POSITION STATEMENT

Allied Health Professions Australia

Musculoskeletal referrals for imaging by allied health practitioners

This position statement has been developed by Allied Health Professions Australia (AHPA) and its member associations to support the work of the Medicare Benefits Schedule (MBS) Review Allied Health Reference Group. We particularly acknowledge the work of Osteopathy Australia (OA) in the development of this statement.

1. Introduction

AHPA welcomes the opportunity to provide input into the review of the MBS items relevant to allied health professionals. The recommendations outlined below relate to imaging items under Schedule 5 of the MBS. As such, they are not strictly within the Priority 1 scope of the review, but as they impact on the ability of allied health practitioners to provide appropriate and cost-effective patient management (i.e. reduce costs to the patient and the health system), we submit the following recommendations for consideration under Priority 2 – Long term recommendations.

2. Recommendations

1. **Where clinically indicated as preferable to plain radiography, ultrasound (Group I1, Subgroup 6) is made available for MBS rebates via direct referral from allied health practitioners appropriately trained to diagnose and treat musculoskeletal issues**. Where indicated for the spinal and associated regions, this right should extend to chiropractors, physiotherapists and osteopaths. Where indicated in other regions, this right should be granted to physiotherapists and osteopaths (see Section 3 for a list).
2. **Expand MBS Schedule 5, Subgroup 1 to provide access to MSK allied health practitioners** Appropriately qualified allied health professionals trained in the diagnosis and management of musculoskeletal conditions (MSK) are given rights to refer for plain radiography of the extremities, to aid diagnosis and treatment planning. This should include a limited number of additional MBS item numbers for physiotherapists and osteopaths (see Section 3.2 for examples).

3. Rationale

In order to support musculoskeletal allied health practitioners to take a holistic view of diagnosis and management of the patient, and to develop a more thorough view of issues causing compensatory movement patterns, overcompensation, asymmetry, poor movement and reinjury, practitioners will at times require access to imaging of the extremities and the regional connecting points between components of the body (i.e. limb interconnections such as shoulder, elbow, knee). In some cases, appropriate patient management may require ultrasound, as this can provide a better view of soft tissue structures than x-ray.

Currently imaging privileges for musculoskeletal allied health practitioners are limited and require the practitioner to make an additional referral to a GP, which adds time and monetary costs for the patient and the MBS. Significant efficiencies could be made to the patient pathway by allowing allied health practitioners to make clinically appropriate imaging referrals, within their scope of practice. The examples below indicate the potential cost savings and improved patient journey.
Where the allied health practitioner feels that an MRI or CT is warranted, then a recommendation should be made to a GP for the imaging request or on-referral to a specialist. There is an argument for direct referral to a musculoskeletal specialist such as an orthopaedic surgeon in the case of acute or serious injury, where there are clear signs of nerve pain or damage, or the clinician suspects serious pathology of the neuro-musculoskeletal system.

3.1 Referrals for MSK ultrasound by MSK allied health practitioners

Ultrasound (US) is a safe and painless method to image the soft tissues of the body. It is relatively inexpensive, readily available in all imaging practices and in some clinical consulting rooms. Unlike other imaging studies, US is a dynamic study in that patient movement can be assessed at the time of the examination and can be correlated with the clinical presenting symptoms[i]. Ultrasound is used for a range of neuro-musculoskeletal conditions such as:

- Tendon tears
- Muscle tears
- Ligament sprains or tears
- Bursae or joint effusions
- Nerve entrapments
- Ganglion cysts[ii]

Example: Rotator cuff tear

A body of evidence from Australia[iii] and overseas[iv] demonstrates that ultrasound is indicated for atraumatic shoulder pain, where rotator cuff disorders (tendinosis, tear, calcific tendinitis) are suspected and where initial X-ray is normal or inconclusive. Despite this, the current system involves a circular referral pathway that wastes resources. The current sequence of events is[v]:

- A patient visits a physiotherapist in the first instance due to a musculoskeletal injury, for example a rotator cuff tear (a type of shoulder injury).
- Due to acute pain and swelling, an ultrasound is clinically indicated for differential diagnosis and to exclude certain pathologies.
- After being presented with the option to either pay the significant additional costs of the diagnostic ultrasound or obtain a referral from their GP and thereby attract an R type Medicare rebate (significantly greater than the NR type rebate available from the physiotherapist) the patient chooses to attend the GP for a referral.
- In addition to referring the patient for an ultrasound, the GP refers the patient to a specialist, who diagnoses a rotator cuff tear, and refers the patient back to physiotherapy for ongoing management.
- The additional involvement of the GP and specialist add costs to the health system without improving patient care. It is well within the scope of practice of the treating musculoskeletal allied health professional to diagnose and refer. AHPA has separately argued for direct referrals to specialists where the allied health practitioner determines this is necessary (please refer to the direct referral position statement for further detail).

Modelling potential cost savings

Using the existing model, typical costs are (not including any specialist on-referral by the GP):

1. Osteopath/physiotherapist consultation – patient expense (private health fund or out of pocket)
2. Referral to GP - $37.05 standard consult MBS item 23
3. GP referral for US Shoulder "rotator cuff tear" – MBS item 55808 $109.10
4. Radiology report to GP - $37.05 standard consult MBS item 23
5. Patient returns to osteopath or physiotherapist for management plan

Total cost to MBS: $183.20

Direct referral for US from MSK allied health practitioners could be as simple as:

1. Osteopath/physiotherapist consultation – patient expense (private health fund or out of pocket)
2. Refer for US Shoulder "? rotator cuff tear" – MBS item 55810 $37.85
3. Radiology report to osteo/physio to inform management plan
4. Osteo/physio consultation – patient expense

Total cost to the MBS: $37.85

In addition to saving costs for the health system, the more streamlined option is likely to save significant time and cost for the patient which directly impacts productivity and the Australian economy.

