Hon. Greg Hunt MP
Minister for Health

20 June 2017

Dear Minister Hunt

Re: MBS Review recommendation: age restriction for GP-referred MRI of the Knee

The Australasian Musculoskeletal Imaging Group (AMSIG) is the peak special interest group for musculoskeletal imaging and intervention in Australia. Our membership comprises primarily of musculoskeletal radiologists and radiologists, and clinicians with interest in musculoskeletal imaging and intervention. The role of the Society is educational and to provide expert clinical opinions to stakeholders such as the Royal Australian and New Zealand College of Radiologists, the Australian Diagnostic Imaging Association, and Government agencies where requested.

AMSIG members have been actively involved in the MBS Review, and welcomed the Government’s stated commitment to clinically-led and evidence-based review of the Medicare Benefits Schedule. I served on the Knee Imaging Working Group, and Associate Professor David Connell (past AMSIG President) served on the Diagnostic Imaging Clinical Committee. In addition, Dr James Linklater (past AMSIG President) served on the Australian Commission on Safety and Quality in Health Care in preparing the Osteoarthritis of the Knee Clinical Care Standard.

The recommendation

AMSIG is aware of the recommendation of the MBS Review to restrict GP-referred MRI of the knee to patients under 50 years old. This recommendation to restrict funding to patients based on their age is discriminatory and is not evidenced-based.

AMSIG does not support this recommendation, as we believe that it is not in the best interest of patient care.

MRI is the best imaging modality for acute injury of the knee

We believe that the original descriptors for MRI of the knee for acute injuries are evidence-based and appropriate to best practice. Prior to MRI of the knee being listed on the Medicare Benefits Schedule, patients with acute knee injuries were subjected to ultrasound of the knee ($55828; $103.65), CT scan of the knee ($55619; $209) and Bone Scans ($61421; $455). These studies subject patients to unnecessary radiation exposure and/or are poor tests for acute ligamentous and meniscal injury. In our clinical practices, studies have significantly reduced for this
indication since the introduction of funding for MRI of the knee, which is a cost saving to Medicare. In addition, we have noted that GP referred MRI of the knee significantly improves triaging of patients with serious injuries.

There may be some referral issues that could be addressed through increased education. This is a preferable approach to jeopardising the clinical outcomes of patients over an arbitrary age.

An example of this is a fit and healthy 61 year-old runner who twists his knee and is subsequently unable to extend his knee. Removing access to MRI via GP referral will jeopardise the clinical outcome by delaying his diagnosis and treatment, as well as potentially subjecting him to tests such as CT scans which involves radiation and does not provide a diagnosis. Alternatively, this patient would need to wait to see a surgeon to obtain a MRI referral (often months in regional areas) and may not have access to a funded MRI for imaging resulting in further expense, delay, potential complications and poorer outcomes. This pathway also isolates the GP as the primary care giver and may lead to unnecessary expense and treatments that are not appropriate to the patient’s diagnosis.

We support the ongoing work to address any referral issues and encourage increased education of how to image the knee through the application of item descriptors for appropriate referral for MRI of the knee. We commend the Royal Australian College of General Practice for their educational guidelines on appropriate MRI referral (http://www.racgp.org.au/your-practice/guidelines/mri-referral/) and also note that the Australian Commission on Safety and Quality in Health Care recently released clinical care guidelines for referers: (https://www.safetyandquality.gov.au/wp-content/uploads/2017/05/Osteoarthritis-of-the-Knee-Clinical-Care-Standard-Booklet.pdf).

AMSIG welcomes further discussion with other clinical experts to see if an evidence-based solution can be found, and would appreciate the opportunity to meet with you or your office to discuss the importance of GP-referred MRI in diagnosis of acute knee injury.

Yours sincerely,

[Signature]

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