Post Implementation Review

Strengthening the Provision of Quality Diagnostic Radiology Services

Purpose of the Post-Implementation Review

Australian Government agencies are required to undertake a Post-Implementation Review (PIR) when regulation with more than a minor machinery of Government impact is introduced without a regulation impact statement. A PIR is required to examine:

- the problem the regulation was intended to address;
- the objective of Government action;
- the impacts of the regulation; and
- the effectiveness of the regulation in meeting its objectives.

This PIR examines the 2012-13 *Strengthening the provision of quality Medicare-funded diagnostic radiology services* Budget Measure (the Measure), which was granted an exemption (by the then Prime Minister) from the Regulatory Impact Statement requirements.

Diagnostic Imaging Background

Diagnostic imaging involves a wide range of services, delivered using different modalities and by different clinical groups. The inherent complexity of the clinical and service arrangements is compounded by the way services are funded and regulation applied through a combination of Commonwealth and State and Territory laws. Medicare-eligible diagnostic imaging services are regulated through three key pieces of Commonwealth legislation and regulations:

- *Health Insurance Act 1973*;
- *Health Insurance Regulations 1975;* and
- *Health Insurance (Diagnostic Imaging Services Table) Regulation* which is re-made every year.

A full list of relevant Commonwealth legislation is provided (see Appendix A).

There are a number of different diagnostic imaging modalities available in Australia, including ultrasound, computed tomography, diagnostic radiography, magnetic resonance imaging, and nuclear medicine. The Australian Government provides patient rebates for a range of diagnostic imaging services, in all the modalities mentioned above, through the Medicare Benefits Schedule (MBS). In 2011-12, around the time of the Measure, there were over 20 million Medicare-eligible diagnostic imaging services rendered to patients, costing over $2.5 billion in patient benefits or rebates and involving more than 4000 providers.

Table 1 shows the number of Medicare Benefits Schedule diagnostic imaging services and benefits for 2011-12.

Table 1: 2011-12 Medicare Benefits Schedule services and expenditure by modality.

Modality	Services	Expenditure
Ultrasound	7,359,746	$832,295,264
Computed Tomography	2,365,597	$731,887,948
Diagnostic Radiology	9,438,899	$504,695,800
Nuclear Medicine	570,118	$237,085,413
Magnetic Resonance Imaging	590,936	$222,299,279
Total	**20,325,296**	**$2,528,263,704**

In addition to the legislative and regulatory requirements, diagnostic imaging quality and safety is also supported by the Diagnostic Imaging Accreditation Scheme (the Scheme). Legislation was introduced in 2007 which established a diagnostic imaging accreditation scheme under which mandatory accreditation would be linked to the payment of Medicare benefits for diagnostic imaging services in the Diagnostic Imaging Services Table. The Scheme was introduced in stages, to ensure Medicare funding is directed to diagnostic imaging services that are safe, effective and responsive to the needs of health care consumers.

Stage I of the Scheme commenced on 1 July 2008 and covered practices providing diagnostic imaging services listed in the Diagnostic Imaging Services Table, with the exception of practices providing cardiac ultrasound and angiography, obstetric and gynaecological ultrasound and nuclear medicine imaging services. Stage II of the Scheme was introduced from 1 July 2010, broadening the scope of the Scheme to include practices providing cardiac ultrasound and angiography, obstetric and gynaecological ultrasound, and nuclear medicine imaging services.

Since 2010, all practices intending to render any diagnostic imaging services for the purpose of Medicare benefits must be accredited under the Scheme. Practices that do not have accreditation cannot provide Medicare-funded diagnostic imaging services and must inform clients prior to carrying out services that the practice is not accredited and a Medicare benefit is not payable. Similarly practices that choose not to provide Medicare-funded diagnostic imaging services are not required to comply with the accreditation standards. There are over 4,000 practices around Australia accredited under this Scheme which are subsequently able to provide Medicare-funded diagnostic imaging services.

Diagnostic Radiology (X-ray)

Radiology is the imaging of body structures using X-rays. X-rays are a form of radiation similar to visible light, radiowaves and microwaves. X-radiation is special because it has a very high energy level that allows the X-ray beam to penetrate through the body and create an image or picture. The image is created due to the X-ray beam being absorbed differently by different structures or parts in the body. A dense structure like bone absorbs a high

percentage of the X-ray beam (which appears light grey on the image), whilst low density structures like soft tissues absorb a small percentage.[1]

In relation to Medicare-funded diagnostic radiology services, they comprise three elements as follows:

1. the request for the service;
2. performance of the service (i.e. capturing the images); and
3. reporting on the images captured.

The Problem at the Time of the Measure

As described above, the three key elements for Medicare-funded diagnostic radiology are the request for the service, the performance of the service and the reporting (of the images captured by the service). In relation to elements one and three (the requesting and the reporting) effective regulatory controls were in place[2] but concerns had been raised that diagnostic radiology services were being performed by people who did not have adequate training or qualifications.

