

**Australasian Podiatry Council proposal for
Podiatry Patients to receive
Medicare benefits for certain pathology tests**



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Proposal

The Australasian Podiatry Council (APoDC) is proposing that podiatry patients receive Medicare rebates for specified pathology tests of the foot and ankle, similar to the way that patients can currently access Medicare benefits for foot and ankle X-rays ordered by podiatrists.

Rebates on the following Medicare Benefits Schedule (MBS) items are requested:

- **69306** - Microscopy and culture to detect pathogenic micro-organisms from skin or other superficial sites.
- **69309** - Microscopy and culture to detect dermatophytes and other fungi causing cutaneous disease from skin scrapings, skin biopsies, hair and nails (excluding swab specimens).
- **69321** - Microscopy and culture of postoperative wounds, aspirates of body cavities, synovial fluid, CSF or operative or biopsy specimens, for the presence of pathogenic micro-organisms (including fungi but excluding viruses) involving aerobic and anaerobic cultures and the use of different culture media.

*(*from Category 6, Pathology Services, Item Table : Group P3 - Microbiology)*

This proposal demonstrates that the origin of referral for Medicare eligible pathology tests will change slightly from general practice to podiatry and that, important MBS cost savings are available to the Australian Government.

Summary

- ❖ This paper proposes access for **podiatry patients to Medicare rebates for a limited number of pathology testing services.**
- ❖ There are **approximately 2300 Podiatrists** in Australia providing care and treatment over an estimated **4.8 million patient consultations** every year involving a range of health conditions (*Source: AIHW, Podiatry Labour Force Survey 2003*).
- ❖ Podiatry care **improves patient mobility** by offering high quality management of superficial infections of the skin and nails of the feet.
- ❖ Adequate care planning and patient management must be informed by an early and **correct diagnosis** in order to facilitate **optimum patient outcomes.**
- ❖ **Pathology Testing**, when combined with thorough clinical examination, is essential in reaching an accurate diagnosis for conditions such as painful infected ingrown toenails, recurrent chronic tinea and debilitating diabetic foot ulceration.
- ❖ Podiatry patients **have had access to Medicare rebates** since 1992 for foot and ankle plain film X-rays (*MBS item numbers 57521 & 57527*) but podiatry patients **are currently not eligible for Medicare rebates** for pathology testing of tissues of the foot and ankle.
- ❖ **Technological advances** in pathology testing of tissues of the foot and ankle have progressed significantly in the last decade.
- ❖ Following podiatry access to the MBS in 1992 there was **no discernable increase** in the number of Medicare-funded foot and ankle X-rays, suggesting that the point of referral for X-rays changed slightly from general practice to podiatry (*Source: Medicare Australia*).
- ❖ In 2005-06 Podiatrists **accounted for 2.86% of ordering** for the two radiology MBS items which they have access to (*Source: Medicare Australia - 37,970 tests of a total 1,329,405*).
- ❖ With extended access to Medicare for pathology testing it is estimated that approximately **18,000 pathology tests** per year would **be switched to referrals by podiatrists.**
- ❖ A recent APodC membership survey showed that **94% of podiatry patients** requiring these pathology tests are currently **referred to a GP** in order to obtain a Medicare rebate for the tests.
- ❖ It is estimated that extended **access to Medicare for podiatry patients** would account for approximately **\$632,000 of the \$22 million annual expenditure** on the pathology tests nominated by APodC.
- ❖ Further, podiatry access would also **remove the need for patients to attend a GP** to gain Medicare eligibility for the pathology tests, **freeing up approximately 17,000 GP consultations each year and saving the Department of Health and Ageing over half a million MBS dollars.**

Benefits of the Proposal

Benefit to Podiatry Patients:

- **Faster diagnosis for patients.** More efficient access to testing and diagnosis for a patient by a Podiatrist will result in **better health outcomes**. Improved access to diagnosis and a resulting treatment plan is of particular significance in the case of soft tissue infection which often requires **immediate treatment** to avoid further infection and associated complications. In high risk groups, such as people with diabetes, delays in diagnosis and management can lead to hospitalisation, cellulitis, systemic infection and / or amputation.
- **Better continuity of care** by maintaining care sought for a particular condition with the Podiatrist responsible for the assessment, diagnosis and ongoing care of that condition.
- **Less out-of-pocket expenses** for the patient, both in terms of the cost of the pathology tests ordered by a Podiatrist and by avoiding the need for the patient to visit a general practitioner to obtain access to Medicare rebated pathology services.
- **Promotion of healthy lifestyles** as identified in the *Better Health for all Australians* Action Plan. The infections under discussion may cause pain resulting in reductions in a patient's physical activity. An immediate diagnosis and management plan by a Podiatrist promotes recovery and return to activity.

