

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 purposes.**



Dr Sam Sample  
1 Sample Street  
Sampletown ABC 1234

16 November 2018

Dear Dr Sample

NPS MedicineWise supports clinicians in professional development and continuing quality improvement, with a focus on quality use of medicines and medical tests. The enclosed data focus on your referrals for lumbosacral X-rays and CT scans.

#### **Back pain is the largest contributor to the burden of disease in Australia**

The majority (90%) of low back pain is non-specific, with no clear pathoanatomical cause.<sup>1</sup> About 80% of people will experience an episode of non-specific low back pain at some time in their lives.<sup>2</sup> Non-specific low back pain, ie, pain that is not due to serious spinal pathology or radicular syndrome, can be diagnosed without imaging, through a targeted history and physical examination.<sup>2,3,4</sup>

#### **Imaging of the lower back may reveal abnormalities even in asymptomatic patients**

Radiological findings are poorly correlated with patients' symptoms and experiences of pain.<sup>2</sup> Unnecessary imaging may result in harm with no improvements in clinical outcomes.<sup>1</sup> Despite this, imaging was requested for 25% of patients with new low back pain problems.<sup>5</sup>

#### **Reflect on your data**

The enclosed MBS data provide you with an opportunity to reflect on your practice and referral patterns for imaging for low back pain, compared to those of your peers. To complement your individual MBS data, additional information from the **MedicineInsight** general practice database has been included. MedicineInsight information provides further insights into imaging requests by GPs across Australia for patients with low back pain. See [nps.org.au/medicine-insight](https://nps.org.au/medicine-insight)

#### **Learn more**

Our national program, *Low back pain*, provides a range of CPD activities for GPs as well as patient resources. These can be found at [nps.org.au](https://nps.org.au)

- ▷ Educational visit — Low back pain: taking action
- ▷ Case study — Taking action for acute low back pain
- ▷ Fact sheet — Low back pain: do you need a scan?
- ▷ Low back pain recovery plan

Yours sincerely,



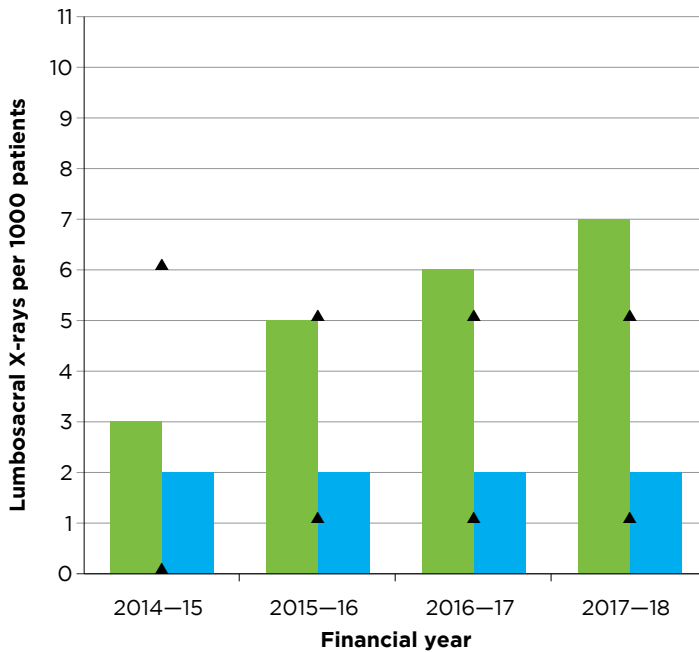
Steve Morris  
Chief Executive Officer  
NPS MedicineWise

## Your confidential MBS referral data

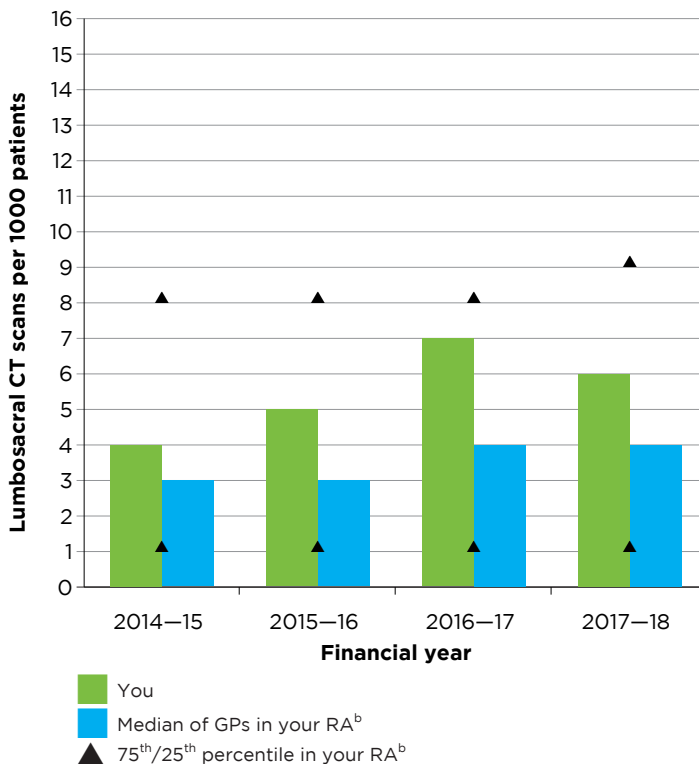
NPS MedicineWise provides this information for your reflection only. The data are from the Department of Human Services and include all referrals for **lumbosacral X-rays and CT scans** that were performed. The indication for imaging referral cannot be determined from MBS data. Consider the data with regard to your patients and their indications for imaging.