Figure 1. The three elements for Medicare-funded diagnostic radiology

Prior to the introduction of the Measure, Medicare-funded diagnostic radiology services were able to be performed by a medical practitioner or a person other than a medical practitioner

[1] Inside Radiology, 2009, *Plain Radiography/X-ray* < http://www.insideradiology.com.au/pages/view.php?T_id=24#.VYypu_lCqUk>.

[2] *Health Insurance Act 1973:* section 16B, Medicare benefits in relation to R-type diagnostic imaging services

who is employed by, or under the supervision of, a medical practitioner in accordance with accepted medical practice. In essence, the regulations allowed people without appropriate qualifications to perform Medicare-funded diagnostic radiology services. The 'employed by, or under the supervision of, a medical practitioner' requirement was not an effective control at the time because there was no minimum qualification requirements for those people actually performing the diagnostic radiology services. This posed a quality and safety risk to patients, given that all diagnostic radiology procedures expose a patient to ionising radiation.

During the 2011 *Review of Funding for Diagnostic Imaging Services*[3] (the Review), Royal and New Zealand College of Radiologists[4], the peak professional college for this sector, expressed its concerns that non-evidence based referrals being funded in an unregulated environment was neither without risk to patients nor medico legal risk to providers.[5] It was also suggested in the Review that there was a convergence between the requestors and providers of diagnostic imaging services and that this provided perverse incentives for the provision of unnecessary services.

The Department of Health (the Department) was alerted to a business model within some allied health professions whereby the allied health practitioners were requesting diagnostic radiology services, performing the scans on equipment in their practices and contracting a radiologist business to formally review the images and write a report. The MBS rebate, which is ordinarily paid to the person who provides the report, such as a radiologist, were paid to the radiologist business, with an incentive paid back to the chiropractor, as the requestor of the diagnostic imaging service. This model was particularly common among chiropractors, where anecdotal evidence suggested that it was being employed to increase revenue. While the magnitude of practices using this business model was not quantifiable at the time, the concerns around its use were identified by the Royal Australian and New Zealand College of Radiologists. This also led to concerns about the risk of inappropriate and unnecessary imaging services and the fiscal sustainability of Medicare-funded diagnostic imaging services.

Objectives of the Regulations

In light of these emerging issues, on 8 May 2012 the previous Government announced it would tighten regulations around Medicare-funded diagnostic radiology services to ensure that imaging is carried out by appropriately qualified practitioners. The Budget Measure and media release are at Appendix B and C, respectively.

The Measure addressed one of the key Government objectives identified in the *Review of Funding for Diagnostic Imaging Services*, that each diagnostic imaging service reflects best clinical practice, is performed by an appropriately qualified practitioner and is provided

[3] A detailed review of the funding arrangements for Medicare Benefits Schedule diagnostic imaging services, *Review of Funding for Diagnostic Imaging Services,* was undertaken, to ensure that the Government was paying the right amount, in the right way, to support access for patients to quality diagnostic imaging services.
[4] RANZCR is a not-for-profit association of members who deliver skills, knowledge, insight, time and commitments to promote the science and practice of the medical specialties of clinical radiology (diagnostic and interventional) and radiation oncology in Australia and New Zealand. The College offers a number of membership options including, Associate Members, Educational Affiliates, Fellows, Honorary Fellows, Life Members and Student Members. Each category has particular rights, entitlements and responsibilities prescribed in the College's Articles of Association.
[5] Detailed Review of Funding for Diagnostic Imaging Services, Royal Australian and New Zealand College of Radiologists, Submission 2010, p.9.

within a facility which meets all necessary accreditation standards, minimising exposure to unnecessary radiation.

The Measure also built on a number of existing quality and safety Measures, initiatives and projects already underway by the Department, including the Diagnostic Imaging Accreditation Scheme, the Diagnostic Imaging Quality Practice Program and the introduction of increased access to MRI services for children to reduce the risk of unnecessary ironizing radiation.

The Regulations

Changes were made to the *Health Insurance (Diagnostic Imaging Services Table) Regulations* on 1 November 2012 to implement this Measure. The amendments introduced minimum formal qualifications for those performing Medicare-funded diagnostic radiology services (X-ray, angiography and fluoroscopy services), by restricting performance to:

a) a medical practitioner; or
b) a medical radiation practitioner (person registered or licensed as a medical radiation practitioner under a law of a State or Territory) who is employed by a medical practitioner or provides the service under the supervision of a medical practitioner in accordance with accepted medical practice; or
c) a dental practitioner (for items 57901 to 57969) who is employed by a medical practitioner or provides the service under the supervision of a medical practitioner in accordance with accepted medical practice.

Note: exceptions were included for services performed in specified regional, rural or remote areas to ensure patient access is not adversely affected. A factsheet to inform the public and the profession on the changes was released following the changes to regulations (see Appendix D).

Alternatives for Addressing the Problem

It is not clear whether any alternatives to the Measure were considered to address the problem, for example education campaigns. However, given the objective was to tighten regulations around Medicare-funded diagnostic radiology services to ensure that imaging is carried out by appropriately qualified practitioner, the imposition of minimum qualification requirements (by law) is a clear and unambiguous solution.