Benefits for the Australian health care system:

- **Improved health outcomes and reduced burden of chronic disease** as conditions are diagnosed and subsequently treated in a more timely fashion, resulting in a reduced likelihood of long term morbidity and subsequent need for ongoing medical care.
- **Avoids unnecessary duplication of health services.** The reduced cost to the health system of GP appointments for podiatry patients to obtain a referral for Medicare rebated pathology services is estimated to save the MBS over half a million dollars and approximately 17,000 GP appointments per year. This will improve **access to general medical practitioners** for patients at a time when GP shortages are chronic, particularly in regional and rural areas of Australia. This is a significant improvement considering that it is estimated that 94% of podiatry patients are currently being referred back to their GP to allow them to gain access to Medicare rebated pathology tests.
- Podiatrists are **trained** in the principles and use of pathology testing and thus the proposed change would be **easily implemented** within current practice frameworks. Many Podiatrists have clinical experience with the tests being requested.
- **Access to Medicare rebates** for podiatry patients for selected pathology tests is consistent with the recommendations of the recent **Productivity Commission's study into Australia's Health Workforce**.

Podiatry in Australia and Scope of Practice

Podiatrists are primary health care practitioners who deal with the prevention, diagnosis, treatment and rehabilitation of medical and surgical conditions of the feet and lower limbs. As providers of comprehensive foot care, Podiatrists play an important role in the maintenance of mobility and consequently general health and independence of all members of the community. The Podiatrist is a valued member of the health care team who facilitate mobility and activity through the treatment of painful and debilitating foot problems.

The conditions Podiatrists treat are varied but a substantial focus is placed upon soft tissue conditions, skin and nail disorders and infections, injuries and disorders of the foot and ankle. This may involve management of ingrown toenails, common skin infections and wounds, however such conditions are often more general in nature and therefore present commonly in a broad range of patients. Other conditions a Podiatrist would treat, include those resulting from bone and joint disorders such as arthritis and soft-tissue and muscular pathologies, as well as neurological and circulatory disease.

A range of skills are employed by Podiatrists. A fundamental component of a Podiatrist's role is the ability to conduct a full clinical assessment, in order to formulate a diagnosis and subsequently develop a comprehensive, targeted management plan. Clinical assessment techniques take into account clinical, medical and surgical history, footwear, occupational and lifestyle factors, and may incorporate the use of diagnostic testing such as plain film x-ray.

Podiatrists already refer for X-rays through the MBS

As Podiatrists act as primary health care practitioners, patients may seek their first line of care through consulting with a Podiatrist. Fundamental to this role is the ability to formulate a timely and accurate diagnosis. Given the significance of a full and accurate diagnosis in recommending current best practice patient care choices, it is essential that podiatry patients are offered full and equitable access to the most appropriate available diagnostic tests. In some instances best practice dictates the use of modalities not directly available to the Podiatrist. This places ethical, legal and practical limitations upon practitioners. Over a decade ago this was an issue with lack of accessibility to plain film X-ray, until podiatry patients gained access to Medicare rebates for selected foot and ankle radiology views in 1992. Now when a podiatry patient requires a foot / ankle X-ray it can be quickly and conveniently arranged. Following podiatry access to the MBS in 1992 there was no discernable increase in the number of Medicare-funded foot and ankle X-rays, suggesting that the point of referral for X-rays changed slightly from general practice to podiatry (*Source: Medicare Australia, see Table One*).

Current Arrangements for Podiatry Patients to Access Medicare Rebates for Pathology Tests of the Foot and Ankle.

Currently podiatry patients are not eligible for a Medicare rebate for pathology testing services required for the diagnosis and management of foot conditions. In order for patients to obtain the necessary pathology tests, they must either pay significant out-of-pocket expenses for the tests or seek a referral from a medical practitioner for Medicare-eligible testing. A recent survey of practicing Podiatrists showed that 94% of podiatry patients requiring the pathology tests being requested in this submission, are currently being referred back to their general practitioner in order to obtain a Medicare rebate (*A.PodC Member Survey 2006*). This is occurring at a significant and unnecessary additional cost to the health care system.

Why do Podiatry Patients Require Medicare Rebates for Selected Pathology Testing Services?

