

Cancer Voices Australia

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**Cancer Voices is the independent, volunteer voice of people affected by cancer - since 2000.**  
[www.cancervoicesaustralia.org](http://www.cancervoicesaustralia.org)

The Secretariat  
Community Affairs References Committee  
Department of the Senate  
PO Box 6100  
Canberra ACT 2600

### **Availability and Accessibility of Diagnostic Imaging Equipment around Australia**

Cancer Voices Australia (CVA) appreciates the opportunity to provide a submission on the availability and accessibility of diagnostic imaging equipment around Australia.

Each type of imaging, (e.g. X-ray, ultrasound, computer tomography (CT), positron emission tomography (PET) scans, and magnetic resonance imaging (MRI)), provides an important service for diagnosis and monitoring of cancer patients. It is critical that patients are able to access imaging modalities when, where and in ways that are appropriate in every dimension of the meaning of accessibility – physically, geographically, financial affordability, culturally accessible, with timely imaging as well as timely reporting of results. Best care priorities for us are safety, affordability, accountability with transparent cost disclosure, with high quality staff and equipment as ‘up-to-date with current technology’ as possible, as close to home (or transport access options) as possible and provide the range of diagnostic modalities we need.

The MRI is an important modality for cancer patients, being particularly good at imaging soft tissue detection of tumours, staging cancers and diseases of the central nervous system. MRI scans and the ability to import the scan directly into radiation therapy treatment planning systems is now standard care for many cancer patients. This is particularly true for prostate, cervix, head and neck cancers. However access to MRI scans is limited and very variable. CVA is concerned by the limited access available to patients across Australia to MRI services and the very complex licensing system. Proper equitable access to MRI facilities is essential. Those living in lower socioeconomic areas cannot afford to pay the out of pocket expenses and can end up with delays waiting for public hospital scans or access to a rebatable machine. It is also unacceptable for patients to have to drive hours from their home to access a basic diagnostic test.

The complicated eligibility (licensing) systems make it very difficult for patients to know where they can access a Medicare rebatable MRI test. There is an added layer of complexity that MBS rebatable specialist referral MRI tests can only be accessed at a practice with a fully licensed MRI. GP referred MBS rebatable tests can only be accessed at a practice with a partially licensed MRI.

There is no transparent mechanism for choosing which machines gain eligibility (license). This means that there are patients who have no eligible MRI unit in their region so they can access a Medicare funded test. They are required to either travel from their local area or pay the full fee for the test. Even in their local area it can be very difficult to identify which practise has the

correct license to provide the referred MRI test.

The number of diagnostic tests that are listed on the MBS scheme is too limited. Unless a patient is able to privately fund certain tests they must go without the potentially vital test. The Medical Services Advisory Committee (MSAC) has been very slow in approving new tests that should be listed on the MBS. In particular our members have reported their concerns with breast and prostate MRI. The limitation on the number of scans, such as the cervix, is not evidence based.

CVA suggests that this inquiry should consider removing the eligibility requirements for MRI machines, so that all units will be eligible for Medicare rebates. This will ensure that all cancer patients in Australia are given equal access to MRI. It is also important that the inquiry ensures that all imaging machines are providing quality care. Improved access to MRI to better delineate tumours and the adjacent normal structures, whilst reducing the ionising of a CT scan, is long overdue.

Similarly, there is inequity across Australia for other diagnostic imaging. One of our members was informed that Coffs Harbour in NSW has a PET scanner but Flinders Medical Centre in Adelaide doesn't have this type of scanner. There appears to be a move to outsource what were once public imaging services in Public Hospitals. There have also been increasing delays in reporting of scans undertaken in Public Hospitals – often waiting 2 weeks or more for a report after a CT scan.

CVA is concerned that patient access to vital diagnostic imaging equipment is being restricted in Australia. We support a review and change to the current system, which disadvantages cancer patients in many districts and regions of Australia. Out of pocket costs for the patient varies depending on the location and complexity of the test. There is a lack of data to assist us in determining how much cancer patients are being forced to pay, although Breast Cancer Network Australia have just released survey results from 2000 women and found **“Hefty fees of up to \$1200 for diagnostic MRIs, mammograms and ultrasounds are not fully covered by Medicare and bulk-billing rates are just 56 per cent.”**

<http://www.perthnow.com.au/news/western-australia/breast-cancer-patients-count-the-costs/news-story/b98775d1acb26aa20ae6122c3978dc84>

We realise the complexity of funding and locating public and private diagnostic imaging services to best serve the diversity of need within communities. We also recognise the importance of the skilled, well-trained and well-supported staff to safely and accurately use and maintain the diagnostic imaging equipment in all locations.

Yours sincerely

Lee Hunt  
Julie Marker  
Executive Members  
Cancer Voices Australia

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*Cancer Voices Australia is the independent, 100% volunteer voice of people affected by cancer, working to improve the cancer experience for Australians, their families and friends. We are*

*active in the areas around diagnosis, information, treatment, research, support, care, survivorship and policy.*

*To achieve this we work with decision-makers, ensuring the patient perspective is heard.*

*Cancer Voices has led the cancer consumer movement in Australia since 2000. The CVA network works together on national issues identified as important by their members, with consumers working to help others affected by cancer.*

*Cancer Voices Australia convenes the Australian Cancer Consumer Network (ACCN), bringing about 30 cancer consumer groups together to share information and issues.*

*<http://www.cancervoicesaustralia.org/accn/>*

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