the peak body and leading voice for sonographers

Thursday, 7 March 2019

Professor Bruce Robinson
Chair
MBS Review Taskforce
Vascular Clinical Committee
Australian Government Department of Health

Email: MBSReviews@health.gov.au

Dear Professor Robinson,

Re: Medicare Benefits Schedule (MBS) Review Taskforce – Report from the Vascular Clinical Committee

Thank you for your correspondence dated 29 November 2018, inviting feedback from the Australasian Sonographers Association (ASA) to the MBS Review Taskforce - Vascular Clinical Committee on the report for consultation.

The ASA also thanks the Vascular Clinical Committee for their significant effort reviewing the many MBS items within their remit. This important work contributes to ensuring Australians have access to quality and appropriate diagnostic imaging services.

The ASA has considered the *Report from the Vascular Clinical Committee*, in consultation with our Sonographer Policy and Advisory Committee, and our Vascular Special Interest Group. In response to the consultation questions:

1. The ASA feedback on the ultrasound specific recommendations 5.1 – 5.5 is summarised below, with detailed responses attached to this letter at Appendix 1:
    - Recommendation 5.1: Supported in principle
    - Recommendation 5.2: Supported
    - Recommendation 5.3: Not supported
    - Recommendation 5.4: Partially supported
    - Recommendation 5.5: Not supported.

2. The ASA is not aware of any other aspects of the report that have not been considered but merit further investigation or consideration.

3. The ASA has no further comment on other recommendations of the Vascular Clinical Committee report.

Finally, the ASA recommends involving a sonographer in future work and discussions of the Vascular Clinical Committee regarding diagnostic ultrasound Medicare items. The ASA would be delighted to support the Committee by arranging a representative for any future work in this area.

If you require any further information in support of this feedback, please contact James Brooks-Dowsett, ASA Policy & Advocacy Advisor, by phone on (03) 9552 0008 or email to policy@sonographers.org.

I look forward to continuing to support this important work by the Vascular Clinical Committee and the Australian Government.

Yours sincerely,

Dr Jennifer Alphonse PhD
President
Australasian Sonographers Association

APPENDIX 1: the Australasian Sonographers Association (ASA) response to the MBS Review Taskforce - Report from the Vascular Clinical Committee

MBS Review Taskforce Recommendation	ASA Response
5.1 Improve diagnostic options for duplex examination of aortoiliac and lower limb vasculature, by changing the item descriptor for duplex examination of arteries of the lower limb to include the aortoiliac region where warranted.	**Supported in principle. More information needed.** The ASA supports the changes to simplify the administration and improve the clinical pathways available to patients. However, greater detail is required on the practical implication of these changes. For example, who will decide on the need for the appropriate examination (i.e. one or two body areas) – the referrer or the imaging provider? And how will the fee be adjusted to reflect the examination provided, given such significant variability? Without these elements being clarified, the ASA can only support this in principle.
5.2 Prevent low-value over-servicing of carotid duplex examinations, by restricting duplex examination of the carotid arteries to ensure appropriate use in symptomatic and high-risk patients. Referrals would be restricted to specialists for asymptomatic patients.	**Supported.**
5.3 Prevent low-value over-servicing of renal duplex examinations, by restricting referrals to specialists to encourage clinically appropriate use, and that obstetrics and gynaecology (O&G) provider use should be referred for further departmental compliance investigation to reduce low-value and inappropriate use.	**Not supported.** We do not support this recommendation due to the risk of unintended consequences associated with this item, particularly in rural and remote areas, or metro areas without good access to the specialist practitioners. The objectives of the change could be better achieved through General Practitioner education and decision support tools, rather than putting referrer restrictions in place in the system.
5.4 Reduce the use of ankle brachial index (ABI) for screening and improve access for podiatrists and nurse practitioners, by adding a restriction to prevent the item from being used for screening, and allowing nurse practitioners and podiatrists to access the item on referral from a medical practitioner to improve access for patients.	**Partially supported.** We support the need for better education and appropriate application of ABI for the diagnosis and monitoring of peripheral vascular disease (PVD). However, we do not support extending the performing of ABI to additional allied health practitioners (nurse practitioners and podiatrists) due to the lack of controls over ultrasound

	training for identification of the disease, and resulting potential quality concerns.
5.5 Remove low-value continuous wave (CW) Doppler investigation of venous insufficiency and obstruction, by retaining item 11602 and splitting the item to have a non-referred duplicate item 11603, but with changes to the item descriptor. Also changing the reference to CW Doppler to duplex examination only, and adding co-claiming restrictions with any other duplex examination of the lower limb to reduce low-value use.	**Not supported. Item should be removed** As noted by the Committee, this is an obsolete test where the information gained is of very limited value. Unless there is evidence to the contrary, it should be removed.