### How have your requests for lumbosacral imaging changed over time?

#### Lumbosacral X-rays over time



#### Lumbosacral CT scans over time



In the financial year 2017-18, **12** of your patients received a lumbosacral X-ray, and **9** of your patients received a lumbosacral CT scan.

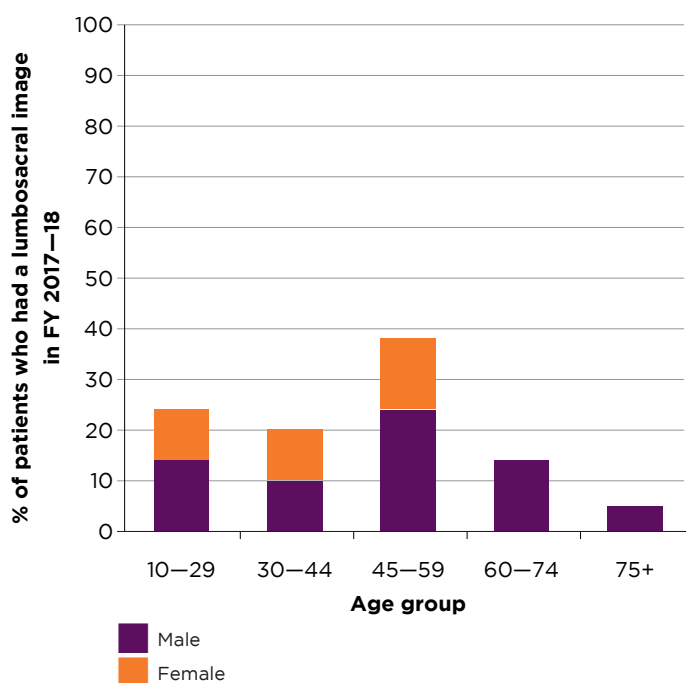
#### Points for reflection

- ▷ **Lumbosacral imaging is not indicated for the diagnosis of non-specific low back pain.**<sup>6</sup>
- ▷ Lumbosacral imaging may reveal changes that are part of the ageing process, rather than pathological processes requiring intervention.<sup>7</sup>
- ▷ Imaging does not change management of non-specific low back pain,<sup>6</sup> and may cause harm eg, fear-avoidance behaviour, inappropriate treatment (such as surgery) and radiation exposure.<sup>2</sup>
- ▷ Most episodes of acute low back pain are self-limiting, and the majority of patients recover within 4-6 weeks.<sup>1</sup>
- ▷ Reserve lumbosacral imaging for patients where a potentially serious underlying condition is suspected.<sup>4</sup>
- ▷ A thorough history and physical examination can identify alerting features (red flags) of a potentially serious underlying condition.<sup>2,8</sup>
- ▷ Consider using clusters of alerting features, along with clinical expertise, to guide decision making.<sup>6</sup>
- ▷ Fewer than 1% of patients with low back pain have a serious underlying spinal pathology.<sup>8</sup>

MedicineInsight data<sup>c</sup> show that of all patients with low back pain who were imaged, 41% received an X-ray, 56% received a CT scan and 20% received an MRI.

