

ADIA Update

Finding Value in Healthcare Reform



In April the Federal Health Minister announced a clinician-led review of all Medicare Benefits Schedule (MBS) items and primary care in an effort to “reform and revamp both the MBS and the primary care system”.¹ While healthcare groups have welcomed the government’s shift to seeking clinical input, there has been concern about the ultimate aim of the review and what can be achieved by a review that is not focusing on the effectiveness of the system as a whole. Facilitating meaningful change for diagnostic imaging in the MBS review lies in recognising the unique features of diagnostic imaging and establishing a framework that will foster the best outcomes for patients.

When compared with other health services, diagnostic imaging is in a unique position heading into the MBS Review. The 17-year freeze on the indexation of Medicare rebates has already left the sector underfunded. Symptoms of insufficient funding have begun to manifest, with increasing patient gaps and restrictions on access to some Medicare-funded services that underpin the diagnosis and management of most specialties and much of general practice.

Another critical aspect of diagnostic imaging that should be considered is that it is generally an arm’s length referred service. This shifts the method of assessment that is required in determining the utility of MBS items in diagnostic imaging, as it is the referrer, not the radiologist, who refers for these tests when they consider diagnostic imaging to be clinically necessary.

A more efficient diagnostic imaging sector does not lie in further cuts to Medicare-funded services, but in the integration of radiologists as an integral part of the clinical team.

Radiologists are well placed to assist referrers to avoid unnecessary imaging and promote the most effective options.

In order to ensure that the MBS review promotes efficient and sustainable outcomes there needs to be a clear framework outlining key principles for evaluating diagnostic imaging in the upcoming review. It will be important to develop a unified position which addresses a number of issues, including: whether the schedule fee is intended to cover the cost of a service, outlining key examinations and modalities that would benefit from savings reinvestment, and assessing whether current item restrictions are limiting patient access to essential radiology services.

The unique features of diagnostic imaging must be considered in the MBS review and it is essential that clinicians come together to develop a framework that outlines key principles for the review as it progresses. With these principles in place, the sector can work collaboratively with government on how best to address these issues to ensure that the review produces the best outcome for referring clinicians and for patients accessing diagnostic imaging services.

Dr Christian Wriedt
ADIA President

References

1. Interview with Health Minister Sussan Ley, AM with Michael Brissenden, ABC Radio, 22 April 2015.

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).

Historic Milestone in Australasian Interventional Radiology

Years of work culminates in first EBIR exams held in Australia



In February this year, the Interventional Radiology Society of Australasia (IRSA) held the first post fellowship examination in interventional radiology—a significant milestone in the history of interventional radiology in Australia and New Zealand.

In a joint collaboration between The Royal Australian and New Zealand College of Radiologists, the Cardiovascular and Interventional Radiological Society of Europe (CIRSE) and IRSA, the European Board of Interventional Radiology (EBIR) certification was recognised as a specialist diploma for interventional radiology (IR) competency in Australia and New Zealand. The EBIR is a recognised specialist certification in over 26 countries in Europe and is the most widely used certification in IR worldwide.

The first EBIR exam in Australia and New Zealand was held in Melbourne with examiners from Australia, New Zealand and Europe (see photo). The exam ran successfully over two days with candidates from all over Australia and New Zealand being examined in various aspects of clinical interventional radiology. The successful EBIR candidates will be presented their diploma at the IRSA annual scientific meeting in Bali this July.