NPS MEDICINEWISE

ABDOMINAL IMAGING
Optimising imaging referrals for chronic abdominal pain

Practice Review
MBS Data
May 2020

For more information about this Practice Review and how to interpret your data, see ***nps.org.au/mbs-abdominal-imaging***

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Your MBS data are provided confidentially to you only and are intended for personal reflection on your practice. **Data are not used for any regulatory auditing purposes.** For queries about your data or any of this information, contact NPS MedicineWise:
02 8217 8700 info@nps.org.au

22 May 2020

Dear Dr Sample,

NPS MedicineWise routinely sends Practice Reviews with a focus on quality use of medicines and medical tests to clinicians to support continuing quality improvement. This individualised Practice Review has been developed collaboratively with GPs and sent to approximately 30,000 medical practitioners across Australia. It focuses on your referrals for selected MBS imaging services of the abdomen and pelvis. The enclosed MBS data provide an opportunity for you to reflect on your referrals for ultrasounds and X-rays of the abdomen and computed tomography (CT) scans of the abdomen and pelvis.

We recognise that the situation with the COVID-19 pandemic is particularly challenging for primary care and understand that it may be difficult to physically examine patients with chronic abdominal pain during this time. However we also envisage health professionals will wish to stay informed and up to date with the latest evidence, guidelines and their practice data on a range of therapeutic areas.

Knowing when to refer patients with chronic abdominal pain for imaging can be challenging
Patients with chronic abdominal pain present with a variety of symptoms.[1,2] GPs must determine if each patient can be initially managed with ongoing observation (wait and watch), should receive symptomatic treatment based on presentation, or their symptoms require further investigation. Diagnostic imaging is not always indicated for chronic abdominal pain.[3,4] When a thorough clinical history and physical examination indicate that serious disease is very unlikely, verbal reassurance,[5] along with clear management information for the patient, may be more appropriate than an imaging referral.[5]

Balance the benefits and harms of imaging when indicated
While it is important that imaging is performed when required, consider potential benefits and harms to avoid inappropriate imaging and to minimise risk of harms. Harms associated with imaging can include ionising radiation, false positive and false negative results, unexpected incidental findings and cost.[5] Diagnostic imaging pathways are available to help clarify when imaging is indicated based on a patient's clinical history and physical examination, and to guide selection of the appropriate imaging type.[6] Diagnostic pathways can also be a helpful tool to use when discussing the role of imaging with patients.[6]

Optimise the use of imaging by providing all relevant information on referrals
Including detailed referral information, including the diagnostic question being asked, helps radiologists select the most appropriate imaging type to meet the clinical need, and reduces the risk of harm to patients. It also supports radiologists to generate reports with meaningful interpretation of test results.[3]

How else can NPS MedicineWise support you?
To register for our webinar, access an online module or to learn more about abdominal imaging, visit nps.org.au/professionals/abdominal-imaging. You can also visit the website to learn more about your data and see national and regional data.

Yours sincerely,

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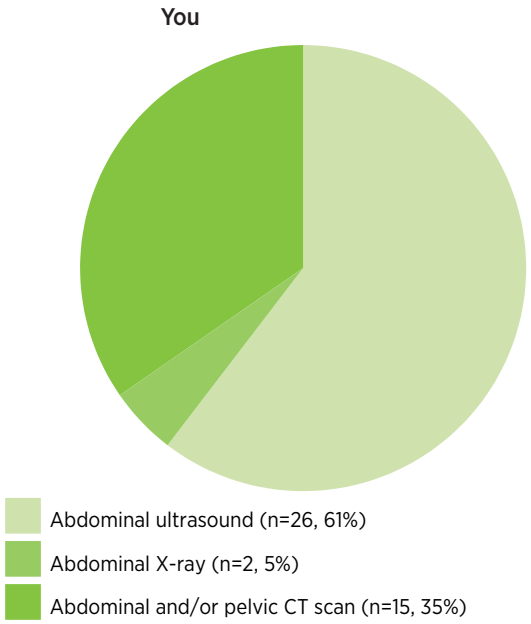
How to use your confidential Practice Review

This Practice Review is intended to support your professional development in the management of patients with chronic abdominal pain by providing an overview of current best practice recommendations alongside your individualised imaging referral data. Consider your practice profile and your patients' indications for diagnostic imaging when reflecting on these data. Note these data show the quantity of imaging requested that was performed, however the reason for the imaging referral cannot be determined from MBS data.

The data are not used for any regulatory purposes and NPS MedicineWise provides this information for your reflection only. The data are from Services Australia (formerly Australian Government Department of Human Services) and include MBS claims for pelvic and abdominal imaging referrals that you ordered and that were performed for your patients. Note that MBS item codes for urinary tract-specific ultrasounds have not been included.

How many and what type of abdominal and/or pelvic imaging referrals did you make in 2019?



