



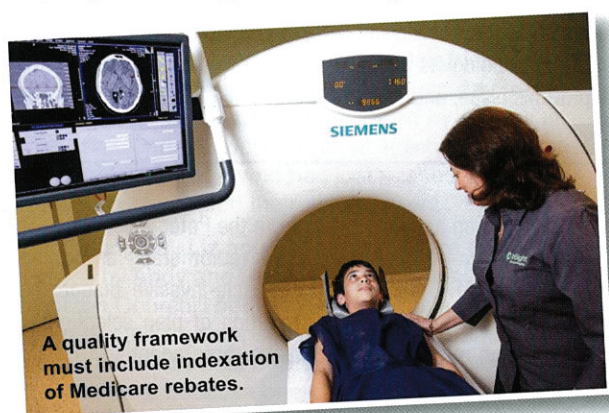
Indexation – It's a Question of Quality

The late Steve Jobs of Apple fame said, "Be a yardstick of quality. Some people aren't used to an environment where excellence is expected."

He understood that quality requires investment in people, processes and tools. Apple's performance reveals the wisdom of this insight.

Medical imaging in Australia faces a similar predicament – we expect quality, but who will invest in the people, the processes and the tools without indexation of Medicare rebates?

Australian Diagnostic Imaging Association (ADIA) has supported the development of a Quality Framework for sustainable medical imaging. This Framework has been shared with the Department of Health and Ageing and we are hopeful that the Minister for Health will, like Mr Jobs, agree that quality and funding are intrinsically linked.



Everyone concerned with medical imaging wants an "environment where excellence is expected". This requires quality measures that maintain current staffing ratios and the involvement of radiologists. It's only logical that Medicare rebates are adjusted so that imaging practices can meet these high standards.

The implications of 14 years without indexation of Medicare rebates for medical imaging are clear. Quality is under threat, access to comprehensive practices offering a full suite of services is in decline and the sickest patients or those with chronic illnesses are bearing the brunt of widening gap payments.

ADIA members are justifiably concerned. The Footscray practice of Future Medical Imaging Group caters for an ethnically diverse and socially disadvantaged community.

They employ additional staff to overcome language barriers and cultural sensitivities. These wage pressures make it increasingly difficult to meet community expectations for bulk-billing.

In Queensland, the owners of Gold Coast Radiology recently wrote to the Federal Minister for Health to explain that: "Medicare rebates do not reflect the clinical responsibility of having a radiologist onsite or the value of being able to perform high quality diagnostic and interventional services on all occasions".

On the other side of the country, access to important imaging services in the community is being eroded. Last year, Perth-based InSight Clinical Imaging was forced to withdraw mammography from its bulk-billing practice in Midland, citing "the failure of Medicare rebates to keep pace with the real cost of this service".

Such decisions are not taken lightly by radiology practices. They impact patients, referrers and staff, but in the current funding environment it's either a case of withdraw the service or compromise on standards.

Concerns about quality and funding extend beyond the profession. According to consumer advocate Janet Wale, quality diagnostic imaging is an investment in safety. "It is really important to patients that a radiologist or medical specialist is present across the service—public or private. An erosion in safe practice can take place if technology takes over from medical practice. We need the people in medicine. Doctors can prevent adverse events and harms, misuse of technologies and ensure ethical practice in medical decision making," she said.

The cost of employing radiologists and other staff, rent and updating equipment continues to increase, yet patient rebates remain frozen in time. This situation is not sustainable, let alone conducive to best-practice imaging.

The radiologists I speak with agree that an adjustment in Medicare fees is required if patients are to receive affordable access to high quality imaging.

Best outcomes can only be delivered if a framework for quality radiological services is matched by a framework for sustainable funding. In the real world, quality and funding go hand-in-hand which is why ADIA continues to press for a return to indexation after 14 years of stagnation.

Every cog in the radiological wheel expects quality—from imaging professionals and referrers to the Federal Government and patients. "A yardstick for quality" can be set, but only if a framework for the quality use of imaging is matched by the indexation of Medicare rebates.

Now is the time for radiologists to contact their local Federal Member of Parliament to explain why indexation must be reinstated.

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