What's in a name?

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In the future, it is likely that there will be increasing emphasis on value in the delivery of healthcare. This change in focus from quantity to quality could be a pivotal turning point in the practice of cardiac imaging, a “do or die” moment! Indeed, for decades, the “value” of cardiac imaging tests has been easy to define in terms of reimbursement minus cost, multiplied by the number of tests performed. A change in the paradigm of healthcare delivery to an accountable care-type model means that overnight, imaging labs will cease to be revenue centers and become cost centers. For the practitioners of cardiac imaging, this means an immediate need to demonstrate value in more traditional terms, i.e., impact on “hard” outcome measures such as mortality, as a necessary prerequisite to maintaining relevance. This is a considerable challenge, and there is an evolving collective effort in the field to identify other metrics of value which might be more appropriate for the evaluation of imaging tests, for example its value in driving management decisions that result in better outcomes, prevention, and symptom relief.

Also integral to the concept of value is the perception of Cardiac Imaging as a subspecialty in its own right. To that end, the term “noninvasive” cardiologist does little to capture the essential role of the imager in the evaluation and management of cardiology patients. “What’s in a name?” one might ask. “Plenty!” would be the correct answer. Why did Google change its name to Alphabet? Writing in The Washington Post on August 11, 2015, Matt O’Brien suggests, “It’s not that investors care about the name itself. It’s that investors care about what the name says about how it (the company) will run

itself.”¹ This was important enough that a \$400-billion dollar company decided to change its name simultaneously with its decision to expand its identity beyond its traditional bailiwick. By the same token, it would be odd for us to begin saying “lets alphabet that”! So, the search engine functionality will still be housed under the old moniker, and will be a part of the new parent company, Alphabet. These decisions by Google are a stark reminder of how the identity of an entity is inextricably entwined with its name.

The designation “Noninvasive” cardiologist defines the subspecialty by what it does not do. Perhaps it is time to re-establish our identity with a designation that specifies specialty and function, such as “Cardiologist Imager” or “Imaging Cardiologist”. It is true that interventional cardiologists may perform invasive imaging and a heart failure specialist, for example, might perform noninvasive imaging. However, I am referring to the designation of the cardiologist who has dedicated time and effort to developing expertise in the subspecialty of cardiac imaging. The true identity of this person is not a “General” or “Noninvasive” cardiologist, but rather a “Cardiologist Imager” or “Imaging Cardiologist”.

Readers are invited to submit comments as a letter to the editor in the JNC format.

Reference

1. O'Brien M. The real reason that Google is changing its name. The Washington Post. Washington, DC, August 25th 2015.

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