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Discussion Paper: Definition of Point of Care Ultrasound (POCUS)

Dear Lyndal

Thank you for your email of 3 February 2017. Ultrasound Training Solutions (UTS) welcomes the opportunity to make a submission to the Australasian Society for Ultrasound in Medicine (ASUM) discussion paper Definition of Point of Care Ultrasound (POCUS).

UTS strongly supports this initiative. Clearly defining POCUS will result in a robust and commonly agreed basis to inform discussion with Government and other stakeholders. We fear that in the absence of a clear definition, the case for ambitious initiatives such as Medical Benefits Schedule (MBS) recognition of POCUS procedures is likely to fail. Such failure will ultimately result in a fragmented inefficient/ad hoc approach to the uptake and implementation of POCUS across the healthcare system, increased costs, and negatively impact on those who need ultrasound the most – the patients.

As an internationally recognised provider of world leading POCUS training and education services, we have established relationships with virtually every aspect of the global ultrasound community – from qualified medical practitioners and students, to accrediting bodies and large industrial organisations that design and manufacture ultrasound systems. Our position provides us with unique and contextualised insight into the issues and challenges that are specific to POCUS users at every level worldwide. As many of the issues facing POCUS users in Australia have been encountered in other jurisdictions there is much to be gained from tapping into this knowledge; all the more necessary as we transition to an increasingly cost-reflective medical services environment.

With Australia long recognised as a world leader in the uptake and utilisation of ultrasound, taking a lead in defining POCUS represents a significant milestone in the maturity of the approach in this country. We hope that ASUM – by taking a global approach – will develop a definition to provide the basis for a well-planned, cohesive approach for policy and regulatory development for all stakeholders. The attached response paper:

- comments on the discussion paper directly addressing the contextual and definition issues identified (section 1)
- suggests a framework and approach that ASUM could employ to fully realise the potential that definitional clarity around POCUS would provide the Australian medical fraternity (section 2).

Please don’t hesitate to contact me if you would like to discuss any aspect of the attached submission.

Yours sincerely,

Dr Michael Duncan
Business Manager
Definition of Point of Care Ultrasound (POCUS)

Response to ASUM Discussion Paper
Circulated via email 03 February 2017
1.0 Background – history and context of POCUS in Australia

Since the introduction of diagnostic imaging into Medicare in 1984, expenditure on these services has increased on an average annual growth rate of 10%. A significant proportion of that expenditure is allocated to traditional (radiology based) ultrasound imaging.

Given the revolutionary medical, technological and financial changes that occurred over the intervening 29 years, it was not surprising that the government charged the Diagnostic Imaging Advisory Committee (DIAC) with a review to consider “how the distinction between point of care and diagnostic ultrasound could be made”. With the growth in interest and utilisation of ultrasound in a wider range of clinical settings – whether ‘official’ or ‘unofficial’ – this review was long overdue.

The ASUM discussion paper provides an extremely helpful outline of and historical context to the DIAC process. On reflection, given the challenges facing the DIAC committee – political, financial and technological – it comes as no surprise that the outcome of the review was less than optimal.

The outcomes of the DIAC review process highlights the challenges that ASUM will face in the development of a definition of POCUS, from which lessons can be learned. In particular, in order to expedite the process and gain definitional consensus it will be necessary to:

- identify clear strategic objectives/outcomes that ASUM is seeking to deliver by seeking clarity
- develop a transparent framework and approach to consultation and review
- deliver a discrete plan – or ASUM standpoint – to government stakeholders regarding POCUS that can form the basis for wider political level debate.

In addition lessons can also be learned from overseas experience – particularly the United States of America. We encourage ASUM to leverage relationships that it has beyond the Australian regulatory/medical context as a means to develop a robust approach.

Ultrasound Training Solutions encourages ASUM to review the challenges presented by the 2013 DIAC process – and the experience of overseas jurisdictions – to develop a robust framework and approach that emphasises a consensus approach guided by clear strategic objectives.

Significantly, the DIAC process resulted in ASUM presenting the definitions developed by Dr Adrian Goudie – a world leading Emergency Medicine Physician in the application of ultrasound in the emergent setting and then President of ASUM.

Having reviewed a wide range of literature in our own work, we are of the view that Dr Goudie’s definitions – identifying a Focused, Limited and Comprehensive typology – represents a fair and reasonable approach to differentiating POCUS from more ‘traditional’ forms of imaging. Dr Goudie’s definitions find support in and are consistent with international literature and have the potential to develop and grow as POCUS applications mature; this is in contrast to other suggested definitions such as The Royal Australian and New Zealand College.

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2 Australasian Society for Ultrasound in Medicine (2017) Discussion paper: Definition of Point of Care Ultrasound (POCUS), Sydney; February: p. 3.
of Radiologists (RANZCR) which may have been appropriate at a point of time, but are now not fully representative.