Pathology testing refers to the laboratory examination of a sample of human tissue or cells for the purposes of diagnosing disease or abnormality. This encompasses a broad variety of tests. Pathology tests are safe, effective and cost efficient procedures which assist in the evaluation of the organs and tissues of the body. Pathology tests encompass a variety of techniques to detect the presence and nature of foot and ankle infections including microscopy, culture and sensitivity testing. For the purposes of this paper, the pathology tests discussed are used for the diagnosis of superficial infections of the foot and ankle. There are several advantages to the pathology tests included in this proposal: the tests are not invasive, no intravenous or oral contrast is needed and there are no known health risks or side effects.

Pathology testing may be required by a Podiatrist to confirm a diagnosis of foot and ankle infection and establish the causative micro-organisms for the infection to ensure a patient benefits from early diagnosis and treatment. These infections, such as tinea, are commonly encountered in podiatric practice. Accurate diagnosis of such infections is needed to appropriately direct further care and pharmaceutical management of the patient.

Examples of conditions in which pathology tests are indicated (and prevalence / incidence rates) include:

- **Fungal Infections of the skin or Tinea** (aka: Athletes foot) - Dermatophyte (fungal) infection of the skin of the feet has been estimated to affect the feet of 15% of the general population (Source: Bell-Syer SEM, Hart R, Crawford F, Torgerson DJ, Tyrrell W, Russell. *Oral treatments for fungal infections of the skin of the foot (Cochrane Review) The Cochrane Library, Issue 3, 2006*).
- **Fungal Infections of the nail or Onychomycosis** – are very common, representing approximately 50% of all nail dystrophies. Prevalence ranges from 2 to 6.5% in general population studies, with higher rates in older individuals from 24% to 41%. (Source: *Warshaw, E. (2006) Evaluating costs for onychomycosis treatments. JAPMA. 96 (1): 38-52*).

These skin and nail infections can cause changes to the tissues leaving them dry, brittle and prone to damage and secondary bacterial infection. Tinea of the nail may cause nail deformity and pain due to the thickened nail pressing on shoes. Tinea is a more common condition requiring pathology tests. In less common but more serious situations however, such as where a diabetic foot ulceration becomes infected, the consequences may be limb or life threatening. In these cases it is urgent that podiatrists access pathology tests quickly in order to assist in fast and accurate management.

Please refer to Attachment One for further details of common infections of the feet and the role of pathology tests.

Podiatrists are therefore uniquely placed to manage a patient's continuum of care. However the current exclusion of Podiatrists from basic Medicare pathology services can result in significant disruptions to a patient's care plan and additional burdens to the health system as patients are referred by Podiatrists to general practice for Medicare-eligible pathology tests.

Estimated Costs and Savings of this Proposal

Current Medicare data demonstrates that Podiatrists account for 2.86% of ordering for the two radiology MBS items which they have access to (*37,970 tests of a total 1,329,405 MBS X-rays ordered in 2005-06*) See *Figure One*. The availability of Medicare data pertaining to foot and ankle x-ray referral rates for Podiatrists allows for the calculation of projected usage of other testing modalities. Podiatry patients have received MBS rebates for plain film X-rays since 1992 therefore it can be assumed that referral rates are established. It is estimated that with access to the MBS for items 69306, 69309 and 69321, podiatry patients would account for approximately 18,000 of those tests. The annual MBS benefit associated with these tests referred by Podiatrists is estimated at \$632,272.

This proposal does not suggest an additional 18,000 tests be funded, but that the *origin of the referral* will change. A recent survey showed that 94% of podiatry patients requiring these tests are sent back to their GP to obtain a referral so the test can be conducted under Medicare. The tests therefore are already being processed through the MBS but via a secondary referral from a GP (*Australasian Podiatry Council Member Survey, 2006*).

It is estimated that the associated reductions in GP consultations will save the MBS over \$520,000 a year. In addition, it is estimated that over 17,000 GP consultations per year will be freed up at a time when these services are under great demand.

(Please refer to Table Two attached at the back of this document for more information on the data presented)

Summary

The extension of Medicare rebates to podiatry patients requiring pathology tests would offer a number of benefits to the patients for whom their Podiatrist is the primary source of footcare each year. This proposal also offers cost savings to the Department of Health and Ageing in the form of removing the duplication of GP consultations for Podiatry Patients wishing to obtain a Medicare rebate for the pathology tests. Podiatry access to the MBS in 1992 for plain film foot and ankle X-rays, demonstrates that the cost of such access is negligible.

The benefits of improved access to Medicare for podiatry patients includes more timely access to diagnostic services, reduced out-of-pocket expenses, patient convenience and better continuity of care.

