

**Australasian Podiatry Council proposal for Podiatry Patients
to receive Medicare benefits for certain
musculoskeletal ultrasound diagnostic imaging tests**



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Proposal

The Australasian Podiatry Council (APodC) is proposing that podiatry patients receive Medicare rebates for specified musculoskeletal ultrasound diagnostic imaging 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:

- 55836 – Ankle or Hindfoot musculoskeletal ultrasound.
- 55840 – Mid or Forefoot musculoskeletal ultrasound.
- 55844 – Assessment of a mass associated with the skin or subcutaneous structures, not being a part of the musculoskeletal system.

*(*from Category 5, Diagnostic Imaging Services, Item Table : Subgroup 6, Musculoskeletal)*

This proposal demonstrates that the origin of referral for Medicare eligible ultrasound 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 ultrasound 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.
- ❖ Diagnostic Imaging, when combined with thorough clinical examination, is essential in reaching an accurate diagnosis for conditions such as painful heel spurs, chronic arch pain and recurrent nerve irritation / scarring.
- ❖ 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 ultrasound testing of tissues of the foot and ankle.
- ❖ Technological advances in diagnostic imaging 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 ultrasound testing it is estimated that approximately 3136 ultrasound tests per year would be switched to referrals by podiatrists.
- ❖ A recent APodC membership survey showed that 96% of podiatry patients requiring these ultrasound 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 \$269,000 of the \$9 million annual expenditure on the ultrasound tests nominated by APodC.
- ❖ Further, podiatry access would also remove the need for patients to attend a GP to gain Medicare eligibility for the ultrasound tests, freeing up approximately 3000 GP consultations each year and saving the Department of Health and Ageing over \$93,000 per year.

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 musculoskeletal injury which often requires **immediate treatment** to avoid further deterioration and associated complications.
- **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 ultrasound tests ordered by a Podiatrist and by avoiding the need for the patient to visit a general practitioner to obtain access to Medicare rebated ultrasound services.
- **Promotion of healthy lifestyles** as identified in the *Better Health for all Australians* Action Plan. The musculoskeletal problems 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 ultrasound services is estimated to save the MBS over \$93,000 and approximately 3,000 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 96% of podiatry patients are currently being referred back to their GP to allow them to gain access to Medicare rebated ultrasound tests.
- Podiatrists are **trained** in the principles and use of ultrasound testing and thus the proposed change would be **easily implemented** within current practice frameworks. Most Podiatrists have clinical experience with the tests being requested.
- **Access to Medicare rebates** for podiatry patients for selected ultrasound 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, injuries and disorders of the foot and ankle. This may involve injuries gained through sport or other activity, 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 Diagnostic Imaging of the Foot and Ankle.

Currently podiatry patients are not eligible for a Medicare rebate for musculoskeletal ultrasound diagnostic imaging services required for the diagnosis and management of foot conditions. In order for patients to obtain the necessary ultrasound 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 96% of podiatry patients requiring the ultrasound tests being requested in this submission, are currently being referred back to their general practitioner in order to obtain a Medicare rebate ^{*}(*APodC 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 Musculoskeletal Ultrasound Diagnostic Imaging?

"Diagnostic Imaging (DI) is a generic term which covers; ultrasound, computed tomography (CT), nuclear medicine, radiography (X-ray), magnetic resonance imaging (MRI) and positron emission tomography (PET)." (Source: Australian Government, Department of Health and Aging Diagnostic Imaging web site <http://www.diagnosticimaging.health.gov.au>) Ultrasound Diagnostic Imaging is a safe, effective and cost efficient procedure which assists in the evaluation of the organs and tissues of the body. For the purposes of this paper, the use of ultrasound in imaging the musculoskeletal system and soft tissues of the foot and ankle will be discussed.

Diagnostic ultrasound uses high-frequency sound waves to image targeted tissues of the body. Once taken, the images are viewed and interpreted by a radiologist in order to detect abnormalities. There are several advantages to the use of ultrasound including: no radiation, the tests are not invasive, no intravenous or oral contrast is needed and there are no known health risks or side effects. There are many clinical situations where ultrasound diagnostic imaging is indicated for use in podiatric practice. Pathologies such as tendon abnormalities, soft tissue masses, bursitis, joint inflammation, swelling and other joint injuries, are best suited to imaging with ultrasound. Given the highly repetitive and weight bearing nature of the foot and ankle, such problems commonly present in podiatric practice for diagnosis and care.

An ultrasound scan may be required by a Podiatrist to confirm diagnosis of a foot or ankle musculoskeletal pathology to ensure a patient benefits from early diagnosis and treatment. Musculoskeletal problems of the foot and ankle are commonly encountered in podiatric practice. Accurate diagnosis of such problems is needed to appropriately direct further management of the patient.

Examples of conditions in which ultrasound scans may be indicated (and prevalence / incidence rates) includes:

- **Plantar Heel Pain** - 10% of patients may be affected by plantar heel pain at some time.¹ This is a painful often chronic condition which impairs function and mobility.
- **Morton's neuroma** - reported as a common, painful condition.² Nerve irritation and associated scarring occur can become chronic and cause severe, recalcitrant pain.
- **Achilles tendonitis, tears, ruptures** - Achilles tendonitis is reported as one of the most common of all sports injuries, occurring in 10% of runners with misdiagnosis occurring in up to 23% of cases.^{3,4} Achilles conditions can cause ongoing pain and functional impairment limiting participation in exercise and daily activities.

