

Partnering for Better Outcomes:

ADIA's 2014-15 priorities

The growing cost of providing health services is a now a regular feature in media headlines, and it accurately reflects our reality— that everyone connected to diagnostic imaging must work together to address the very real fiscal challenges in the sector while striving for the best outcomes for our patients.

More than ever, medical imaging is at the centre of almost all modern medical practice.

Last year more than 21 million Medicare-eligible diagnostic imaging services were delivered, an annual increase of over 5 per cent. Those services ranged from X-rays for suspected fractures to intricate interventional procedures guided by MRI, CT or ultrasound, which can eliminate the need for invasive surgery and lengthy hospitalisations.

However, policy and funding decisions of the past 20 years, particularly the lack of indexation, have locked the sector into a vicious cycle which has eroded access to quality services. While acknowledging the current difficult fiscal environment, there is a clear and urgent need to address these issues to ensure ongoing capacity and enable us to take advantage of future advances.

Through its 2014-15 Federal Budget submission, the Australian Diagnostic Imaging Association (ADIA) has presented a strong case for action on behalf of the sector, identifying four urgent priorities:

- **Ultrasound:** Enforceable quality criteria for Medicare-eligible diagnostic ultrasound services which differentiate between diagnostic and point-of-care examinations, as well as set minimum standards for staff and equipment to ensure services are delivered to a high standard and with increased efficiency.

- **CT:** Enforceable quality criteria for Medicare-eligible CT services which, in addition to setting the minimum standards for staff and equipment, seek to mitigate the inherent risks of radiation exposure and inappropriate imaging to ensure the safety of patients.
- **Capital sensitivity arrangements:** Current regulations do not adequately acknowledge upgrade opportunities for CT, Angiography and MRI equipment which bring older units into line with newer equipment, thereby eliminating the need to replace expensive technology.
- **Improving care and reducing duplication by enhancing access to imaging records:** Building on existing resources, the introduction of inter-operability so that regardless of where an image is taken, a clinician will be able to readily view a patient's image history in a format that enables image comparison.

Medical imaging has enormous potential to reduce the overall cost of healthcare, with improving technology providing earlier identification and treatment of disease. By progressing these priorities in 2014-15, patients and the broader community will be assured that medical imaging is contributing to better health outcomes and assisting to contain rising health costs. ADIA is excited about what the future holds and looks forward to continuing to partner with RANZCR and its members as we strive to meet growing expectations and enhance outcomes.



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President



The views expressed are those of ADIA and publication of this article does not in any way constitute an endorsement by The Royal Australian and New Zealand College of Radiologists (RANZCR).

Clinical Radiology Guidelines Consultation

As advised in the Presidential Communiqué in December 2013, the Board of Directors has set up a task force to provide strategic advice on developing a College position on imaging guidelines and decision support tools.

The task force commenced its work in January and should be finished in October 2014. It will consider the needs of radiologists and other stakeholders, existing resources and the relevance of de novo development, the adoptability and the adaptability of existing imaging guidelines and decision support tools for the Australian and New Zealand context.

The task force will be consulting with members and stakeholders. If you would like any more information, please visit www.ranzcr.edu.au/about/faculty-of-clinical-radiology/task-force

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