

**Feedback on the First Report from the Diagnostic
Imaging Clinical Committee - Low
Back Pain**

**Presented to Medical Benefits Scheme Taskforce
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Authorised by:

Marcus Dripps
President
Australian Physiotherapy Association
Level 1, 1175 Toorak Rd
Camberwell VIC 3124
Phone: (03) 9092 0888
Fax: (03) 9092 0899
www.physiotherapy.asn.au

First Report from the Diagnostic Imaging Clinical Committee Low Back Pain

Physiotherapy and low back pain under the Medicare Benefits Scheme (MBS)

The Australian Physiotherapy Association (APA) supports the four aims of the MBS Taskforce to increase

- Affordable and universal access
- Best practice health services
- Value for the individual patient
- Value for the health system

We welcome the reports from the Diagnostic Imaging Clinical Committee, but feel that the data presented could facilitate recommendations better targeted to achieve these aims.

The physiotherapy profession is unique

We are concerned that several of the recommendations in the report are premised on presumptions that are fundamentally flawed. The committee conflates three professions under one umbrella of allied health. It portrays chiropractors, osteopaths and physiotherapists as equivalent providers, despite their fundamental differences.

The data in the report clearly demonstrates that physiotherapists and other health providers are not all the same. We are concerned that recommendations 1, 2 and 4 contradict the data on physiotherapists requesting of lumbar spine imaging, and may be based on considerations that are not discussed in the report.

Physiotherapists see low back pain frequently in the community

The APA's 2010 Benchmarking Study¹ shows that acute lumbar pain is the second most frequently seen condition in physiotherapy private practice in Australia. Chronic lumbar pain is the fifth most frequently seen condition.

Despite this frequency of contact in primary care physiotherapy practice, the MBS claims data provided in the report clearly shows that physiotherapists lead the way in appropriate requesting of imaging for low back pain in the community. Person for person, physiotherapists have by far the lowest incidence of requesting all types of imaging in primary care (see data under recommendation four for more details).

There are a large number of registered physiotherapists. In 2016 there are more than 27,000 with general registration in Australia². This and their frequency of contact with people with low back pain make them a key profession for addressing the low back pain epidemic.

Despite this potential, the report recommends that requesting rights be reduced. While at the same time recommending that other primary care health professionals who have higher rates of imaging requests for low back pain have their requesting rights extended.

Recommendations are being made without any input from musculoskeletal health practitioners

The APA is concerned that the Diagnostic Imaging Clinical Committee is made up primarily of general practitioners (GPs) and radiologists. To ensure that balanced and appropriate recommendations are made by this committee, physiotherapists, orthopaedic surgeons and rheumatologists should be involved.

While these professions were represented on the working group, they are being excluded from the decision-making process at the clinical committee level.

The recommendations will increase circular referrals

The recommendations will increase circular referrals, increasing costs for the MBS and consumer, without improving patient care. This comes at a time when concerns about the cost of healthcare are rising sharply. Choice's annual survey, *Consumer Pulse: Australians' Attitudes to cost of living 2015-16* shows that health costs have 'overtake[n] food and groceries for the first time as Australians' second-biggest household expense concern.'³

What is circular referral?

The sequence of events described as a circular referral is:

- A patient attends the 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

Each of these stages comes at a cost to the health system and the funding mechanisms in place encourage this wasteful and expensive process. They need to change to provide value to the system and to healthcare consumers.

This review provides a unique opportunity to make these important changes that acknowledge the roles of all primary contact health professionals in our system. It needs to consider and act on the benefits offered by physiotherapists to improve outcomes, access and value.

Recommendation 1

Do you agree with Recommendation 1 which endorses GP-requested MRI of the lumbar-sacral spine, for defined indications?

Physiotherapist-requested MRI of lumbar-sacral spine, in-line with recommendations in clinical guidelines should also be endorsed.

The APA supports the implementation of GP-requested MRI of the lumbar-sacral spine, for defined indications but does not agree with this recommendation in isolation.

In addition to GP requested MRI, the evidence for this recommendation supports physiotherapy requested MRI of the lumbar-sacral spine, for defined indications.

Australia's 27,000 physiotherapists see a large number of patients with acute low back pain, and MRI is recommended by clinical guidelines as the modality of choice for investigation of a range of serious underlying pathologies. The data presented in the report also shows that physiotherapists are discerning users of diagnostic imaging modalities.

The report should therefore recommend that the patients of physiotherapists should also have access to rebates that support clinical guideline recommendations. This recommendation is supported by the data, and would decrease the occurrence of circular referral.

The report does not provide a reason that physiotherapists have been excluded from this recommendation, despite the data presented.

Recommendations should be specific to physiotherapists.

The APA is not in a position to support amendments to the MBS to allow *all* allied health professions to request MRI of the lumbar-sacral spine. The APA's recommendations pertain specifically to physiotherapists.

