ADIA SUBMISSION TO MBS REVIEW
KNEE IMAGING REPORT
JULY 2017

ADIA is grateful for the opportunity to provide comment on the recommendations in the Diagnostic Imaging Clinical Committee's report on Knee Imaging.

ADIA represents radiology practices throughout Australia, both in the community and in hospitals. It promotes the ongoing development of quality accreditation standards and appropriate funding settings so that Australians can have affordable access to quality radiology services. This supports radiology's central role in the diagnosis, treatment and management of a broad range of conditions in every branch of medicine.

Recommendation 1
For items 63513 and 63514, remove the current requirement of mandatory plain radiography before an MRI in patients under the age of 16 years

ADIA does not agree with Recommendation 1, and considers that the item descriptors should remain unchanged.

The development of the current item descriptors

The Diagnostic Imaging Reform Package was announced by the previous Government in the 2011-12 Budget. The Package included extending referral rights for GPs for MRI. The Department of Health established two expert working groups to determine what MRI indications should be eligible for GP referral, the first for patients under 16 years and the second for patients 16 years and over.[1]

The expert working group for MRI indications for patients under 16 included two sub-specialist paediatric radiologists, a sub-specialist musculoskeletal radiologist, four GPs, and an official from Medicare. The group determined that musculoskeletal MRI (including MRI for internal joint derangement) for patients under 16 years should require plain x-ray prior to the MRI examination

This group developed the item descriptors based on clinical evidence. X-ray prior to MRI is appropriate for the following reasons:

1. Many diagnoses can be made using plain x-ray, making MRI examination irrelevant for clinical management. This saves cost and inconvenience for patients and their parents.

2. MRI is not a modality of choice for imaging some bony abnormalities. Changes seen on MRI can be confusing without reviewing a plain x-ray, and may lead to misdiagnosis and unnecessary tests.

3. As a group, paediatric radiologists have strong views about unnecessary tests being performed on children, and strive to minimise the number of examinations performed on this patient group. Requesting a MRI of the knee without performing a simple, effective and widely available examination like a plain x-ray is discouraged and is not best practice. Most children in regional areas have ready access to plain x-ray, but not necessarily MRIs.

Recommendation 2
Remove the ability for a GP to request MRIs for patients ≥ 50 years of age from the MBS, but retain specialist requesting for any age group

[1] ANAO (2014), *Report No.12 2014-15: Diagnostic Imaging Reforms*, page 72

ADIA strongly disagrees with Recommendation 2, which discriminates against older patients and would undermine patient care.

MRI is the most appropriate imaging service for patients presenting with acute knee trauma. It is superior to bone scans, CT and ultrasound of the knee, which expose patients to ionising radiation and/or are less effective indiagnosing acute injury. The GP referred MRI items (63560 and 63561) allow patients with acute knee injury to immediately access the best test for their condition, and are beneficial in triaging patients (including triaging patients away from knee arthroscopy).

The recommendation is not based on clinical evidence

- The MBS Review was established to consider how items on the MBS "can be aligned with contemporary clinical evidence and practice". The recommendation to limit GP-referred MRI of the knee does not accord with that objective.

- The report does not cite any clinical evidence for imposing an arbitrary age cut-off for GP referrals for MRI of the knee, nor does it cite any clinical evidence for setting the cut-off at the age of 50. ADIA is not aware of clinical evidence which would support the recommendation.

The recommendation will impose unnecessary additional cost and inconvenience for patients 50 years and over

- The current diagnostic and treatment pathway for patients suffering acute knee trauma is as follows:

    1. Patient presents to GP with acute knee trauma
    2. Patient referred for MRI of the knee
    3. Patient managed conservatively by GP, or referred to orthopaedic surgeon

- The recommendation would alter the diagnostic and treatment pathway for patients 50 years and above:

    1. Patient presents to GP with acute knee trauma
    2. GP refers patient to orthopaedic surgeon
    3. Patient referred for MRI of the knee
    4. Patient managed by orthopaedic surgeon

    This pathway imposes an additional specialist consultation upon patients aged 50 years and above, which will mean that patients need to wait for an appointment (this is often several weeks, and can be two months or more outside metropolitan areas – while the patient is often in pain) and pay a gap. This cost and inconvenience to the patient does not improve clinical management, and costs Medicare the rebate for an additional specialist consultation.

- The recommendation impact statement on page 23 does not include these impacts.

The recommendation will undermine clinical outcomes for patients 50 years and over

- The current diagnostic pathway allows for triaging of patients by GPs based on the findings of the MRI. This allows for conservative management of the patient where clinically appropriate, saving both the patient and Medicare time and cost.

- By allowing only specialists to refer for MRI of the knee, GPs will no longer triage patients with acute knee injury. Instead, patients 50 years and over will be immediately referred to orthopaedic surgeons, and the opportunity for conservative management by the patient's GP will be lost.

- Many patients 50 years and over will be denied the value that comes from a negative test; that is, the confidence that comes from an MRI that does not find acute meniscal tear or acute anterior cruciate ligament tear.

Other options

ADIA notes that the Australian Commission on Safety and Quality in Health Care released the *Osteoarthritis of the Knee Clinical Care Standard* ('the Clinical Care Standard') in May 2017. The Clinical Care Standard sets out appropriate methods of diagnosis of knee osteoarthritis, which is clinical assessment. Imaging tests such as x-ray or MRI are only to be used if an alternative diagnosis is suspected.

ADIA agrees with the Clinical Committee's recommendation to conduct an intensive education program for GPs, radiologists and consumers on the item descriptors and clinical indications for knee imaging (this could include reference to the Clinical Care Standard), and review and audit of GP and radiologist activities to ensure the criteria for knee imaging are being met.

ADIA considers that more work is required, including thorough assessment of the clinical evidence and consideration of the success of education and audit programs, before any amendment to the items is made.

Recommendation 2.1
Restrict the number of GP referred MRIs to three per annum

ADIA agrees with Recommendation 2.1, which aligns GP referral rights with those of specialists.

Recommendation 3
Remove the indication of 'injury of collateral ligaments' from the current item descriptor for items 55828, 55829, 55830 and 55831

ADIA does not agree with Recommendation 3.

Ultrasound is the most appropriate modality for diagnosing collateral ligament tears. Ultrasound is more accessible and cheaper than MRI, and is useful for diagnosis of complete tears which benefit from treatment.

Recommendation 4
Separate the MBS items for the knee from the current x-ray items, which encompass foot, ankle, leg, knee or femur

ADIA agrees with Recommendation 4, which will enable collection of better data on the use of x-ray for the knee.

Recommendation 5
Separate the MBS items for the knee from the current CT items, which encompass all extremities

ADIA agrees with Recommendation 5, which will enable collection of better data on the use of CT for the knee.