Ultrasound Training Solutions supports the utilisation of the terms Focused, Limited, Comprehensive as defined by Dr Goudie in 2013 as the starting point for defining POCUS imaging in Australia.

2.0 Developing an Australian definition of POCUS

2.1 Framework and approach

In order for ASUM to develop a robust definition of POCUS that will be accepted by the majority of stakeholders and provide grounds for recognition by Medicare, it is the view of UTS that a rigorous and transparent framework and approach be applied.

Assuming that the ultimate objective is to have POCUS recognised on the MBS, with procedures billed by suitably qualified/accredited medical professionals, we have identified three components of this framework and approach that should be considered by ASUM as a means to strengthen its position:

- Definition of scope of practice and minimum equipment requirements – expert panel
- Development of a qualification/education pathway development
- Development of a representative MBS schedule
- Stakeholder engagement

2.1.1 Define scope of practice – focus groups

Gaining a consensus view on the definition of POCUS will require leadership and buy-in from medical professionals. UTS believes that the most effective means to achieve both aims is to establish focus groups.

Focus groups could be created for each medical specialty (such as emergency physicians, intensivists) tasked with determining the scope of – and inherently the definition of – ultrasound utilisation within that specialty.

With ASUM providing coordination and secretarial support, the terms of reference for each focus group should consider such factors as: the appropriateness of – and if necessary changes required to – the definitions identified by Dr Goudie; current utilisation of ultrasound; prospective applications of ultrasound; minimum equipment and supporting infrastructure requirements; limitations to the utilisation of ultrasound; implications of the utilisation of ultrasound from a medico-legal and insurance perspective.

At all times this review should be patient centric, the core question being “What would ensure efficient continuity of care for the patient”, with secondary consideration being given to fiscal concerns for the wider health system. This would form a strong ideological basis for future advocacy.

We also note that the College of Intensive Care Medicine (CICM) Ultrasound Special Interest Group has invested significant resources in reviewing POCUS in an intensivist context; we encourage ASUM to work with CICM – along with all other interested accrediting bodies – to maintain a consistent and coordinated approach.
Ultrasound Training Solutions encourages ASUM to establish a panel of physicians and allied health experts to identify the scope of practice relevant to each medical specialty.

The focus of the terms of reference for an expert panel should be on ensuring efficient continuity of care from a patient perspective.

We encourage a co-ordinated approach across all accrediting bodies to maintain consistency and reduce replication.

2.1.2 Qualification/education pathway enhancement

The development of a POCUS definition directly informed by a scope of practice review could ultimately provide ASUM with the grounds for the development of an enhanced qualification pathway/framework.

Recognising the strengths that already exist within the current CCPU/DDD/CAHPU frameworks, a gap analysis could be performed to identify the strengths, weaknesses, opportunities and threats associated with current and potential future training pathways. From this process ASUM could identify a range of certification/qualification approaches/products to meet the needs of the full range of its stakeholders. Ultimately this will serve to progress the development of a rigorous, auditable qualification framework will be vital to meet funding criteria requirements established by Medicare.

Ultrasound Training Solutions encourages ASUM to work with an expert panel to identify the impact that definitional clarity will have on qualification/education requirements. This should identify a qualification pathway that addresses the needs of new users, current users that are qualified (CPD), current users that are not qualified. This will be necessary to meet Medicare funding requirements.

2.1.3 Draft MBS schedule

In addition to a qualification framework, a potential by-product of an expert panel’s review of scope of practice could be the formulation of a draft POCUS MBS. Establishing scope of practice by definition will need to consider ultrasound procedures and their definition. Such considerations could easily be incorporated in an expert panel’s terms of reference. The results of this process could then be tabularised by ASUM as a draft position on POCUS procedures for incorporation in the MBS and released for consultation to stakeholders. The resulting final position paper – in concert with the definition clarity and qualification framework – could then provide the basis for ASUM consultation with Medicare and wider government representatives.

Ultrasound Training Solutions encourages ASUM to design and develop a draft POCUS Medical Benefit Scheme, providing government with a coherent proposal agreed upon by ASUM stakeholders.
2.1.4 Stakeholder engagement

As the peak body for all ultrasound users it is imperative that a broad and representative group of stakeholders is engaged at every stage of the process. UTS encourages ASUM to make all discussion/position/decision papers publicly available for comment, prominently listed on the ASUM website.

A clearly communicated framework and approach – comprising of a typical hierarchy of discussion papers, position papers and communication of final decisions – would encourage participation in the process, and provide an avenue for critical peer review. Such a consultative process would also provide a degree of gravitas to any discussions held with government representatives.

Ultrasound Training Solutions encourages ASUM to approach all stakeholders and apply a public, transparent approach to its consultations.