Recommendation 3

Do you agree with Recommendation 3 which endorses clarifying the indications for low back imaging for each modality, including a comprehensive list of appropriate tests?

More information is needed in indications, and physiotherapists must be involved in the decision making process for a comprehensive list of appropriate tests.

The APA sees potential in this recommendation. However while we acknowledge that including stricter requirements may be a good idea, it is impossible to comment on this recommendation without first having information on which tests might be included, and who might be authorised to perform or request these tests.

The report must also provide information on the mechanism that will be used to develop such a list of tests, how often a list would be reviewed, and who would review it. The APA would not support a process that did not include a range of provider types, including physiotherapists and consumers.

Is Medicare the appropriate instrument for mandating appropriate tests to be listed?

The APA understands the potential utility of using the MBS as an instrument for mandating appropriate tests. However, the mechanism needs to be efficient, capable of routinely incorporating the best available evidence and just. The nature and operation of the mechanism to maintain currency is not addressed in the report and needs to be carefully considered by the committee and the MBS Taskforce. As a result, the APA has reservations about Medicare's ability to respond to changes in the health system that might affect which tests should be included or excluded.

Recommendation 4

Limit use of multi-regional radiography on the spine and, in particular, three or four region imaging on the same day.

Recommendations in the report should consider use by primary healthcare professions individually.

The APA supports conditions being placed for the claiming of items for requests on three and four region spinal x-ray items for all primary care providers, including physiotherapists. We strongly oppose the recommendation in its current form.

We are concerned that about the data interpretation. The report says that evidence supports only very limited requesting of these items. The APA agrees with this statement, however believes that the recommendation does not follow the requesting patterns by health professionals.

According to the previously unpublished data provided in the report, physiotherapists have by far the lowest per-provider rate of requests for three area spinal requests (items 58121 and 58115). The APA believes that taking the number of registered providers into account is vital in addition to looking at data in isolation.

The APA believes that a more effective way to reduce unnecessary use of three or four region imaging of the spine would be to place conditions on the circumstances under which item can be requested, rather than removing requesting rights from physiotherapists altogether. This would allow for the patients of physiotherapists who use it for the diagnosis of scoliosis not to be disadvantaged.

The data needs to be reviewed to provide a complete and up to date picture of requests for three and four area spinal x-rays in primary care.

The data in the report is presented in a difficult format to interpret, and is incomplete. We have also detected flaws in the interpretation of the data.

The APA is concerned that:

- The report uses only data from 2013-14. A further two years of data is now available from Medicare and should be represented in the report.
- Data about GP and specialist referring patterns for three area spinal plain radiography requests is omitted from table 9, 'Main x-ray items by speciality type, 2013-14'. The same item for medical practitioners is MBS item number 58115 which should be included alongside the 'allied health' MBS item number 58121 in table 9. This would make comparison between all primary health providers possible.
- The data on four area spinal plain radiography requests is available only as aggregate data, and does not provide any information on physiotherapy requests. Information on this item (MBS item number 58120) should be included in table 9 and compared along-side the equivalent item for medical practitioner requests (MBS Item number 58114).

To draw appropriate conclusions that address over-use of spinal x-ray items, the usage data for all primary care providers needs to be considered in context. Complete and comparable data should be examined in the relevant tables.

If table 9 were amended to include medical practitioner information on requests for Spine 3 Areas it would say:

Services for main x-ray items by speciality type, 2013-14

Item number	GPs	Specialists	Allied health	Total services
58106 - SPINE LUMBOSACRAL	245,779	43,267	35,524	324,570
58112 – SPINE 2 AREAS	93,256	18,742	19,640	131,638
58121 – SPINE 3 AREAS (allied health)				
and				
58115 – SPINE 3 AREAS (medical practitioner)	14,628	9,764	99,171	123,555
Total	353,663	71,773	154,335	579,763
% of total services for all 3 items	61.0%	12.4%	26.6%	100%

(Proposed changes to table 9 are highlighted in red.)

Table 10 should include statistics for *all* primary care providers and should be reported as:

Primary care requested services for main x-ray items by provider type, 2013-14

Item number	GP	Chiropractor	Osteopath	Physiotherapist	Item total
58106 - SPINE LUMBOSACRAL	245,779	21,572	3,257	10,695	35,524
58112 - SPINE 2 AREAS	93,256	14,678	1,271	3,691	19,640
58121 – SPINE 3 AREAS (allied health) and	14,628	97,772	516	883	113,799
58115 – SPINE 3 AREAS (medical practitioner)					
Total	353,663	134,022	5,044	15,269	507,998
% of primary care	69.6%	26.4%	1.0%	3.0%	Not applicable

Further analysis shows that on a per provider basis, physiotherapists have an extremely low rate of plain radiological requests for spinal items. In fact they lead the way in low rates of requesting spinal x-ray. The following table shows that breakdown of the number of requests by provider type, and takes the number of registered providers into consideration.