Impact of the Regulations So Far

The following analysis assesses the effectiveness of the 2012-13 Measure thus far. It considers its impact on patients, allied health practitioners, dental practitioners, diagnostic imaging practices and Government.

The analysis is based on the best information available, noting limited quantifiable evidence available to date. The amendments have only been in force for 24 months and, while data captured by the Department of Human Services, provides information on volume, expenditure, provider characteristics, and patient demographics, it is not able to determine:

- why a test was requested;
- if the correct test was requested;
- who performed the test;
- the result of the test; or

- if the test was ultimately of benefit for patient treatment and/or management of the patient's condition.

Impacts on Patients

There has been no direct regulatory impact on patients, which is to say they do not need to comply with any new or different requirements under the Measure. However, patients receiving Medicare-funded diagnostic radiology services have access to services that are now performed by people who are qualified and able to ensure they are providing a safe and high quality service.

There has been no evidence that a patient's ability to access Medicare-funded diagnostic radiology services has been adversely impacted. This includes no evidence of a shortage of Medicare-funded diagnostic radiology services in any geographical region or inconvenience experienced through adverse pricing impacts arising from a reduction in the number of available providers, discussed below. Australians readily have access to Medicare-funded diagnostic radiology services as there are approximately 4000 practices accredited to provide Medicare-funded diagnostic imaging services, in addition to public hospitals.

It should be noted that there exists the possibility that a number of these services are now occurring outside of the MBS, meaning that the services are paid for entirely by patients, as confirmed by the Chiropractors' Association of Australia. This not a matter for which the Department can collect information about.

Impact on Allied Health Practitioners

As a result of the Measure, from 1 November 2012 allied health practitioners have been unable to perform Medicare-funded diagnostic radiology services unless they undertake the required medical radiation practitioner training and become registered with the Medical Radiation Practice Board of Australia.

The effectiveness of the Measure in achieving its objective is supported by a reduction in chiropractic practices participating in the Diagnostic Imaging Accreditation Scheme. Before the introduction of the Measure, all practices which provided (performed) Medicare-funded diagnostic radiology services were required by legislation to be accredited under the Scheme. Conversely, after the introduction of the Measure, a number of practices were no longer legally obliged to meet the accreditation requirements. Instead of continuing with this accreditation, approximately 200 practices chose to withdraw from the accreditation scheme and no longer incur the costs of accreditation.

It is important to appreciate the distinction between the Measure 'prohibiting' a group(s) of practitioners from performing Medicare-funded diagnostic radiology services, and it introducing a clear qualification requirement. While the Department is not aware of any circumstances where allied health practitioners have chosen to undertake training to become a medical radiation practitioner (and the evidence suggests they instead they have chosen not to continue performing Medicare-funded diagnostic radiology services), the training is available. The Medical Radiation Practice Board of Australia provides a list of qualifications needed for general registration as a medical radiation practitioner. The list is available online at www.medicalradiationpracticeboard.gov.au/ Accreditation.aspx. The indicative cost for an allied health practitioner to undertake training to become a medical radiation practitioner

would be four years full time and approximately $21,000 for an undergraduate course or two years full time and approximately $54,000 for a postgraduate course.

The introduction of the Measure is also believed to have had an unintended positive impact on allied health practitioners requesting practices. The available data shows a change in the requesting patterns of some allied health practitioners which may be attributable in part to this Measure, as no other changes have occurred to the requesting rights of allied health practitioners during this period.

The table at Appendix E shows a breakdown of requests by allied health practitioners types for three financial years.[6] Requests from chiropractors for Medicare item 58121, which is a service for an X-ray of any three regions of the spine (cervical, thoracic, lumbosacral and sacrococcygeal), have decreased by over 40,000 services or 29% in 2013-14. The item lists corresponding items and services (Medicare items 58100, 58103, 58106, 58109) which are used to image only one region of the spine. For the individual items, overall services have either increased or are steady. This shows that instead of imaging the whole spine, chiropractors, have shifted their requesting patterns to target the specific area of concern and hence exposing patients to less radiation. This change demonstrates the positive impact the Measure has had on requesting patterns and potentially improved safety for patients.[7]

It should be noted that those allied health practitioners who own diagnostic radiology equipment can continue to perform diagnostic radiology services on their patients outside of the Medicare, either funded by themselves or their patients. The Government is unable to regulate or prevent this practice from occurring.

Impact on Dental Practitioners

The Measure continued to allow dental practitioners to perform a limited number of Medicare-eligible diagnostic radiology services (diagnostic radiology subgroup 3 – Radiographic examination for the head: Medicare items 57901 to 57969) where dental practitioners are employed by or under the supervision of a medical practitioner. In 2013-14, dental practitioner requests, for Medicare-funded diagnostic radiology subgroup 3 items, contributed to a significant number of requests, approximately 69% of all services.

The Department is not aware of any specific circumstances where a dental practitioner's practice withdrew from the Diagnostic Imaging Accreditation Scheme as a result of the Measure. Additionally, the Department is aware that the requirements of a dental practitioner being employed by, or under the supervision of, a medical practitioner may not be met. As such the Department is currently proposing regulatory changes to improve supervision requirements through a regulation impact statement - *Improving the quality and safety of Medicare-funded diagnostic imaging services through the enhancement of regulatory and accreditation requirements* available online at health.gov.au/internet/main/publishing.nsf/Content/regulationimpactstatement.

