# The Royal Australian College of General Practitioners

## Submission to the Senate Community Affairs Committee:

# Health Insurance Amendment (Pathology Requests) Bill 2010

**9 April 2010**

THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

# 1. Introduction

The Royal Australian College of General Practitioners (RACGP) thanks the Senate Community Affairs Committee for the opportunity to continue to contribute to discussion regarding proposed amendment to the Health Insurance Act 1973, which will allow patients to take pathology requests to an approved pathology provider of their choice.

The RACGP is the specialty medical college for general practice in Australia, responsible for defining the nature of the discipline, setting the standards and curriculum for education and training, maintaining the standards for quality clinical practice, and supporting general practitioners in their pursuit of excellence in patient care and community service.

This submission is made in response to the issues for consideration during the inquiry as outlined by the Senate Community Affairs Committee, details of which can be found at:

http://www.aph.gov.au/senate/committee/clac_ctte/health_ins_pathology_requests/info.htm

# 2. Overview of position

This section provides an overview of the RACGP's concerns already provided to the Hon Nicola Roxon via written correspondence on 30 June 2009.

Essentially, the College believes that the proposed amendments to the legislation require further consideration and consultation with stakeholders to ensure that patient safety is maintained.

The RACGP supports the concept of patient choice, but has identified potential risks in the proposed amendments to the legislation.

Most general practices have 'preferred' pathology providers which they have established solid working relationships with. For example, some pathology providers have agreed policies around calling through certain bands of significantly abnormal results in addition to the standard electronic or paper based results. Likewise, if a general practitioner does not know who provided the pathology service, they are unable to follow up urgent requests. Ultimately, in the absence of agreed and consistent policies by all providers, a change in provider may mean systems established over some years will be at risk and, in turn, patient safety. In improving patient choice, it is imperative to maintain patient safety. Further consideration should be given to the important relationship between pathology services and general practices.

It is also important that pathology messaging services are interoperable so that general practitioners can continue to receive results in a common format that is supported by common clinical software. Attempting to manage different messaging protocols at the general practice end will create added and unnecessary administrative pressures. It is essential that general practitioners continue to receive information of results in a way that does not increase data entry or administrative burden for general practitioners.

The proposed legislation places patients at risk of adverse health outcomes from potential loss of traceability of specimens and results. This in turn can result in increased risk of medico-legal cases against general practitioners due to adverse patient events (e.g. misdiagnosis, late diagnosis).

The RACGP supports patient choice but identifies some potential risks and would recommend the inclusion of an option for the general practitioner to identify a specific pathology provider in the referral when there is a clinical justification for this.

# 3. RACGP response to the Senate Inquiry

This section specifically addresses those of the Senate Inquiry's terms of reference that are relevant to the RACGP and its members, including:

- the onus being placed on patients to choose the pathology practitioner

- possible problems arising between unknown referring doctors and pathology practitioners - resulting in delays

- problems that may arise as a result of the inconsistent measurement series and reference ranges used by different pathologist practitioners

- potential impacts on arrangements between GPs and pathology providers relating to emergency and out of hours contacts.

## Issue 1 – Patients choosing the pathology practitioner

Patients in general practice have always had the right to take part in choosing their referral to a particular medical specialist; choosing a pathology provider is no exception. Currently, patients are free to choose their pathology provider at the time of the consultation with their treating general practitioner, and the RACGP is strongly supportive of that choice being maintained.

Shared decisions making between the general practitioner and patient is the strength of the medical specialist referral system, and of particular importance in making choices about pathology (the 'invisible' medical speciality). Changing the request form with a clause advising patients that it may be taken to *any* pathology provider encourages patients to make the decision on their own, after they have left their doctor's surgery – thus making this a 'patient choice' initiative that threatens fully informed choice.

It is important to recognise that not all pathology providers offer the same service. Whilst it is true that all pathology providers are required to meet a national standard of accreditation, they differ in the range of expertise of their pathologists and laboratory teams, as well as their test catalogue and technologies, the content of their reports, their second-opinion networks, their access to pathologists for advice, their turnaround times and notification of urgent results, and their after-hours services.

Little of this variability amongst pathology providers may be evident to patients. Instead, there is a danger that patients may make their choice regarding pathology providers on the convenience of sample collection and price alone, without giving consideration to the nature of the pathology consultation their general practitioner has sought, the traceability of their results, and whether the important information will be effectively communicated to their general practitioner, which may lead to unnecessary adverse outcomes.

