Medical Radiation Practice Board Ahpra

Attachment A: draft Statement

March 2025

Low value care

Executive Summary

- Over-investigation, over-diagnosis, over-treatment and overservicing are collectively referred to as “low value care”
- Unnecessary health services, which includes diagnostic imaging and radiation treatments, provide minimal or no benefit to patients, pose risks that outweigh their potential benefits or result in unnecessary costs without proportional health outcomes.
- Low value care imposes a burden on the healthcare system, increases patient harm, strains healthcare resources and contributes to the carbon footprint of the sector.
- Medical radiation practitioners are responsible for ensuring that the services they provide are justified, necessary, and of high value to both the patient and the healthcare system.
- This statement details the duties of medical radiation practitioners to minimize low-value care, practice ethically, and support sustainable healthcare.

Introduction

The Medical Radiation Practice Board of Australia (Board) developed this guidance to help registered medical radiation practitioners deliver high-quality, high-value healthcare by defining low-value care. This guidance also informs other health practitioners, employers, health services, education providers, patients, and the public of the Board’s expectations.

Challenges in reducing Low Value Care

The Board acknowledges the challenge that medical radiation practitioners face in reducing low value care which is often influenced by entrenched clinical practices and other conflicting incentives. Medical radiation practitioners should collaborate with other healthcare professionals, employers, and organisations to identify causes and establish strategies to reduce low-value care.

Definition of Low Value Care

Low-value care includes health services, tests, procedures, or interventions that:

- have minimal or no proven effectiveness.
- provide little added benefit relative to their cost.
- expose patients to unnecessary risks or discomfort.
- are not consistent with imaging or care pathways
- are duplicative
- do not change clinical outcomes
- use health resources unnecessarily, including workforce

Research estimates that 20-30% of healthcare services in Australia offer limited or no value, placing an unnecessary burden on the health system and reducing timely access to necessary services.

Ethical foundation of medical radiation practice

Medical radiation practitioners are guided by the ethical principles of beneficence, non-maleficence, autonomy, and justice, as outlined by Beauchamp & Childress (1979). Good ethical practice requires health practitioners to ensure their provision of health services meets **all** the following principles:

- **Beneficence:** Medical radiation practitioners must ensure that the care provided benefits the patient and is delivered with the patient's best interest in mind.
- **Non-Maleficence:** Medical radiation practitioners must avoid causing harm to patients. This includes preventing unnecessary exposure to radiation and ensuring that any diagnostic or therapeutic procedure is justified.
- **Autonomy:** Medical radiation practitioners must respect the patient's right to make informed decisions about their care. This involves providing comprehensive information about the risks and benefits of proposed interventions.
- **Justice:** Medical radiation practitioners must use healthcare resources judiciously, ensuring that the distribution of these resources is equitable and that care is provided to those most in need. Additionally, the environmental impact of healthcare services must be considered as part of the justice principle.

Professional obligations for avoiding low value care

As outlined in 6.1 of the Code of Conduct, medical radiation practitioners have professional obligations to use health care resources wisely

Necessity of health services

Medical radiation practitioners must critically evaluate whether requested services are justified based on clinical indications, patient history, and evidence-based guidelines. This includes:

- Avoiding overdiagnosis and overtreatment.
- Ensuring additional imaging or repeated procedures are necessary.
- Assessing if benefits outweigh risks and costs.
- Exploring alternative pathways before proceeding with unnecessary services.

Ethical Decision-Making:

Before providing a service, practitioners must evaluate the benefits and risks to ensure alignment with ethical principles and high-value care.

Education and Advocacy:

Medical radiation practitioners play a key role in educating patients, colleagues, and the healthcare community about avoiding low-value care and promoting best practices. They should advocate for practices that emphasize the delivery of high value care and contribute to a more sustainable and effective healthcare system (Kühlein et al. 2023).

Shared decision making and patient autonomy:

Patients must make decisions about their healthcare supported and informed by MRP's and the healthcare team. High value care means the patient is enabled to make decisions about their care that is informed by the purpose, risks, and benefits of the proposed services and aligns with safe and effective care that is based on clinical evidence that reduces or eliminates inefficient use of resource.

Patients must be informed about alternatives and the potential for low value care, empowering them to make informed decisions about their treatment.

For more information see Shared decision making published by the Australian Commission on Safety and Quality.

Collaborating to manage low value care

Medical radiation practitioners must work with referring clinicians, reporting practitioners, and their organisations to address low-value care. If a requested service is assessed by the medical radiation practitioner as unnecessary or low value, they should:

- refer to imaging pathways or practice guidance
- clearly articulate concerns with the healthcare team

- ensure patient health and safety are not compromised.
- document the decision and discussions.

Where a medical radiation practitioner makes a decision to withhold or defer the provision of a health service, it must be reasonable in the circumstances, and they must ensure that the patient's health or safety is not put at risk.

Under the National Law, a registered health practitioner must not be directed, pressured or compelled by an individual or employer to engage in any practice that falls short of, or is in breach of, any professional standard, guidelines or code of conduct, ethics or practice for their profession.

Documentation

Documentation is an important element in the provision of healthcare. In cases of low value or unnecessary care it is important for medical radiation practitioners to record in the patient's health record the details of the health services requested and any discussions with other healthcare providers and the patient.

The medical radiation practitioner must record

- the specific concerns about low value care
- the team members they collaborated with
- the reasons for withholding or deferring the health service
- ongoing management of the patient's health and safety

Leadership and stewardship role of medical radiation practitioners in systemic change

Recognising the broader impact of low value care, medical radiation practitioners should actively participate in initiatives aimed at reducing low value care and encouraging good clinical practice within their organisations.

This can include contributing to research, using data analytics, quality management, policy development, participating in professional development activities focused on high value care, and supporting systemic changes that prioritize the efficient use of healthcare resources (Soon et al., 2016).

Examples

1. A medical radiation practitioner (MRP) receives a request for computed tomography of the lumber spine with clinical notes of "lower back pain". Research has shown that CT L Spine has limited diagnostic value relative to the radiation dose. In this case, the MRP should discuss the referral with the referring clinician and communicate the agreed pathway forward with the patient.

2. A MRP receives a request for a chest x-ray with the clinical notes stating 'follow up'. Noting the lack of clinical information that would support the use of radiation, the MRP contacts the request writer to ask for further information. The further information is added to the request form and the MRP advises the request writer that the provision of sufficient clinical notes creates the justification necessary for the use of radiation.

3. A patient attends for a PET/CT. The PET/CT request has been written to include a diagnostic CT of the neck, chest, abdomen and pelvis. The practice has an approved a protocol to include diagnostic CT of these areas. When consenting the patient, the MRP is advised by the patient that they had a standalone diagnostic CT of these same regions within the past few days at a nearby imaging practice. When contacting the requesting clinician about the need for a repeat diagnostic CT of these regions, the MRP was told it is requested because the result of the recent diagnostic CT was not available. While it is the responsibility the referring practitioner to follow up on results before ordering a repeat scan, as the patient is in the practice the MRP should enquire with the nearby imaging practice. When the status and any result of the previous CT scan is known a collaborative decision about the need for additional diagnostic CT can be made.

4. A MRP has just got off the phone with a difficult and demanding specialist practitioner who is insisting their requested imaging be performed. The specialist practitioner has also threatened to take "his business elsewhere" if the requested imaging is not performed. However, the clinical

indications do not align to the examination requested and there does not appear to be any extraordinary circumstances that warrant the requested imaging. The MRP documents the conversation and concerns within the clinical notes and makes notification through the appropriate local clinical governance channels.

6. References

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