Impacts on Diagnostic Imaging Practices

The qualification requirements have had little compliance impact on practices where a broad range of diagnostic imaging services is provided. These practices have an existing obligation

[6] Only those items for which there were more than 1,000 services a year have been reported, due to the restrictions on the release of small and potentially identifiable Medicare data.
[7] Of note is that an MBS Review is currently underway on all lower back imaging

under the Diagnostic Imaging Accreditation Scheme to keep records indicating the qualifications of their personnel (eg. a copy of registration with the Australian Health Practitioner Regulation Agency).

Diagnostic imaging practices may have incurred an additional cost of providing training to employees to meet the new regulatory requirements, although the Department is not aware that this has occurred. These costs would be the same as those incurred by allied health practitioners who chose to undertake the medical radiation practitioner training.

However, it is more likely that diagnostic imaging practices engage radiographers or sonographers, which is not necessarily true for allied health practices. These recruitment decisions (to require high training standards) would exist in the absence of this Measure and it is therefore considered that it represents nil additional regulatory burden. The result is a zero regulatory burden under the Regulatory Burden Measurement framework.

While the Measure may have been a contributing factor to a number chiropractor practices deciding not to perform Medicare-funded diagnostic radiology services, the Measure has not resulted in any significant changes to the overall level of competition.

The number of diagnostic imaging practices has remained relatively stable, while the number of Medicare-funded diagnostic radiology services continues to grow. In 2013-14 the number of Medicare-funded diagnostic radiology services grew from approximately 9.65 million services to over 10 million services.

There is also no evidence of adverse pricing impacts arising from a reduction in the number of available providers or that entities incurred additional expenses or loss of income arising from the implementation of this Measure.

Impact to Government

A paramount public policy consideration is that Government fund efficacious, high quality services, performed by appropriately qualified professionals.

As a result of the restrictions implemented by the Measure, a reduction in allied health requesting in 2013-14 was experienced. This led to savings of approximately $5 million in Medicare-funded diagnostic imaging services in the same year. In addition, Government-funded diagnostic imaging services are no longer provided in those chiropractic practices that withdrew from the Diagnostic Imaging Accreditation Scheme, as the Department of Human Services systems do not allow for the payments of these services without accreditation.

There have been no notable savings from a reduction in dental practitioners MBS requesting. Nor has the Measure had any visible impact on diagnostic radiology services which occur outside Medicare arrangements, i.e. in public hospitals. For public inpatients, diagnostic radiology services can be performed by anyone as determined by the hospital and the Government is not able to influence this through the introduction of minimum qualification standards.

Stakeholder consultation

In July 2012, post the Budget announcement, the Department contacted a number of stakeholders to seek feedback on the proposed definitions and exemptions under the Measure. Responses were received from a number of the relevant stakeholders including:

- Royal Australian and New Zealand College of Radiologists;
- Australian Dental Association;
- Australian Dental Council;
- Chiropractors Association of Australia;
- Chiropractic Board of Australia;
- Rural Doctors Association of Australia;
- Australian College of Rural and Remote Medicine; and
- State and Territory Health Departments.

Submissions from chiropractors, or relating to chiropractor practices, mostly opposed the Measure. The Chiropractors' Association of Australia suggested that diagnostic radiology plays an important role in chiropractic practices, chiropractors carry out their own radiography and training in radiography, and radiology is an important part of all chiropractic courses in Australia. The Chiropractors' Association of Australia raised concerns that 'because chiropractors apply unique management protocols and interventional techniques that carry inherent relative contraindications, diagnostic radiology may significantly improve patient safety where a clinical indication for X-ray is established.'[8] The Chiropractors' Association of Australia was concerned that a component of chiropractic practice may be limited by the introduction of the Measure. Following the introduction of the Measure, a small number of individual chiropractors also expressed disappointment that their scope of practice for patients had been limited.

The Australian Dental Association asserted that different forms of radiology require different skills and that 'no hard and fast general rule can be created'.[9] It considered that requirements in individual State and Territory radiation safety legislation already provided a reasonable level of safety and quality.

The Western Australian Health Department welcomed the Measure and suggested expanding its scope to include non-radiology providers, such as nuclear medicine physicians, cardiologists, obstetricians and gynaecologists. Similarly, the Physiotherapy Board of Australia considered that the Measure would be unlikely to impact on registered physiotherapists, as they only request, rather than perform diagnostic imaging services.

In addition, feedback was sought from the major stakeholders in the diagnostic imaging sector through the Diagnostic Imaging Advisory Committee.[10] With member of Royal Australian and New Zealand College of Radiologists and Chiropractors' Association of

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[8] Chiropractors' Association of Australia, 14 August 2012 *'Summary of the concern of the Chiropractors' Association of Australian (National) Limited in relation to proposed restriction of Medicare Benefits Schedule benefits for the diagnostic imaging services under "Strengthening the Provision of Quality Diagnostic Radiology Services" Measure.*

[9] Australian Dental Association Inc., 15 August 2012 *'input on aspects of the Strengthening the provision of Quality Diagnostic Radiology Services Measure.*

[10] The Diagnostic Imaging Advisory Committee is the key forum the Department to consult with the sector on diagnostic imaging issues, and receive the views of its members. A draft of this Post-Implementation Review was tabled at the November 2014 meeting but no comments on the impact of the Measure two years on were provided.

