

Allied Health Requests

A response on behalf of the Royal Australian and New Zealand College of Radiologists

Executive Summary

The Royal Australian and New Zealand College of Radiology (RANZCR) views this report as being of major relevance not only in relation to allied health referral privileges for diagnostic imaging (DI) but also in relation to referral privileges and practices more generally including those privileges held by general practitioners and medical specialists. The findings have implications for all stakeholders with an interest in the introduction of new DI techniques, evolution in clinical practice and determination of scope of practice.

This report is timely in respect of the negotiation of future arrangements for the effective management of the Diagnostic Imaging Services Table (DIST)¹.

The framework of principles proposed in this report is not controversial but the issues involved in its implementation are far reaching. For this reason wide discussion of this report involving the full range of stakeholders is highly desirable.

The report raises questions about:

- whether or not current access rights of referrers have a sufficient evidence base, particularly with respect to impact on patient outcomes;
- whether or not training, continuing professional development (CPD) and support systems available to referrers are adequate to support good referral practice; and
- the use of information obtained through DI referrals within different care practices.

These questions reinforce the need for caution when considering the transfer of policies applicable in one care setting to other care settings.

Other issues indirectly raised by the project and of concern to the College are:

- the marked disproportion in the number of referrals for some tests relative to the size of the various referral groups examined in this report; and
- "self-referral" and referrals that involve image acquisition through facilities owned by or operated in association with allied health practices.

Notwithstanding the many difficulties in analysing the drivers of demand for DI services, this report highlights the importance of further examining trends and evaluating the impact of changes in policy. The cost benefits that may be associated with streamlining access to diagnostic imaging need to be weighed against:

- the likely return in terms of impact on patient outcome (i.e. is it likely to influence subsequent care decisions);
- the costs of potential overuse; and
- the danger of patient harm.

¹ The Diagnostic Imaging Services Table is a section within the Medicare Benefits Schedule. It is subject to Section 4AA of the Health Insurance Act 1973 and managed cooperatively through four Memoranda of Understanding between the Australian Government and relevant professional and industry parties.

The College supports the recommendation that the proposed framework or principles should be used to:

- periodically review the appropriateness of current item codes with the DIST;
- shape future decision-making on item codes to include on, or exclude from, the DIST; and
- establish a process whereby decision-making follows a standard, clear and rigorous review.

About the Report

The purpose of this project was to provide a framework of principles for referral by allied health professionals for diagnostic imaging in Australia.

Qualitative methodology was used to identify themes that formed the basis of the principles for the final framework.

Findings:

The principles were categorised into seven domains:

- clinical quality;
- safety;
- access and efficiency;
- informed consumers;
- integrated care;
- education and training; and
- economy.

The report findings highlighted:

- the importance of the radiologist's expertise in supporting referrers in the appropriate use of diagnostic imaging; and
- the importance of evidence based decision making and 'iterative review' of policy decisions with respect to the Medicare Benefits Schedule (MBS).

What the Report Tells Us

The report fulfils its immediate objective in providing a framework of principles against which to evaluate the assignment of referral rights for diagnostic imaging. The project methodology, which was qualitative rather than quantitative, has inherent strengths. It enables the gathering of rich data and the elaboration of themes not previously identified as avenues for investigation. There are also inherent limitations. For example, the representation of each craft group consulted was not balanced and, hence, the results cannot be taken as representative of wider opinion. As is acknowledged in the report, the understanding of some participants of the process influenced the course of focus group discussions².

This report needs to be read within the context of wider debates about the future of primary care and the role of allied health professionals within the primary care setting. As reflected in the report's survey of experience in the UK and USA, increased emphasis on the role of allied health professions has often arisen from concerns regarding shortages of general practitioners and patient access to primary health services.

² Centre for Health Innovation and Solutions. Final Report - QR03.ii Allied Health Requests. *Quality Referrals, QUDI Program*. The Royal Australian and New Zealand College of Radiologists, Sydney, 2007: pp 16-17

This report also raises an issue that has been absent from most policy discussions and which is of central importance in relation to diagnostic imaging: consideration of the impact of policy decisions upon patient outcomes. Concerns regarding patient access to primary care may not necessarily translate into concerns about referral privileges for diagnostic imaging unless it can be shown that widened referral rights for diagnostic imaging would positively affect patient care outcomes. The lack of focus upon patient outcomes in the research literature was commented upon by the researchers.

The seven domains³ identified in the report are not, in themselves, controversial although the critical issues listed within each warrant further consideration and more widespread discussion amongst all relevant stakeholders.

Consideration of the potential use of this framework raises a number of important challenges that have relevance both to future policy and practice in relation to allied health referral privileges but also in relation to referral privileges and practice in general.

The report highlights the importance of evidence-based decision making and 'iterative review' of policy decisions with respect to the MBS⁴. Specifically, the report notes the lack of attention in the relevant research literature regarding evidence of efficacy in terms of the impact of diagnostic imaging on patient outcomes.

