testing is needed; how to integrate this information into a comprehensive assessment of the appropriateness of image-guided therapy; and how best to use this information to plan the specific image-guided procedures,” said Murphy.

The position statement notes that interventional radiologists who have met these training and experience requirements for board certification in vascular and interventional radiology are engaged regularly during their clinical practice in the performance of image-guided interventional procedures throughout many organ systems in the body and are capable of using a wide variety of interventional devices, including needles, guidewires, catheters, balloon catheters, drainage catheters and embolic devices and are expected to perform clinical assessments of patients for whom image-guided intervention may be an option.

More information about the Society of Interventional Radiology and the Journal of Vascular and Interventional Radiology can be found online at www.SIRweb.org.

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About the Society of Interventional Radiology

Interventional radiologists are physicians who specialize in minimally invasive, targeted treatments. They offer the most in-depth knowledge of the least invasive treatments available coupled with diagnostic and clinical experience across all specialties. They use X-ray, MRI and other imaging to advance a catheter in the body, such as in an artery, to treat at the source of the disease internally. As the inventors of angioplasty and the catheter-delivered stent, which were first used in the legs to treat peripheral arterial disease, interventional radiologists pioneered minimally invasive modern medicine. Today, interventional oncology is a growing specialty area of interventional radiology. Interventional radiologists can deliver treatments for cancer directly to the tumor without significant side effects or damage to nearby normal tissue.

Many conditions that once required surgery can be treated less invasively by interventional radiologists. Interventional radiology treatments offer less risk, less pain and less recovery time compared to open surgery. Visit www.SIRweb.org.

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