Australia, the Diagnostic Imaging Advisory Committee also consists of representatives from other potential stakeholders including:

- Australian Institute of Radiography;
- Australian Medical Association;
- Royal Australian College of General Practitioners;
- Australian Cardiac Society;
- Australian Sonographers Association;
- Australian Diagnostic Imaging Association;
- Australasian Society of Nuclear Medicine Specialists.

Targeted consultation was also undertaken on the impact and effectiveness of this Measure. Feedback was sought from the Royal Australian and New Zealand College of Radiologists, Australian Dental Association and Chiropractors' Association of Australia.

Radiologists

The Royal Australian and New Zealand College of Radiologists (RANZCR) undertook its own analysis of data from 2012-14 which showed "that the measures introduced in November 2012 have significantly reduced Medicare outlays for services actually performed by chiropractors in chiropractic clinics." RANZCR also found that that there are still around 150 chiropractor and 140 dental practices still registered with Medicare[11], some of which may be attributed to the rural and remote exemptions.

RANZCR expressed concern that a number of tele-radiology providers continue to promote their services to chiropractors and dentists, though there are no explicit references made by these providers to Medicare-funded diagnostic radiology services. The Department acknowledges that RANZCR considers this Measure could have been more stringent.

RANZCR also raised concerns that dental practitioners are not generally employed by or under the supervision of a medical practitioner. The Department is currently considering supervision requirements through a separate regulation impact statement - *Improving the quality and safety of Medicare-funded diagnostic imaging services through the enhancement of regulatory and accreditation requirements.*

Dentists

The Australian Dental Association (ADA) confirmed that this Measure has had little impact on dental practitioners as they continue to be able to request and perform specific Medicare-funded diagnostic radiology (X-ray). The ADA indicated that very few dental practitioners are employed by, or under the supervision of a medical practitioner. The ADA also advised that even before the introduction of the Measure, a large number of dental practitioners were performing X-ray services, outside of Medicare arrangements, with the cost paid privately by the patient.

[11] Chiropractic and dental clinics are only required to be registered if equipment at the site is being used for the purposes of claiming Medicare rebates.

Chiropractors

The Chiropractors' Association of Australia (CAA) expressed its position that chiropractors are 'entirely appropriate to assist a radiologist in the provision of a report by capturing the images'. The CAA outlined the training in radiography and radiology chiropractors receive and suggested they should have the same access to perform Medicare-funded diagnostic imaging services as dentists and medical practitioners.

The CAA advised that the Measure has impacted the viability of chiropractors to maintain X-ray facilities. This has been more prevalent for chiropractors practicing in lower socio-economic areas, where patients are unable to absorb the additional out of pocket cost of the private radiologist report which was previously funded by Medicare prior to the introduction of this Measure.

The CAA confirmed that following the introduction of the Measure, chiropractic practices performing radiographic studies chose to withdraw from the accreditation scheme as they are no longer required to meet the accreditation requirements. The CAA also indicated that chiropractors continue to perform diagnostic radiology services where the cost is paid by the patient, outside of Medicare arrangements.

This feedback is consistent with the Departments analysis of the impact of this Measure, with chiropractors withdrawing from the accreditation scheme and continuing to perform diagnostic imaging services outside of Medicare. As noted previously, the Government is unable to influence those services occurring outside of Medicare.

Conclusion

Diagnostic radiology services are an important part of the diagnosis and treatment of medical conditions and illnesses. Ensuring that all Australians have access to Medicare-listed diagnostic imaging services which are delivered efficiently, ensure patient safety and quality and are affordable, is an ongoing objective for the Government.

Before the introduction of the Measure, there was a concern that Medicare-funded diagnostic radiology services were being performed by people who did not have adequate training or qualifications. To address this, amendments were made to the regulations which introduced minimum qualifications for those performing Medicare-funded diagnostic radiology services.

Based on the impact analysis undertaken as part of this PIR:

- patients are receiving Medicare-funded diagnostic radiology services performed by practitioners who are qualified and able to ensure they are providing a safe and high quality service;
- allied health practitioners are unable to perform Medicare-funded diagnostic radiology services unless they undertake the required medical radiation practitioner training and become registered with the Medical Radiation Practice Board of Australia; and
- dental practitioners continue to perform a limited number of diagnostic radiology services (Medicare items 57901 to 57969) where they are employed by, or under the supervision of, a medical practitioner.

Government savings have been realised through a shift and reduction in allied health requesting, and access to suitably qualified practitioners for patients. Additionally, approximately 200 practices chose to withdraw from the accreditation scheme and are no longer required to incur the costs of accreditation. Apart from the withdrawal of these practices from the accreditation scheme, there has been no evidence that this Measure has affected the level of competition in the diagnostic imaging sector, or that patients' have been inconvenienced or experienced adverse pricing impacts, arising from a reduction in the number of Medicare-funded diagnostic imaging providers.