Primary care requested services for main x-ray items by provider type, per registered practitioner, 2013-14

	General Practitioner	Chiropractor	Osteopath	Physiotherapist
<i>Number of health practitioners in 2014</i>	25,958 [#]	3,624 [§]	1,519 [*]	18,738 [^]
58106 – SPINE LUMBOSACRAL	9.47	5.95	2.14	0.57
58112 – SPINE 2 AREAS	3.59	4.05	0.84	0.19
58121 – SPINE 3 AREAS (allied health) and 58115 – SPINE 3 AREAS (medical practitioner)	0.56	26.98	0.34	0.05

Sources:

Medicare Benefits Schedule Review Taskforce, First Report from the Diagnostic Imaging Clinical Committee - Low Back Pain, August 2016 accessed at <http://www.health.gov.au/internet/main/publishing.nsf/content/mbrs-first-report-diagnostic-imaging-clinical-committee-low-back-pain>

[#] National Health Workforce Data Set: medical practitioners 2014, accessed at <http://www.aihw.gov.au/workforce/medical/2014/additional/>

[§] Chiropractic workforce data tables, 2014 accessed at <http://www.aihw.gov.au/workforce/chiropractic/>

^{*} Osteopathy workforce data tables, 2014 accessed at <http://www.aihw.gov.au/workforce/osteopathy/>

[^] Physiotherapy workforce data tables, 2014 accessed at <http://www.aihw.gov.au/workforce/physiotherapy/>

The APA is also concerned with incorrect analysis in table 17 as per below:

Table 17: Allied health requesting speciality of Medicare item 58112 (two regions spine) for 2013-14

Item number	Chiropractors	Physiotherapists	Osteopaths	Total services
58112	14,678	1,271	3,691	19,640
% of total services	74.74%	6.47%	18.79%	100%

Source: unpublished data (Department of Health)

Of the allied health requests, chiropractors request over 75% of these services (14,678), followed by physiotherapists (19%) and osteopaths (6%).

The text below the table contradicts the data presented and this should be rectified in the final report. The text should read: Of the allied health requests, chiropractors requested over 74% of these services (14,678), followed by osteopaths (19%) and physiotherapists (6%).

The data in the report shows that in primary care, physiotherapists lead the way for low rates of requesting of spinal x-ray.

Achieving the taskforce's goals

The APA supports the key goals of the review. We would like to see changes made to meet the four goals about affordability, universal access, best practice and value.

Our appraisal of the data supports the conclusions that all primary care professionals need to be considered individually in their levels of access to diagnostic imaging requests under the MBS. The data shows that physiotherapists lead the way in low rates of x-ray requests of the spine.

Recommendation One should endorse physiotherapist access to requests for MRI for certain indications. This would follow clinical guidelines recommendations for primary healthcare professionals.

More information is required on which tests might be included in recommendation three, and who might be authorised to perform or request these tests prior to requesting spinal imaging. Information on the mechanism for selecting these tests, and the process for regular review and who would review the tests must be supplied.

Recommendation Four should limit the conditions under which all primary healthcare professions should be allowed to request three and four area spinal x-rays, but should not remove such rights from physiotherapists. The APA represents physiotherapists, and does not argue for rights for all primary healthcare providers.

The data in the report should be presented in a way that allows comparisons of primary care professionals. It should be up-to-date and error free. It should also take into account the number of health professionals registered in each profession, in addition to considering raw numbers of requests.

Contact

To discuss this submission further, please contact Paula Bateson, Manager, Policy and International Relations, paula.bateson@physiotherapy.asn.au.

About the APA

The Australian Physiotherapy Association (APA) is the peak body representing the interests of over 23,000 physiotherapists and their patients. APA members are registered with the Physiotherapy Board of Australia, have undertaken to meet the APA Code of Conduct, are expected to use the latest research in practice and often have further and/or expert qualifications.

The APA sets a high standard for professional competence and behaviour and advocates best practice care for clients. It is our belief that all Australians should have access to high quality physiotherapy to optimise health and wellbeing.

Vision

That the whole community recognises the full benefit of physiotherapy

Belief

That all Australians should have access to high quality physiotherapy to optimise health and wellbeing

Purpose

To leverage our global leadership position for the benefit of physiotherapy and consumers

References

- ¹ Australian Physiotherapy Association, Physiotherapy Business Australia Benchmarking results, Melbourne, 2011
- ² Physiotherapy Board of Australia, Registrant Data Reporting Period March 2016, 2016, accessed 21 September 2016 at <http://www.physiotherapyboard.gov.au/About/Statistics.aspx>
- ³ Choice, Consumer pulse: Australians' attitudes to cost of living 2015-2016, 2016 July, accessed 21 September 2016 at <https://www.choice.com.au/money/budget/consumer-pulse/articles/electricity-costs-biggest-concern-july-2016>