

QR03.ii – Allied Health Requests

Project Summary

Aim:

The purpose of this project was to provide a framework of principles for the referral for diagnostic imaging in Australia.

Methods:

1. Contextual Scan
2. Development of Test Models
3. Stakeholder Consultation
4. Synthesis of findings

The project methodology was qualitative rather than quantitative and this has strengths and limitations as discussed in the report. The interviews with stakeholder representatives were structured to maximize opportunities for the interviewee to discuss various aspects of the relevant issues in a way that may not have been captured with a quantitative approach. However, the number of participants in the stakeholder consultation was relatively small (26) and although nominated by their own craft groups, the opinions they expressed were their own and was not necessarily representational of their craft group as a whole.

Outcome:

The project utilised the findings of the qualitative research to construct a framework of principles that should underpin not only considerations of extended access to imaging by new referrers but also a review of the existing structure of the Diagnostic Imaging Services Table (DIST). It revealed some dramatic disparities in the existing utilization patterns of diagnostic imaging both between the various allied health craft groups relative to the utilization patterns by GPs. These disparities are highly unlikely to be explained by patient demographics alone and warrant further investigation. The framework shown below¹, which is the major outcome of this project, should find broad support from stakeholders as it is drawn directly from the research findings:

Domain	Critical issues
Clinical Quality	<ul style="list-style-type: none">▪ Clear understanding by the referrer of the appropriate clinical indications for selection and timing of an imaging test▪ Opportunity for ongoing quality assurance or clinical self-audit▪ Role of quality assessor in the care team (radiologist role)
Safety	<ul style="list-style-type: none">▪ Practitioner education about diagnostic imaging risks and benefits▪ Risk of ionising radiation vs. ultrasound, other DI modalities or other management strategies▪ Quality assurance that machines are operated with optimal care for patient and practitioner safety (i.e. radiology practice role as operators of DI equipment)

¹ The table shown below is the result of further refinement by the RANZCR.

Domain	Critical issues
Access & Efficiency	<ul style="list-style-type: none"> ▪ Effect of changes to access on patient journey or experience ▪ Effect of changes to access on workforce shortages or distribution ▪ Effect of changes to access on availability of machines for DI modality ▪ Appropriate use of expertise in the healthcare team (# steps involved, associated costs incurred to patient, Medicare)
Informed consumers	<ul style="list-style-type: none"> ▪ Patient central to decision-making process ▪ Patient education about DI modalities, radiation exposure, and role of DI in a holistic care plan ▪ Awareness of lifetime radiation dose and associated risks
Integrated care	<ul style="list-style-type: none"> ▪ Inter-professional communication ▪ Role of GP as central point of care-integration and co-ordination ▪ Medical recordkeeping and record-sharing among healthcare team ▪ Electronic register to streamline recordkeeping and accessibility
Education & Training	<p>For all craft groups:</p> <ul style="list-style-type: none"> ▪ Curriculum standards ▪ Continuing professional development opportunities ▪ Focal certification
Economic	<ul style="list-style-type: none"> ▪ Implication to Medicare Australia ▪ Implication for patient-incurred costs (direct and indirect)

Conclusions:

This project developed a principles framework for assessment of MBS item codes related to diagnostic imaging.

The project did not endeavour to review the entire MBS in order to recommend which item codes should be added or subtracted from current lists available for ordering by allied health and/or medical professionals. Rather, it is recommended that any item within the Diagnostic Imaging Services Table that is to be reviewed should be evaluated using the proposed framework in order to determine how the change might impact each of the critical domains identified as being important through the stakeholder consultation process.

Changes in referring policy will be the cause and the effect of other reforms to the health care workforce and system. There is almost no published data about the impact of allied health referrals for diagnostic imaging on patient outcomes, access, or cost, so further study is necessary to meaningfully inform policy development. There is however substantial evidence in the wider literature on DI referrals that self-referral increases the usage of diagnostic imaging. Policy changes that are driven by principles and evidence will result in higher quality outcomes for patients and better use of limited resources in an increasingly complex healthcare environment.