While the available data is limited, the analysis and consultation in this PIR suggests that, on balance, the Measure has addressed the second of the three key elements of Medicare-funded diagnostic radiology services. As such, the regulations continue to be appropriate in ensuring that the Government is funding diagnostic radiology performed by appropriately qualified practitioners and should continue.

Going forward, it is expected that the work of the recently announced MBS Review Taskforce[12] will look at other aspect of Government-funded diagnostic radiology and imaging services, and consider how services can be aligned with contemporary clinical evidence.

[12] https://www.health.gov.au/internet/main/publishing.nsf/Content/MBSReviewTaskforce

Appendix A

Legislation

The legislation and sub ordinate legislation with key relevance to diagnostic imaging are:

- **Legislation**
    - *Health Insurance Act 1973*
- **Regulations**
    - *Health Insurance Regulations 1975*
    - *Health Insurance (Diagnostic Imaging Services Table) Regulations 2012*
    - *Health Insurance (General Medical Services) Table Regulations 2012*
- **Determinations**
    - *Health Insurance (Diagnostic Imaging Capital Sensitivity) Determination 2011*
    - *Health Insurance (Bone Densitometry) Determination 2012*
    - *Health Insurance (Diagnostic Imaging Capital Sensitivity) Facilities Determination 2011*
    - *Health Insurance (Cone Beam Computed Tomography) Determination 2011*
    - *Health Insurance (Gippsland and South Eastern New South Wales Mobile MRI service and Rockhampton, Bundaberg and Gladstone Mobile MRI service) Determination 2013*
    - *Health Insurance (MRI for patients 16 years and over) Determination 2013*
    - *Health Insurance (Radiation Oncology) Determination 2010*
    - *Health Insurance (Dental Services) Determination 2007*
- **Legislative Instruments**
    - *Health Insurance (Diagnostic Imaging Accreditation) Instrument 2010*
    - *Health Insurance (Diagnostic Imaging Accreditation-Approved Accreditors) Instrument 2010*
    - *Health Insurance (Diagnostic Imaging Accreditation-Designated Persons) Instrument 2010*

In addition to the Commonwealth health insurance legislation, there is additional Commonwealth and state and territory legislation regulating the use of radiation. Practices must comply with and be licenced under the radiation laws in their own jurisdictions in order to provide Medicare-eligible services.

Medicare Benefits Schedule — new and revised listings

Expense ($m)

	2011-12	2012-13	2013-14	2014-15	2015-16
Department of Human Services	..	0.1	0.1	-0.1	-0.2
Department of Veterans' Affairs	..	..	-0.1	-0.1	-0.1
Department of Health and Ageing	0.5	-4.5	-11.2	-13.2	-15.1
Total - Expense	0.5	-4.4	-11.2	-13.4	-15.4
Related revenue ($m)					
Department of Health and Ageing	-	*nfp*	*nfp*	*nfp*	-

The Government will amend the Medicare Benefits Schedule and Veterans' Benefits for new and revised listings since the *Mid-Year Economic and Fiscal Outlook 2011-12*, saving $43.9 million over five years.

The amendments to the Medicare Benefits Schedule include the:

- removal of subsidies for Hyperbaric Oxygen Therapy for the treatment of non-diabetic chronic wounds, as a result of a recommendation from the Medical Services Advisory Committee;
- addition of new diagnostic audiology items to allow qualified audiologists to perform particular services, on referral from a specialist;
- addition of new items for gene testing, to determine whether cancer patients will respond to treatments; and
- tightening of the provisions for Medicare-funded diagnostic radiology services to ensure providers meet minimum qualifications.

Further information will be available in the summary of changes included in the Medicare Benefits Schedule issued by the Department of Health and Ageing when the amendments take effect.

Appendix C

Government Invests in Frontline Health Services

The Australian Government will deliver major new health initiatives and continue to support frontline health services for Australian families in the 2012-2013 Budget.

8 May 2012

The Gillard Government will deliver major new health initiatives and continue to support frontline health services for Australian families in the 2012-2013 Budget.

Health Minister Tanya Plibersek said despite continuing to exercise fiscal responsibility, the Government is directing $74.5 billion to essential health and ageing services, making it easier for patients to access care when and where they need it.

Ms Plibersek said new investment in the health portfolio will focus on areas of need: dental health, rural and regional facilities and aged care. At the same time the Government has made savings and found more efficient ways to fund programs.

“Despite facing a tough budget, the Government has managed to deliver much needed new initiatives for patients including in dental health, additional bowel cancer screening and millions of dollars for health facility construction.”

Ms Plibersek said at the centre of health initiatives in this year’s Budget is a targeted $515.3 million investment in oral health for Australians who are least able to afford dental care.

“400,000 people who have been waiting for care on public dental waiting lists will benefit from these Measures which are a significant step towards a better system of dental care,” Ms Plibersek said.

“This new spending will also provide a boost to the dental workforce and improved dental facilities in rural and remote areas.”