National and regional data are available at nps.org.au/mbs-abdominal-imaging

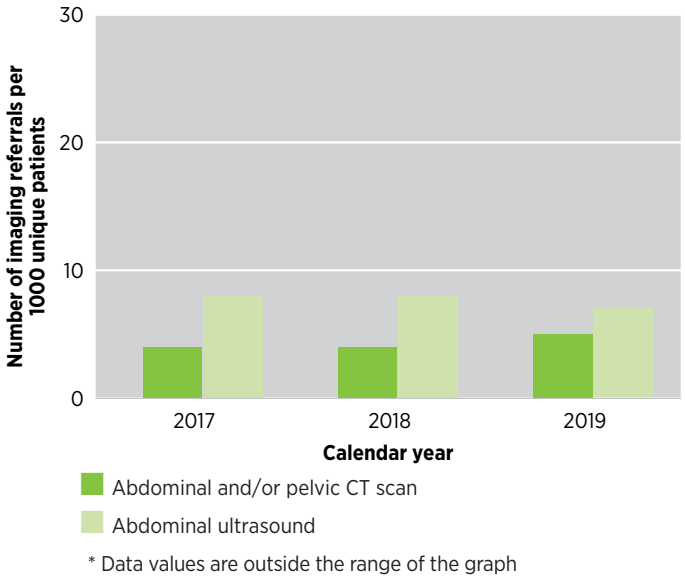
Points for reflection

- Taking a clinical history including biopsychosocial factors, and performing a physical examination is the first step when patients present with chronic abdominal pain.[1]
- Identify alarm features (red flags) as these may require further investigation.[4]
- Consider imaging for patients with abnormal blood test results or signs and symptoms associated with specific gastrointestinal disorders.[2]
- Plain abdominal X-rays are only indicated in specific situations such as suspected bowel perforation.[6]

When considering referring a patient for imaging, diagnostic pathways are available and may be helpful to determine whether imaging will help inform a diagnosis or influence management, and the most appropriate imaging type for the presenting clinical findings. Refer to:

- local health pathways
- WA Diagnostic Imaging Pathways (DIP): www.imagingpathways.health.wa.gov.au
- American College of Radiology (ACR): www.acr.org/clinical-resources/acr-appropriateness-criteria

How has your rate of abdominal and/or pelvic imaging referrals changed over time?



* Data values are outside the range of the graph

What do you consider before referring patients for abdominal or pelvic CT scans or abdominal ultrasounds?

Points for reflection

- Choosing the most appropriate type of imaging (when it is indicated) is important, as benefits and harms vary for different imaging types. For example, CT scans provide more detailed cross-sectional images than ultrasounds but like X-rays, CT scans expose the patient to ionising radiation.[7]
- Use a shared decision-making approach to management and communicate to the patient the risk of harms as well as potential benefits of the different imaging types.[8]
- The increase in incidental findings as a result of the high imaging quality of CT scans can lead to overdiagnosis and further unnecessary tests for the patient.[9]
- Recommendations from the ACR of how to manage incidental findings in the kidney, liver, adrenal gland and pancreas, can be found at www.acr.org/clinical-resources/incidental-findings

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What information do you include on your imaging referrals?

- ☐ identity of the patient
- ☐ identity of the requester
- ☐ relevant history and examination findings
  - ☐ location of pain
  - ☐ any red flags (indicators for specific clinical conditions)
- ☐ provisional diagnosis and the clinical question being addressed
- ☐ any instructions for the procedure
- ☐ results of relevant previous investigation findings, including past relevant imaging which can assist in interpreting radiologist results
- ☐ information to demonstrate the service meets specific MBS requirements.[10]

Points for reflection

- Quality referrals can focus the investigation and assist in interpreting radiologist results.[3,10]
- Ensuring that CT scan referrals include information on specific location to image and suspected condition will help the radiologist perform the required imaging, while minimising patient exposure to contrast and high-dose ionisation.[3]
- Further information about quality referrals can be found at **nps.org.au/news/quality-referral**

What does this Practice Review mean for me?

- Do I consider how the results of the proposed imaging referral will influence management?
- Are there evidence-based resources such as local health pathways or diagnostic imaging pathways that might inform my decisions?
- Do I use a shared decision-making approach with the patient when considering imaging referrals?
- Do I check if previous imaging is available to avoid unnecessary duplication of tests?
- Do I consider if similar information can be obtained without exposure to harms such as ionising radiation?
- Do I make quality referrals by including all relevant information?

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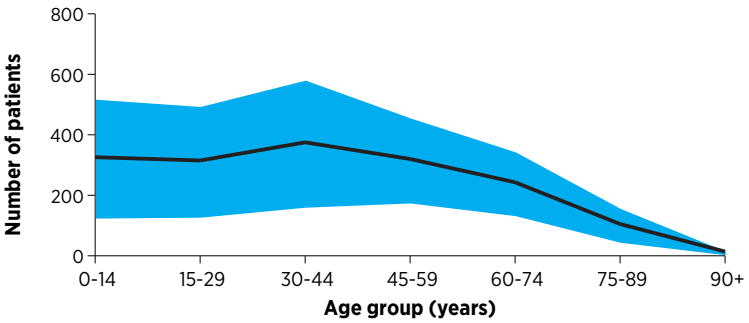
Practice profile

This practice profile is provided to help you interpret your prescribing and referral data.

Your remoteness area (RA)[b] peer group is Major City

Age profile of your patients

1 January to 31 December 2019



The black line represents the age profile of your patients. The shaded area lies between the 25th and 75th percentile for GPs in your RA.[b]
*Data values are outside the range of the graph

Your Medicare patients and concession card holders

1 January to 31 December 2019

Patients	You	Median of GPs in your RA[b]
Total Medicare	1,656	1,570
Concession card holders Includes those reaching Safety Net	314	298

Department of Veterans' Affairs health card holders are not included.

Notes

a. Data shown are an aggregate of all your provider locations.

b. The comparator group 'RA' includes all general practitioners currently located in a similar geographical location.

References

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https://www.servicesaustralia.gov.au/organisations/health-professionals/services/medicare/hpos

Send your full name, provider number and new preferred mailing address to provider.registration@servicesaustralia.gov.au from a personal email address that clearly identifies you, or is the email address stored on the Medicare Provider Directory.