

A Quality DI Sector and the “Detailed Review of DI Funding”.... are they mutually exclusive?

Following last year's Federal Budget I wrote: “ADIA applauds this Government.... for acknowledging the underfunding of diagnostic imaging services that went unchecked for more than a decade and for the commitment they have shown in providing funding as the first step of required change...”

Only by timely introduction of further measures can we ensure that all patients continue to have access to a high quality, affordable, diagnostic imaging services. It was disappointing ... that indexation of DI rebates was not included in the Budget, however, I am confident that the Government is still open to providing this in the long term and that it will be comprehensively addressed in the forthcoming review...”

After nearly nine months on I am not nearly so confident.

By the time this article is published, DI stakeholders around the country will be finalising their responses to the Government's Discussion Paper on the Detailed Review of Diagnostic Imaging funding. No doubt hundreds of hours will have gone into answering the 148 questions posed within the paper. I fear, however, that this effort will come to naught and that, having collated the response of all DI stakeholders, the Government will find they are no closer to solving the fundamental problem it faces—a DI sector that is increasingly underfunded.

Instead of a process that aims to find hidden pockets of over funding to fund the gap in patient access to MRI services and the gap between DI rebates and DI costs, ADIA has encouraged, pleaded, argued, and sought to persuade the Review Team that they should be focused on addressing the real issues—patient access to the right service, patient access to quality services and the unviability of bulk billing, even for concession patients.

The narrow focus of this review is seemingly contrary to the health reform agenda that the Government is advocating. This is evidenced by the National Health and Hospitals Reform Commission and its comments on “efficiency and sustainability” where it stated: “The scope of people's universal entitlement to health care funded by public monies should be debated over time to ensure that it is realistic, affordable and fair and will deliver the best health outcomes. Health care priorities should be decided with consideration of the clinical, economic and community perspectives.”

Sadly, however none of these ideas or principles is reflected in the Discussion Paper for the DI Review. There is no focus on patients getting the ‘right service’ and it excludes consideration of issues around the requesting of and demand for diagnostic imaging services, except where this is relevant to considering how services are funded. This effectively excludes consideration of issues such as education of referrers, compliance with Medicare rules and listing of new items.

Instead, the Discussion Paper is littered with comments such as these:

- “... advice from within the sector is that CT is over-remunerated relative to other modalities and is used to cross-subsidise less profitable services”
- “Splitting fees for image capture ...from fees for interpreting and reporting on an image may allow incentives to be introduced for making more extensive use of digital options ...and potentially reduce the need for all images to be viewed by a radiologist, where the requesting practitioner is capable of interpreting the image themselves”
- “What are the key roles of radiologists? Would any of these roles be more appropriately performed by other staff such as radiographers?”

They focus on misleading advice and insist that services are “over-remunerated” and “profitable”, when the sector has demonstrated this is not the case time and again. A recent costing analysis commissioned by ADIA shows that the financial situation of practices is worsening and, when projected out to 2011-12, the average rebates need to increase by 15 per cent per annum over the next three to four years if practices are to be able to viably bulk bill concession patients. At the same time, the average out-of-pocket costs for patients is nearly \$60 per service. This gap will only increase if MBS rebates are not addressed as a matter of priority.

Unfortunately, the Diagnostic Imaging Services Table (DIST) Review looks more threatening than promising at this stage, with a high risk that the process will promote division within and across the DI sector. It is therefore vital that we have a common and united approach in our representation to Government.

Dr Ron Shnier
President - ADIA

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