**?** MedicineInsight is Australia's leading large-scale general practice dataset. Developed and managed by NPS MedicineWise, it enables participating GPs to review their own patterns of prescribing and patient care and make quality improvement decisions based on contemporary, real-time data insights and clinical evidence.  
[nps.org.au/medicine-insight](https://nps.org.au/medicine-insight)

## Who did you request a lumbosacral image for in 2017–18?



### Points for reflection

- ▷ Early intervention to address risk factors for poor prognosis (yellow flags) may improve outcomes and reduce the likelihood of developing chronic pain.<sup>2,4</sup>
- ▷ Risk factors can be physical, genetic, psychological, social or a comorbidity.<sup>9</sup>
- ▷ Psychosocial risk factors eg, anxiety, fear-avoidance behaviours or catastrophising thoughts, are stronger predictors of chronic, disabling pain than physical factors.<sup>10</sup>
- ▷ Provide education, reassurance of a positive prognosis, and advice to stay active<sup>2</sup> as first-line management for all patients with non-specific low back pain.
- ▷ Consider medicines as an adjunct to facilitate activity and exercise, and improve physical function.<sup>2</sup>

## What does this mean for me?

- ▷ What is your approach to diagnosing low back pain as non-specific?
- ▷ When do you consider referring a patient with low back pain for imaging?
- ▷ How do you discuss a diagnosis of non-specific low back pain with your patients?

Through the Choosing Wisely Australia initiative, five organisations recommend that health professionals should not request imaging if there are no indicators of a serious cause for low back pain.

[choosingwisely.org.au/home](http://choosingwisely.org.au/home)

- ▷ Australasian Faculty of Occupational and Environmental Medicine
- ▷ Australasian Faculty of Rehabilitation Medicine
- ▷ Australian Physiotherapy Association
- ▷ Australian Rheumatology Association
- ▷ Royal Australian and New Zealand College of Radiologists



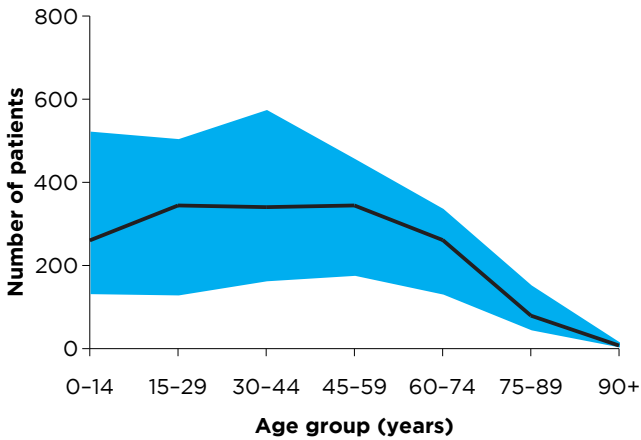
## Practice profile

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

Your RA<sup>b</sup> peer group is **Major City**

### Age profile of your patients

(1 July 2017 to 30 June 2018)



The black line represents the age profile of your patients. The shaded area lies between the 25<sup>th</sup> and 75<sup>th</sup> percentile for GPs in your RA.<sup>b</sup>

### Your Medicare patients and concession card holders

(1 April 2018 to 30 June 2018)

Patients	You	Median of GPs in your RA <sup>b</sup>
Total Medicare	742	656
Concession card holders Includes those reaching Safety Net	297	161

Data from a 3-month period that represent patient mix have been provided. Department of Veterans' Affairs health card holders are not included.

## Notes

- Data shown are an aggregate of all your provider locations
- The comparator group 'RA' includes all general practitioners currently located in a similar geographical location
- Aggregate MedicinesInsight data as at 1 September 2018

## References

References available online at: [nps.org.au/mbs-lowbackpain](https://nps.org.au/mbs-lowbackpain)

### Contact

For queries about your data or any of this information, contact NPS MedicineWise:

- 02 8217 8700
- [info@nps.org.au](mailto:info@nps.org.au)

### Updating your details

This mailout is sent to your preferred mailing address, as held at the Department of Human Services (DHS).

To update your preferred mailing address:

- Log in to your Health Professional Online Services account <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/hpos>
- Send your full name, provider number and new preferred mailing address to [provider.registration@humanservices.gov.au](mailto:provider.registration@humanservices.gov.au) from a personal email address that clearly identifies you, or is the email address stored on the Medicare Provider Directory.

### Confidentiality

NPS MedicineWise has a contract with the Department of Human Services for the supply of both MBS and PBS data which contains individual provider names and numbers, and aggregated patient data. This information is stored by NPS MedicineWise in Australia and is protected using multiple layers of accredited security controls, including best-practice encryption methods. This information is only accessed by NPS MedicineWise staff who have obtained an Australian Government security clearance.

### Disclaimer

This information is derived from a critical analysis of a wide range of authoritative evidence and guidelines. Great care is taken to provide accurate information at the time of creation. This information is not a substitute for medical advice and should not be exclusively relied on to manage or diagnose a medical condition. NPS MedicineWise disclaims all liability (including for negligence) for any loss, damage or injury resulting from reliance on or use of this information.

Discrepancies may occur between the data provided and your own practice. This may be due to inaccurate recording of your provider number within the system or use of your provider number by someone else.