Example: Patellar tendinopathy +/- bursitis

Musculoskeletal allied health professionals are trained to assess and diagnose patellar tendinopathy and formulate a management plan for the patient. Beyond conservative management, ultrasound is an indicated modality[vi] where the patient has anterior knee pain and the clinician suspects tendinopathy or bursitis.

Despite being within their scope of practice, osteopaths and physiotherapists currently have to refer the patient to a GP for them to be eligible for an MBS-reimbursed ultrasound. This is inefficient and risks a potential GP gap payment for the patient, adds costs to Medicare, and delays injury management.

The MBS item number below[vii] is for non-medically referred knee ultrasound. AHPA recommends that physiotherapists and osteopaths are granted access to this item.

55830
KNEE, 1 or both sides, ultrasound scan of, where:
(a) the service is not associated with a service to which an item in Subgroups 2 or 3 of this Group applies; and
(b) the patient is not referred by a medical practitioner and where the service is provided for the assessment of one or more of the following conditions or suspected conditions:
- ***abnormality of tendons or bursae about the knee***; or
- meniscal cyst, popliteal fossa cyst, mass or pseudomass; or
- nerve entrapment, nerve or nerve sheath tumour; or
- injury of collateral ligaments. (NR)

(See para IN.0.19 of explanatory notes to this Category)
Fee: $37.85 **Benefit:** 75% = $28.40 85% = $32.20

Further examples of ultrasound items

There are some ultrasound item numbers for which there is already access for non-medically referred examinations, to which physiotherapists and osteopaths could be added as approved referrers, after an appropriate period of review and consultation:

- 55802 – Hand or wrist
- 55806 – Forearm or elbow
- 55810 - Shoulder or upper arm
- 55814 – Chest or abdominal wall
- 55818 – Hip or groin
- 55822 – Paediatric hip exam for dysplasia
- 55826 – Buttock or thigh
- 55834 – Lower leg
- 55838 – Ankle or hind foot
- 55842 – Mid foot or fore foot

3.2 Referrals for X-ray of the extremities by MSK allied health practitioners

Physiotherapists and osteopaths manage a broad range of musculoskeletal conditions which includes the upper and lower limbs. To diagnose fractures or other pathology, and to commence timely management and recovery, AHPA recommends that MBS Schedule 5, Subgroup 1 is expanded to provide access to MSK allied health practitioners. This would involve the addition of items numbers as the current schedule only has medical items in this subgroup. The following as examples of where X-ray is indicated as a diagnostic tool:

- Chronic ankle pain[viii]
- Chronic elbow pain, initial test[ix]
- Chronic foot pain, initial test[x]
- Atraumatic shoulder pain, initial imaging (unless suspected rotator cuff disorders indicate an ultrasound/ MRI)[xi]

The same referral pathway principles (i.e. the reduction to MBS costs by avoiding circular referral) apply as in the rotator cuff example given above.

4. References

[i] Royal Australian and NZ College of Radiologists. 2017. Ultrasound. InsideRadiology. Accessed 31 May 2018 from https://www.insideradiology.com.au/ultrasound-hp/

[ii] Radiological Society of North America. RadiologyInfo – Ultrasound – Musculoskeletal. Accessed 31 May 2018 from https://www.radiologyinfo.org/en/info.cfm?pg=musculous

[iii] Government of Western Australia, Department of Health. 2013. Diagnostic Imaging Pathways – Shoulder (Pain or Instability). Accessed 29 May 2018 from http://www.imagingpathways.health.wa.gov.au/index.php/imaging-pathways/musculoskeletal-trauma/musculoskeletal/shoulder-injury#pathway

[iv] American College of Radiology, 2012. ACR Appropriateness Criteria: Shoulder Pain – Atraumatic. Accessed 29 May 2018 from https://acsearch.acr.org/docs/3101482/Narrative/

[v] Australian Physiotherapy Association. 2016. Feedback on the First Report from the Diagnostic Imaging Clinical Committee - Low Back Pain. Camberwell, VIC.

[vi] Government of Western Australia, Department of Health. 2013. Diagnostic Imaging Pathways – Knee pain (non-traumatic). Accessed 31 May 2018 from http://www.imagingpathways.health.wa.gov.au/index.php/imaging-pathways/musculoskeletal-trauma/musculoskeletal/non-traumatic-knee-pain#pathway

[vii] Medicare Benefits Schedule. May 2018. Accessed 30 May 2018 from http://www9.health.gov.au/mbs/fullDisplay.cfm?type=item&qt=ItemID&q=55828

[viii] American College of Radiology, 2012. ACR Appropriateness Criteria: Chronic Ankle Pain. Accessed 31 May 2018 from https://acsearch.acr.org/docs/69422/Narrative/

[ix] American College of Radiology, 2012. ACR Appropriateness Criteria: Chronic Elbow Pain. Accessed 31 May 2018 from https://acsearch.acr.org/docs/69423/Narrative/

[x] American College of Radiology, 2012. ACR Appropriateness Criteria: Chronic Elbow Pain. Accessed 31 May 2018 from https://acsearch.acr.org/docs/69424/Narrative/

[xi] American College of Radiology, 2012. ACR Appropriateness Criteria: Atraumatic Shoulder Pain. Accessed 31 May 2018 from https://acsearch.acr.org/docs/3101482/Narrative/