Attachment One

Common Infections of the Feet and the Role of Pathology Testing

There are several commonly occurring infections that affect the feet which are encountered in routine podiatric practice. While these infections do not usually cause major complications, in some situations, such as in people with diabetes, the consequences can be detrimental. In any case however the infections can cause symptoms and can be spread from person to person, therefore require fast and effective diagnosis and treatment.

The most common types of infections are those that involve the skin and / or nails, with tinea being the most well known. Tinea Pedis (ie, tinea of the foot) is a type of fungal infection which may present in the skin and / or the nails of the feet and can affect anyone. Common signs and symptoms include itching, redness, red spots (which may be filled with pus) and changes to skin integrity such as increased dryness or moisture. People commonly think that Tinea just occurs between the toes however this is not the case. Tinea can occur anywhere on the skin of the foot including the nails. When the nails are involved they can become thickened, yellow and white, weakened and can produce a bad odour.

Other types of bacteria can cause infections in the feet, particularly if there is already a break, split or abrasion present in the skin where the infection can enter and multiply. In more severe situations this can occur in people who have chronic open wounds due to medical complications such as diabetes or very poor circulation. An infection in these wounds can have a very negative impact on wound healing and may be a factor in the eventual need for amputation. Again however, anyone can suffer from bacterial infection of the skin of the feet, including those people prone to ingrown toenails. In this case the surrounding area can become red, hot, swollen and very painful when infection sets in.

The following statistics serve as an example of how common these conditions are, using tinea as an example.

- **Tinea infection of the skin of the feet** has been estimated to effect the feet of 15% of the general population (*Source: Bell-Syer SEM, Hart R, Crawford F, Torgerson DJ, Tyrrell W, Russell. Oral treatments for fungal infections of the skin of the foot (Cochrane Review) The Cochrane Library, Issue 3, 2006*).
- **Tinea infections of the nail or Onychomycosis** – are very common, representing approximately 50% of all nail dystrophies. Prevalence ranges from 2 to 6.5% in general population studies, with higher rates in older individuals from 24% to 41% (*Source: Warshaw, E. (2006) Evaluating costs for onychomycosis treatments. JAPMA. 96 (1); 38-52*).

Pathology testing is often required by the Podiatrist to correctly diagnose these foot infections, as these tests can specifically confirm the nature of the infection while assisting in indicating the kind of pharmaceutical treatment required. An accurate diagnosis is essential to the early and appropriate care of podiatry patients with infections of the foot, thereby improving overall recovery.

Table One

Total Annual Occasions of Service for all referrers of Plain Film Foot and Ankle X-Rays: Year to March 1991 – 1993.

	March-91	March-92	March-93
Annual Occasions of Service for MBS Item Number 57527	73,567	75,384	73,265
Growth		2.5%	-2.8%
Annual Occasions of Service for MBS Item Number 57521	782,037	823,651	879,360
Growth		5.3%	6.8%

Table Two

***Proposal for Podiatry Patients to Receive Medicare Rebates for Selected Pathology Tests -
Estimated Occasions of Service (red), MBS Dollar Amount (blue) and Health Department Savings (green)***

MBS Item No	Description	MBS Occasions of Service per Item No (from July 05 to June 06)	2.86% of MBS Occasions of Service per Item No	MBS Benefit Paid per Item No (from July 05 to June 06)	2.86% of MBS Benefit Paid	% of Patients Currently Referred Back to GP from Podiatrist for Referral for Tests	Estimated Savings to Health Department by Reductions in GP Consultations (Occasions of Service X % referred back to GP, X \$31*)
69309	Pathology for Fungal Infection	174,458	4989	\$7,251,015	\$207,379	94%	\$145,379
69306	Pathology for Skin Infection	278,423	7963	\$7,957,415	\$227,582	94%	\$232,042
69321	Pathology for Wound Infection	173,437	4960	\$6,898,992	\$197,311	95%	\$146,072
Totals		626,318	17,912	\$22,107,422	\$632,272	Average = 94%	\$523,493

Notes on calculations:

Podiatry patients have had access to Medicare rebates for foot and ankle plain film X-rays since 1992 (MBS item numbers 57521 & 57527).

Current Medicare Australia statistics show that Podiatrists account for 2.86% of ordering for these two numbers (37,970 tests of a total 1,329,405 ordered).

2.86% has been used as a benchmark figure to calculate the projected ordering rates presented above, based on this precedent.

The estimated savings to Health Department presented in the final column are based on Item 23, a Standard B Consultation of \$31.

Figure One

