



**AMERICAN SOCIETY OF ECHOCARDIOGRAPHY
POSITION STATEMENT ON HAND CARRIED ULTRASOUND (HCU)
March 2003**

The ASE is a professional association comprised of over 7,500 physicians, cardiac sonographers and other health professionals committed to excellence in cardiovascular ultrasound and its application to patient care. ASE has become aware that controversy has arisen regarding whether an echocardiogram performed using hand carried ultrasound (HCU) equipment is an extension of a patient's physical examination or an independent diagnostic study.

Reference is made to the ASE's policy statement, entitled "Hand-Carried Cardiac Ultrasound (HCU) Device: Recommendations Regarding New Technology," a Report from the New Technology Task Force of the Nomenclature and Standards Committee of the ASE. When this Report was prepared in October, 2001, it did appear that the primary use of HCU equipment would be as an extension of the physical examination rather than as a functional replacement for larger equipment used for diagnostic studies. However, technological developments since that time have made it clear that the technical capabilities of HCU equipment do not themselves serve as a means for distinguishing a complete or limited echocardiogram from an extension of a physical examination.

While an HCU device certainly can be used as an extension of the physical examination, determining whether or not an echocardiogram is a separate diagnostic study or an extension of the physical examination based on the size of the instrument used to perform the study, may be inappropriate and may have unintended consequences. Some HCU devices have the technical capability to acquire, record, and measure all of the two-dimensional images and Doppler data that constitute a complete echocardiogram, similar to the data that could be acquired with a larger echocardiographic instrument.

If the appropriate images and Doppler data are recorded by a qualified sonographer or physician, interpreted by a physician with level 2 (or higher) training in echocardiography, interpreted and reported in an appropriate manner, and archived properly, and if the study was performed for an approved clinical indication, the study should be considered an independent diagnostic test rather than an extension of the patient's physical examination. Definitions of complete and limited studies are set forth in the ASE's Recommendations for Continuous Quality Improvement in Echocardiography, which was adopted by the ASE in 1995.

As a broader policy matter, the ASE notes a trend in the industry toward miniaturization, and believes that this trend may ultimately reduce the cost and increase the portability of

the instruments used to perform echocardiograms. In light of the pace of progress in this arena, we do not believe that it would be appropriate to define what constitutes a complete or limited echocardiogram by reference to the technological specifications of the equipment used. To do so may unnecessarily and inappropriately stifle the development of innovative instrumentation that may make patient care more accessible and more affordable in the long run.

ASE is sympathetic to the concern that proliferation of inexpensive ultrasound instruments could lead to a marked increase in the use of this technology, sometimes inappropriate. However, the safety and effectiveness of a diagnostic study should be judged based on the medical indications for the study, the qualifications and experience of the providers of the service, the quality and completeness of the diagnostic information obtained, and the adherence to published and widely accepted professional standards and processes that ASE and others have developed, and not based on the size or cost of the instrumentation used to perform the study.

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