



## PRESS RELEASE

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# Medicare fails millions of Australians with arthritis

One million Australians with arthritis live in constant pain and struggle with even simple tasks like shopping and cooking.

In all, some 3.3 million Australians are affected by this debilitating disease and for all of them access to quality diagnostic imaging (DI) is critical.

However, a growing percentage of sufferers are accepting unnecessary pain and distress because Medicare is making DI simply too expensive to use.

DI can assess and diagnose arthritis, and plays a pivotal role in monitoring ongoing treatment of the disease.

“While there is no cure for arthritis, early diagnosis with DI and therefore early treatment can dramatically improve a patient’s quality of life as well as reduce future healthcare costs,” said Dr Chris Wriedt, Vice President of the Australian Diagnostic Imaging Association (ADIA).

“Diagnosis and treatment help patients retain their mobility, reducing or delaying the need for traumatic and costly joint replacement surgery. However some patients are not having the initial tests because of the growing cost.”

Patients are often unable to take advantage of DI technology because the health system has not kept up.

Restrictions on Medicare funded diagnostic imaging services - critical for diagnosing and monitoring the treatment of arthritis - deny thousands of patients access to these services. As well, rebates for services have not been indexed to match cost of living increases since 1998, so the ‘gap’ patients have to pay has been growing, and is now increasing by 10% per year.

ADIA is urging the Federal Government to address this issue. Additional funds to aid diagnosis and treatment will reduce the huge expenses the disease causes later.

In 2008, the total economic cost of osteoarthritis was estimated to be \$23 billion. Joint replacements, which cost more than \$2 billion each year, are largely attributable to osteoarthritis. With rates of arthritis highest in Australians aged over 75, the economic burden is expected to increase steeply in coming decades due to our ageing population.

“X-ray, Computed Tomography (CT) and Magnetic Resonance Imaging (MRI) are all used extensively to evaluate areas of chronic arthritis. Ultrasound is also used to provide vital information about disease activity and treatment monitoring,” Dr Wriedt said.

“An important part of managing the disease and assisting with management is through joint injections which are performed under the guidance of imaging such as CT, Ultrasound or Fluoroscopy.”

Tracking the progression of arthritis and assessing treatment outcomes is also challenging, as the lack of a uniform system supporting image storage reduces access to previous images. ADIA considers this a critical aspect of quality diagnostic imaging that deserves priority funding.

“As an industry we’re doing what we can. For example, many practices bulk bill Health Care and Pension Card holders but this does not cover everyone with arthritis,” Dr Wriedt said.

“Arthritis is the number one stated complaint of radiology patients concerned about affordability. ADIA has received over 1,000 letters voicing concerns about the increasing difficulty in paying for diagnostic imaging services.

“The government must start today - International Arthritis Day - to improve access to and affordability of vital diagnostic imaging services and reduce the financial pain experienced by arthritis patients.”

### WHAT OUR PATIENTS SAY ...

**David Thomas** of Dingley Village, Vic said “Early diagnosis and treatment are the keys to managing and minimising overall health costs. The more affordable medical imaging is the less the impact of health issues will be. Early diagnosis equals minimum health care spend.”

**Penny Cruickshank** of Cooloola Cove, Qld said “These services are vital to myself and many like me who suffer debilitating illnesses which can only be properly treated with imaging information. I would urge those who decide funding to ensure that this service is properly

### BACKGROUND

Arthritis is one of the most common long-term diseases in Australia, recording the highest prevalence of the nine identified National Health Priority Areas. While there are more than 100 types of arthritis, osteoarthritis and rheumatoid arthritis (affecting an estimated 1.8 million and 450,000 Australians respectively) are the most common.

Diagnostic imaging has an important role in diagnosis and monitoring treatment of arthritic disease and associated conditions. General X-ray, Computed Tomography (CT), Magnetic Resonance Imaging (MRI) and Nuclear Medicine are used extensively to evaluate areas of acute and chronic arthritis in both the axial and appendicular skeleton. Ultrasound is used to



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evaluate peripheral joints of the appendicular skeleton giving vital information about disease states and activity without the use of radiation.

Joint injections and/or aspirations, performed under imaging guidance (CT, Ultrasound or Fluoroscopy), form an integral role in the clinical management pathway for patients seeking symptomatic relief from localised areas of arthritic disease.

Diagnostic imaging is also used in the assessment of a patient's response to a diverse range of palliative and surgical interventions, providing vital information which informs future management of the disease.

To find out more about the Australian Diagnostic Imaging Association (ADIA) visit [www.adia.asn.au](http://www.adia.asn.au).

## MEDIA

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