The Government will also prioritise the things that make a difference to Australians’ lives, including front-line services, while we continue to build a strong economy for the future.

The health budget also focuses on rural and regional Australia with $475 million directed to new and upgraded health and hospital infrastructure across 76 projects in country areas.

Projects include hospital redevelopments, developing community health centres, multi-purpose services, dental facilities and providing training and accommodation facilities for health professionals, in locations across Australia as diverse as Broken Hill, Proserpine, Halls Creek, Mt Isa and Bunbury.

“It’s important that families in rural and regional Australia can access the right care at the right time close to their local communities,” Ms Plibersek said.

The Government is delivering long overdue reform of Australia's aged care system through a five year, $3.7 billion package to build a better, fairer and more nationally consistent aged care system. This will enable older Australians to get the help they deserve so they can remain living in their own homes for as long as possible.

"Older Australians will always be a priority for the Gillard Government and benefit significantly in this Budget," Ms Plibersek said.

The Government will also invest $49.7 million to expand the National Bowel Cancer Screening Program.

"Under the expanded National Bowel Cancer Screening Program, screening will be offered to people turning 60 years of age from 2013 and 70 years of age from 2015, with biennial screening phased in from 2017-18," Ms Plibersek said.

Evidence shows that biennial screening has the potential to reduce these cancers by 15 per cent to 25 per cent and prevent between 300 and 500 Australian deaths annually.

Ms Plibersek said the Government was also committed to further modernising the Australian health system and was investing an additional $233.7 million into the continued rollout of the national electronic health records system, which will reduce errors and duplication of services.

While protecting frontline care, the Government will also implement targeted and responsible savings that reduce waste, achieve greater efficiency and direct precious dollars to where they have the greatest health benefit.

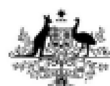
"Some items under the Extended Medicare Safety Net will be capped to discourage excessive fees and to prevent people from misusing Medicare to pay for cosmetic surgery," Minister Plibersek said.

The Private Health Insurance Rebate will be paid for insurance products that cover natural therapy services only where the Chief Medical Officer finds there is clear evidence they are clinically effective.

The Government will also tighten regulations around diagnostic radiology services to ensure that imaging is carried out by appropriately qualified practitioners.

For all media inquiries, please contact the Minister's Office on 02 6277 7220

Appendix D



Australian Government

Department of Health and Ageing

- FACT SHEET -

Strengthening the Provision of Quality Diagnostic Radiology Services

As part of the 2012-13 Budget the Government announced the 'Strengthening the Provision of Quality Diagnostic Radiology Services' measure, which will strengthen the provision of quality Medicare funded diagnostic radiology services by requiring those performing the actual diagnostic imaging procedure to hold minimum qualifications for all x-ray, angiography and fluoroscopy services.

The measure responds to a recent review of diagnostic imaging that found the absence of minimum qualifications for people actually performing the imaging service was a matter of concern.

The Australian Government is focused on the provision of quality and safe diagnostic imaging services. This measure builds on a number of measures, initiatives and projects already undertaken by the Department. These include the Diagnostic Imaging Accreditation Scheme (DIAS), the Diagnostic Imaging Quality Practice Program (DIQPP), and the introduction of MRI initiatives to increase access to MRI services for children to reduce the risk of unnecessary ionizing radiation from CT.

The Department will continue to engage stakeholders through the implementation of the Diagnostic Imaging Reform Package.

From 1 November 2012, only medical practitioners, certain dental practitioners (for specified services), and registered medical radiation practitioners will be able to perform diagnostic imaging procedures for all diagnostic radiology services listed in the Medicare Benefits Schedule (MBS), excluding mammography. Medical radiation practitioners must be registered with the Medical Radiation Practitioner Board. Consistent with the previous requirements, dental practitioners and medical radiation practitioners must be employed by, or under supervision of, a medical practitioner.

This measure will improve the quality and safety of Medicare-funded diagnostic radiology procedures. This initiative does not affect the ability of selected health professionals to request Medicare-eligible x-ray services for their patients.

An allied health professional will be able to perform an x-ray if they are employed by, or under the supervision of, a medical practitioner and have been registered as a medical radiation practitioner by the Medical Radiation Practice Board of Australia.

This measure provides for exemptions for rural and remote areas. Exemptions apply for areas that fall into the outer regional, remote and very remote (RA3, RA4 or RA5) categories under the Australian Standard Geographical Classification (ASGC) system. They also apply for areas that fall within the inner regional (RA2) category that are also classified as RRMA 4 and RRMA 5.

