



Background

Pathology and radiology play a critical role in successful diagnosis, and in many of the decisions made about treatment and optimal drug therapy. As with prescriptions for pharmaceuticals, diagnostic referrals are growing at a high rate.

A new NPS program aims to optimise the quality use of pathology and imaging referrals in general practice. This creates a unique opportunity for innovation relevant to both the new program area and current NPS activities focusing on quality use of medicines.

The use of lumbar imaging in acute low back pain (LBP) will be the first topic for the new NPS program. This ties in with the therapeutic topic for health professionals and consumers in managing pain.



Objectives

- Establish current gaps in practice relating to the use of lumbar imaging in acute LBP in general practice.
- Identify interventions demonstrated to be effective in inducing changes in GP referral practices for diagnostic imaging.
- Review how these strategies can be used to create new opportunities in current NPS programs.

Methods

We undertook a review of the literature from Australia and overseas to determine the evidence base for behaviour change in this area of practice. A needs assessment was conducted focusing on the quality use of diagnostic imaging in acute LBP.

Consultation with key external stakeholders, an expert advisory panel and relevant representatives from NPS program areas was also employed to further explore the area.

Key findings¹

1. Interventions to reduce inappropriate use of diagnostic imaging for acute LBP should target both consumers and GPs.
2. A mass media campaign with supporting interventions directed at health care professionals may be the most successful strategy for achieving significant and sustained changes in consumer beliefs and GPs reported behaviour regarding LBP.
3. Interventions directed at health care professionals that provide brief guidance specific to the use of x-rays in acute LBP may be more likely to be successful.
4. When designing and evaluating interventions to change the behaviour of GPs in their management of LBP, special consideration should be given to overcoming the barriers identified for Australian GPs with a special interest in LBP.

Table 1. Types of interventions identified in the needs assessment¹

Type	Examples
Media campaigns	Back Pain, Don't Take It Lying Down (Australia) Working Backs (Scotland) Active Back (Norway) Back Active (Canada)
Australian consumer resources	NHMRC fact sheet 2004 Diagnostic Imaging Pathways (WA Dept of Health) fact sheet
Health professional interventions	Clinical practice guidelines (Australia, USA, UK) Audit and feedback (UK, USA) Reminders (UK) Educational visiting (Australia) Case-based workshops (Australia, The Netherlands)

Conclusions

- The findings of the needs assessment indicate that in the area of acute LBP educational interventions aimed at general practice are likely to be ineffective without concomitant education of consumers. This provides an important opportunity to link consumer interventions on quality use of medicines and diagnostic imaging.
- Consultation with general practice suggests that brief guidance specific to the use of x-rays alongside related therapeutic information would be useful and relevant to their management of patients with acute LBP.

Reference

1. Easton K. Diagnostic imaging in acute low back pain: a needs assessment. National Prescribing Service. March 2010. Sydney.

