



australian diagnostic imaging association



The Royal Australian and New Zealand
College of Radiologists*

19 January 2018

The Hon Greg Hunt MP
Minister for Health
Delivered by email: Minister.Hunt@health.gov.au

Dear Minister,

**MBS Review Knee Imaging report:
Recommendation to cut MRI of the knee for patients 50 years and over**

Our organisations represent clinical radiologists, radiology practices, and health and older consumers.

We understand that the MBS Review Taskforce will shortly recommend that GP-referred MRI scans of the knee following acute knee trauma are limited to patients under 50 years of age. You and the Government will then consider the recommendation.

Referrers and providers of this service urge you to not implement this recommendation which would cut access to this service for patients aged 50 years and over, because it is not evidence-based; does not consider downstream cost; arbitrarily discriminates against patients based on their age; and will directly undermine patient care.

The recommendation is not evidence-based.

The purpose of the MBS Review is to align items with “contemporary clinical evidence and practice and improve health outcomes for patients”.¹

However, the recommendation in the Knee Imaging report to “remove the ability for a GP to request MRIs for patients 50 years of age and over from the MBS, but retain specialist requesting for any age group” is not supported by contemporary clinical evidence. Indeed, no scientific literature is cited to support the recommendation.

We understand that the Diagnostic Imaging Clinical Committee raised concerns about the clinical basis for the recommendation in its advice to the Review Taskforce, including after stakeholder consultation. The Taskforce did not accept this advice.

¹ <http://www.health.gov.au/internet/main/publishing.nsf/content/MBSR-about>

Patients aged 50 years and over are discriminated against based on age.

The cut-off of 50 years of age is entirely arbitrary, and the report does not provide a sound clinical basis for why this cut-off was recommended.

The cut-off would discriminate against middle-aged and older Australians, many of whom remain active and suffer acute knee trauma during sport and recreation. It is not right that, for example, a 48-year-old who injures their knee skiing or playing sport would remain eligible for an MRI referred for by their GP, while a 56-year-old suffering the same injury would first need to be referred to a specialist orthopaedic surgeon.

Patients aged 50 years and over will incur additional cost and inconvenience, and be exposed to the risk of inferior clinical outcomes.

The current diagnostic and treatment pathway for patients suffering acute knee trauma is as follows:

1. Patient presents to their GP with acute knee trauma
2. Patient referred for an MRI of the knee
3. Patient managed conservatively by GP, or referred to orthopaedic surgeon as appropriate.

This pathway allows for triaging of patients based on the findings of the MRI, with the option of conservative management by the GP when clinically appropriate. This saves time and cost for the patient and Medicare.

The recommendation would alter the diagnostic and treatment pathway for patients aged 50 years and above:

1. Patient presents to GP with acute knee trauma
2. GP refers patient to orthopaedic surgeon
3. Patient referred for MRI of the knee
4. Patient managed by orthopaedic surgeon.

GPs are unable to triage these patients under this pathway. Instead, all patients aged 50 years and over will be referred to orthopaedic surgeons, requiring them to wait for an appointment (which can be several weeks or even months outside metropolitan areas – often while the patient is in pain) and usually pay a gap for the consultation.

We would like to work collaboratively on an alternative approach which improves patient care.

The Knee Imaging report does raise valid concerns about inappropriate use of MRI in patients with symptomatic knee osteoarthritis. We would welcome the opportunity to work with the MBS Review and your Department on initiatives to ensure that GP referrals for MRI of the knee are clinically appropriate.

If you have any questions, please contact Chris Kane, Senior Policy Advisor at the Australian Diagnostic Imaging Association on (03) 9026 1518 or Kate Scott-Murphy, Senior Advocacy Officer at The Royal Australian and New Zealand College of Radiologists on 0404 203 733.

Yours sincerely,

Dr Siavash Es'haghi
President
ADIA

Prof John Slavotinek
Dean, Faculty of Clinical Radiology
RANZCR

Leanne Wells
CEO
Consumer Health Forum

Ian Yates AM
CEO
COTA Australia

Dr Sanjay Dhupelia
President
AMSIG

CC: Prof Bruce Robinson (Chair, MBS Review Taskforce)
Dr David Brazier (Chair, Diagnostic Imaging Clinical Committee)
Mr Andrew Simpson (Assistant Secretary, Medicare Reviews Unit)