Patients may also choose to move between various pathology providers without understanding the effect this behaviour may have on the type and usefulness of information provided by pathology testing. For many disease profiles, a unique diagnostic opportunity arises from testing being carried out in one laboratory.

The best way to facilitate patient choice, while addressing concerns such as the traceability of results and the need for serial testing in some patient situations, is for the choice to be made during the general practitioner consultation. This will enable traceability of results to be maintained and, if the patient is willing to accept the referring general practitioner's recommendation, comparison of serial samples in chronic illness or use of a particular laboratory for certain tests. Other more important issues, which will be addressed openly between GP and patient, include more clinical factors such as the continuity of serial results, or a specific pathologist's expertise/test repertoire.

## Issue 2 – Unknown referring doctors and pathology practitioners

Most general practitioners have a 'preferred' pathology provider and receive results electronically. It is important that pathology messaging services are interoperable so that general practitioners can continue to receive results in a common format that is supported by common clinical software. Attempting to manage different messaging protocols at the general practice end will create added and unnecessary administrative pressures. It is essential that general practitioners continue to receive information of results in a way that does not increase data entry or administrative burden for general practitioners.

Furthermore, when results are not made available to the practice in a timely manner, it may be a challenge to identify the provider and as a result unnecessary repeat testing may be initiated. Repeat

testing for patients only results in an unnecessary waste of resources such as time and money, which is not an ideal scenario.

Over their professional and clinical lives, general practitioners build a referral bank (or network) of trusted pathology practitioners of various expertise in their local vicinity. Recommendations for referral should be based on objective clinical criteria and documented in the patient's health record. General practitioners should not recommend a particular pathology provider on the basis of their relationship to the practice, or derived benefit from renting space to a collection centre. The RACGP strongly encourages general practitioners to declare any possible conflicts of interest.

### Issue 3 – Problems arising as a result of inconsistent measurement series and reference ranged between different pathologists

For many diseases, a unique diagnostic opportunity arises from testing being carried out in one laboratory over the course of patient's acute illness. Pathologists have the knowledge and expertise to integrate the findings of a range of tests over time ('serial pathology testing') to make a diagnosis. They can identify disease progression, remission and recurrence earlier, and with more certainty, from a complete and continuous pathology record.

The RACGP appreciates that patients with chronic diseases may understand the importance of serial pathology testing, but they may not have a full appreciation for the tests performed and the fact that laboratories each have their own 'reference range'. Such disparity in pathology practices for a patient could compromise the general practitioner's efforts to monitor results and, ultimately, could effect the treatment of their patient.

It is known that even laboratories using the same reference ranges may use their own cumulative or graphical reports of test results to highlight changes in the control of common diseases such as diabetes and cancer, and in Warfarin therapy. Therefore, significant changes in a patient's disease status may not be recognised if they are presented by a new pathology provider independently of previous data gathered on the patient.

Additionally, an important issue which has yet to be addressed is one which pertains to accountability for adverse events due to a patient exercising his or her choice of a pathology provider. The question of who will be responsible for adverse events remains.

The RACGP cannot support this legislation without clarity as to who is responsible for adverse events arising from administrative and process issues.

### Issue 4 – Potential impacts on arrangements between GPs and pathology providers relating to emergency and out of hours contacts

Many general practitioners with established relationships with one or two pathology providers have developed processes for managing the notification of urgent results in emergency situations, as well as after hours and emergency contacts. For example, some pathology providers will call through urgent results such as abnormal cardiac investigations or significantly abnormal results. In the absence of consistent policies by all providers, a change in provider may mean systems established over many years will be at risk.

The RACGP strongly recommends that further consideration should be given to the important relationship between pathology services and general practices. A good relationship equates to high quality service provision and patient safety.

## 4. An alternative approach

The RACGP acknowledges and supports the place of patient choice. However, the College strongly believes that patient choice should not be pursued at the expense of patient safety.

The RACGP therefore proposes an alternative model to address patient choice, whilst maintaining patient safety.

It is recommended that pathology request forms include an option for the general practitioner to identify a specific pathology provider when there is a clinical justification for this. For example, specifying a particular pathology provider might be clinically appropriate for:

- histopathology where certain pathologists have specific skill sets (e.g. melanoma)
- when serial results need to be reviewed
- when pathologists are providing ongoing care such as Warfarin dose advice.

Such a facility currently exists for PBS prescription when generic substitution is not appropriate, and this system could easily be applied to pathology services.