Providers will need to check their locality on the Doctor Connect website at doctorconnect.gov.au

Health Insurance (Diagnostic Imaging Services Table) 2012 Regulations

Subject to the passage of legislation, from 1 November the measure introduces the requirement that x-rays, angiography and fluoroscopy services are performed by appropriately qualified practitioners;

Amendment 1: Amendment to *Division 2.3 Group I3 – Diagnostic radiology*

- Clause 2.3.1 (1) allows only the following health practitioners to perform diagnostic imaging service:
  - a medical practitioner; or
  - a medical radiation practitioner who:
    - i. is employed by a medical practitioner; or
    - ii. provides the service under the supervision of a medical practitioner
- Clause 2.3.2 (2) allows only the following health practitioners to perform diagnostic imaging service:
  - a dental practitioner;
    - i. may provide the service because of the operation of subsection 16B (2) of the Act; and
    - ii. is employed by a medical practitioner; or
    - iii. provides the service under the supervision of a medical practitioner

Amendment 2: Amendment to Division 2.3 Group I3 – Diagnostic radiology

- Clause 3 provides details on the rural and remote exemptions for this measure. These exemptions apply in outer regional areas to very remote (as classified under the ASGC system), and in inner regional areas where the location is also categorised as RRMA4 or RRMA 5.

Frequently Asked Questions

Will patients be able to receive Medicare eligible x-rays provided by an allied health professional?

An allied health professional will be able to perform an x-ray if they are employed by, or under the supervision of, a medical practitioner and have been registered as a medical radiation practitioner by the Medical Radiation Practice Board of Australia.

This initiative does not affect the ability of selected health professionals to request Medicare-eligible x-ray services for their patients.

I am an allied health professional who was granted licences under state and territory legislation to own and operate x-ray equipment. Does this impact on my licence?

This measure does not impact on licences issued under state and territory legislation to own and operate x-ray equipment in private practice; it is aimed at enhancing the safety and quality of diagnostic radiology procedures performed under Medicare.

Why are mammography services excluded?

As the existing professional supervision requirements for mammography include the requirement for personal attendance by a radiologist if required, mammography has not been included in this measure.

Appendix E

Number of requests of specific diagnostic radiology items for allied health practitioner types.

	Chiropractor	Dentistry-oral surgery /other dental specialist	Dentistry - registered	Nurse practitioner	Orthodontistry	Osteopath	Physiotherapist	Podiatrist	TOTAL
57521: Foot, Ankle, Leg, Knee or Femur (R.)									
2011-12	18	15	110	201	11		13	52,318	52,686
2012-13	12	34	142	363	11		20	57,554	58,136
2013-14	12	20	143	532	10		12	63,389	64,118
57527: Foot and Ankle, or Ankle and Leg, or Leg and Knee, or Knee and Femur (R.)									
2011-12		NR	10	58	NR			5,883	5,953
2012-13			9	77				6,691	6,777
2013-14	NR		9	43				6,941	6,994
57712: Hip Joint (R.)									
2011-12	21,573	NR		30		1,983	9,359		32,949
2012-13	31,008		NR	69		2,328	10,186		43,493
2013-14	54,191	NR	NR	74		2,388	10,947		67,604
57715: Pelvic Girdle (R.)									
2011-12	180,540	NR	NR	16		2,446	6,092		189,101
2012-13	161,545		NR	42		2,737	6,638	NR	170,969
2013-14	119,055	NR	NR	39		2,672	7,463	7	129,241
58100: Spine Cervical (R.)									
2011-12	11,236	36	233		NR	1,545	4,964	0	18,017
2012-13	10,299	9	108		NR	1,583	4,872	0	16,873
2013-14	9,349	11	110		NR	1,488	5,152	6	16,117
58103: Spine Thoracic (R.)									
2011-12	1,931					493	1,698		4,112
2012-13	1,842					534	1,885		4,261
2013-14	1,859					535	1,930		4,324
58106: Spine Lumbosacral (R.)									
2011-12	25,086	NR				3,236	10,475		38,799
2012-13	23,173	NR		NR		3,297	10,595	NR	37,071
2013-14	21,643	NR				3,293	10,745	9	35,691
58109: Spine Sacrococcygeal (R.)									
2011-12	267	NR				62	216		546
2012-13	266					66	525		584
2013-14	306					89	274		669
58112: Spine, Two Examinations of the Kind Referred to in Items 58100, 58103, 58106 and 58109 (R.)									
2011-12	18,529	NR		NR		1,381	3,539		23,451
2012-13	16,751	NR				1,462	3,700		21,914
2013-14	14,772					1,277	3,705	NR	19,758
58115: Spine, Three Examinations of the Kind Mentioned in Items 58100, 58103, 58106 and 58109 (R.)									
2011-12	95					NR	NR		97
2012-13	25						NR		26
2013-14	10								10
58120: Spine, Four Regions, Cervical, Thoracic, Lumbosacral and Sacrococcygeal (R.)									
2011-12	14,704	15,176				95	121		14,920
2012-13	15,176	15,102				64	184		15,424
2013-14	15,102					72	270		15,444
58121: Spine, Three Examinations of the Kind Mentioned in Items 58100, 58103, 58106 and 58109 (R.) if the service to which item 58120 or 58121 applies has not been performed on the same patient within the same calendar year									
2011-12	158,397					672	861		159,930
2012-13	139,459					671	801	NR	140,933
2013-14	98,863	NR				528	908	NR	100,301

*Anomalies in the data show a small number of requests from practitioners who cannot, by regulations request certain services. This is considered an error in the Medicare data, where practitioner's classifications in a specific allied health subgroups are not correct. (**NR**: numbers have been suppressed because of low service volumes.)