The report also emphasises that changes to the MBS involving variation to the access to imaging by health practitioners needs to be supported a range of initiatives promoting appropriate use. These initiatives would draw on the framework of principles proposed in this report reflecting the importance of competent referrers. Implementation would need to be supported by appropriate policies in relation to training, CPD, professional standards, consumer education, and guidelines. This implies a need for extensive consideration of each issue identified within the framework in order to establish the available evidence upon which policy decisions can be made.

Issues for further consideration

There are a number of important questions raised in the report that require further consideration. These include:

- definition of the competencies required of referrers in order for them to make appropriate referral decisions and to make effective use of radiological reports; and
- the adequacy, or not, of training currently provided to allied health professionals in order to guarantee competence in the appropriate use of diagnostic imaging⁵.

There are also a number of incidental findings from the project that require urgent further investigation:

- A marked disproportion of referrals was found for some tests relative to the size of the various referral groups examined in this report. Even allowing for differences in the spectrum of patients presenting to these practitioners, this reflects a very substantial difference in the use of an imaging test that involves a significant dose of ionizing radiation to adults and children. This is a patient safety / radiation exposure issue. The actual numbers may be even higher as the analysed data does not include self-referred studies.

It is uncertain whether this disparity reflects some fundamental differences in the training, beliefs, or practices of the various craft groups regarding the utility of full spine imaging in terms of treatment and prognostication in patients with spinal symptoms. However, it does raise the question of whether it is possible for evidence

³ See Table One at end of this document

⁴ Ibid: p 4

⁵ Ibid: p 5

based imaging requesting to be so variable between craft groups. The MBS data presented in the report warrants further study particularly in regard to disproportionately high rates of referral by chiropractors.

- The literature review conducted as part of this report highlights that specific attention needs to be paid to the issue of self-referral. The report cites research noting the association of self referral with increased imaging (overall and per patient), increased costs and inferior standards of equipment maintenance and image quality. There is an urgent need for further investigation of self-referral practices, and referral to practices owned by the referrer or in which the referrer has a financial interest,, even if the reporting and billing is performed by a radiologist in Australia. Such investigation needs to include both examination of self-referrals by general practitioners and medical specialists and examination of referrals relating to imaging that is performed in practices either owned by, or directly associated with, allied health practices.

What this report implies about the clinical role of the radiologist

This report highlights the importance of the radiologist's expertise in supporting referrers in the appropriate use of diagnostic imaging. The report points to the need for greater consideration of the role of the radiologist as:

- an advisor regarding the appropriate selection, timing and of use of diagnostic imaging services;
- a provider of clinical advice as to the implications of a radiological report; and
- an educator of referrers and consumers regarding the quality use of diagnostic imaging.

Implications for the RANZCR and how these are being addressed

If new/revised items within the MBS and review of the current schedule and a whole were to be adopted consistent with the principles espoused in this report, there would need to be recognition of appropriate training, CPD, professional standards, consumer education, and clinical guidelines. All of these activities will necessarily involve leadership from the College working in concert with other medical and allied health professional bodies.

By reinforcing the clinical role of the radiologist and the significance of the specialist expertise provided by radiologists working in partnership with referrers, the report underlines the importance of the College's training role. The College is currently developing new curricula that give increased emphasis to the skills and competencies the required to fulfil the CanMEDS roles.

The College has, in the past, had limited involvement with other professions – GPs, Nurse Practitioners etc– in relation to standards of education for referrers. This report suggests that there is scope for more collaboration between the professions and it is notable that equivalent bodies in the USA and the UK have been actively addressing this issue. A number of current initiatives provide a basis for future development eg:

- The NICS-RANZCR Fellowship program promotes the use of evidence based approaches in Radiology and equips participants to play a lead role in the development and effective implementation of clinical guidelines. Such implementation is highly significant in ensuring that referrals for diagnostic imaging are clinically appropriate and in patients' best interests.
- The Critically Appraised Topics Program, another QUDI initiative, is enabling the establishment of a database of reviewed literature about specific clinical questions involving the use of diagnostic imaging. Once established this database, which is the only one of its kind world-wide, will be an invaluable resource for guiding the practice of radiologists and referrers.

The Australian Government's Mandatory Accreditation Scheme for Practices Providing Diagnostic Imaging Services under Medicare will for the first time, mandate minimum standards across all practice settings including sites owned by, or run in association with, allied health practices, and sites within which self-referred services are being provided. The College has worked closely with the Australian Diagnostic Imaging Association and a wide range of medical and allied health professional groups in providing advice to the Department of Health and Ageing regarding this Scheme.

What the College thinks should be done next

The report suggests a number of potential courses of action including:

- establishment of decision making processes regarding the MBS that follow a standard format and rigorous review;
- the implications of this report need to be taken into account, not only when considering future expansion of referral rights for allied health professionals, but also when reviewing existing rights;
- the applicability of this framework, or a similar framework, also needs to be considered in relation to medical referral rights and self-referral privileges; and
- further consideration by professional bodies as to how their policies, standards and programs support the principles espoused by the report.

The College strongly supports all of these recommendations and calls for a systematic review of the Diagnostic Imaging Services Table and associated referral privileges.

Principles Framework

Based on the framework developed through this project, the College recommends the following framework of principles:

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)
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)