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

Podiatrists are uniquely placed to manage a patient's continuum of care. However the current exclusion of Podiatrists from basic Medicare ultrasound services often results 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 ultrasound tests.

References:

1. Crawford F, Thomson, C. Interventions for treating plantar heel pain. (Cochrane Review) *The Cochrane Library*, Issue 3, 2006.
2. Thomson CE, Gibson JNA, Martin D. Interventions for the treatment of Morton's neuroma. (Cochrane Review) *The Cochrane Library*, Issue 3, 2006.
3. McLauchlan GJ, Handoll HHG. Interventions for treating acute and chronic Achilles tendinitis (Cochrane Review) *The Cochrane Library*, Issue 3, 2006.
4. Mazzone, M et al. (2002) *Common Conditions of the Achilles Tendon. American Family Physician. 65 (9):1805-1810.*

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 55836, 55840 and 55844, podiatry patients would account for approximately 3136 of those tests. The annual MBS benefit associated with these tests referred by Podiatrists is estimated at \$268,812.

This proposal does not suggest an additional 3136 tests be funded, but that the *origin of the referral* will change. A recent survey showed that 96% 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 \$93,000 a year. In addition, it is estimated that over 3000 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 ultrasound 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 ultrasound 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 Musculoskeletal Problems of the Feet and the Role of Ultrasound Imaging

The muscles, bones and associated anatomy of the feet withstand high forces from the day to day demands we place upon them. There are several problems that commonly occur to these tissues which are routinely encountered in podiatric practice. Some of the more common complications are: Achilles tendon problems, heel pain, arch pain and metatarsal pain.

The types of problems that can occur are numerous and complex and can not be covered in a short description. Commonly, Achilles tendon problems are caused by degeneration or tendon tears, heel and arch pain may be related to plantar soft tissue damage and inflammation and a cause of metatarsal pain may be related to a nerve irritation amongst other things.

It is important to understand is that the foot is a complex structure, with high demands placed on it from work, sports and day to day life. There are many musculoskeletal problems that can occur, subsequently leading to pain and loss of mobility. These problems will usually worsen if not diagnosed and managed accordingly and therefore can impact significantly on a patient's wellbeing. Associated interference with work, exercise and other activities can have a negative impact on quality of life and may limit someone's ability to do the exercise needed for health and management of other medical complications.

Musculoskeletal disorders of the foot and ankle can affect anyone. They may present in children, people active in sports, people with chronic medical conditions and the elderly.

The following statistics serve as an example of how common these conditions are:

- **Plantar Heel Pain** - 10% of patients may be affected by plantar heel pain at some time.¹ This is a painful often chronic condition which impairs function and mobility.
- **Morton's neuroma** - reported as a common, painful condition.² Nerve irritation and associated scarring occur can become chronic and cause severe, recalcitrant pain.
- **Achilles tendonitis, tears, ruptures** - Achilles tendonitis is reported as one of the most common of all sports injuries, occurring in 10% of runners with misdiagnosis occurring in up to 23% of cases.^{3,4} Achilles conditions can cause ongoing pain and functional impairment limiting participation in exercise and daily activities.

An ultrasound scan is often required by a Podiatrist to confirm the specific diagnosis of a foot or ankle musculoskeletal pathology. As can be seen above, Achilles tendon complications are said to be misdiagnosed in up to 23% of cases. Adequate diagnostic testing can be used as a measure to facilitate fast and accurate diagnosis across all musculoskeletal pathologies. The benefits of early diagnosis and treatment are that patient recovery is enhanced thereby leading to earlier improvements in pain and mobility.

References:

1. Crawford F, Thomson, C. *Interventions for treating plantar heel pain. (Cochrane Review) The Cochrane Library, Issue 3, 2006.*
2. Thomson CE, Gibson JNA, Martin D. *Interventions for the treatment of Morton's neuroma. (Cochrane Review) The Cochrane Library, Issue 3, 2006.*
3. McLauchlan GJ, Handoll HHG. *Interventions for treating acute and chronic Achilles tendinitis (Cochrane Review) The Cochrane Library, Issue 3, 2006.*
4. Mazzone, M et al. (2002) *Common Conditions of the Achilles Tendon. American Family Physician. 65 (9):1805-1810.*

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%

Source Medicare Australia

Table Two

Proposal for Podiatry Patients to Receive Medicare Rebates for Selected Musculoskeletal Ultrasound Diagnostic Imaging 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*)
55836	Ankle / Hindfoot Ultrasound	36,153	1034	\$3,404,775	\$97,377	97%	\$31,092
55840	Midfoot / Forefoot Ultrasound	23,058	659	\$2,173,233	\$62,154	96%	\$19,612
55844	Skin / Subcutaneous Mass Ultrasound	50,443	1443	\$3,821,017	\$109,281	96%	\$42,944
Totals		109,654	3136	\$9,399,025	\$268,812	96%	\$93,648

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

