a healthier world through sonographer expertise

Thursday, 10 February 2022

MSAC Secretariat (through HTA Team)
Australian Government Department of Health
MDP 960, GPO Box 9848
Canberra ACT 2601

Provided by email only commentsMSAC@health.gov.au

RE: MSAC 1705 - Structured prenatal risk assessment for preterm preeclampsia

Dear Secretariat,

Thank you for the opportunity to provide feedback on the Medical Services Advisory Committee (MSAC) application 1705, seeking the public funding of Structured prenatal risk assessment for preterm preeclampsia.

This proposal has been considered by the Australasian Sonographer Association (ASA) Sonographer Policy & Advisory Committee and the Women's Health Special Interest Group technical committees, composed of highly experienced sonographers who provide obstetric and women's health diagnostic services.

I am pleased to confirm that the ASA supports the introduction of structured prenatal risk assessment for preterm preeclampsia. However, some critical aspects of the application have not been addressed sufficiently. We have outlined these in detail with *Feedback from the Australasian Sonographers Association on MSAC1705 – application for public funding of Structured prenatal risk assessment for preterm preeclampsia* attached to this letter.

If you have any questions or require additional information supporting this feedback, please contact the ASA Policy Advisor, James Brooks-Dowsett, by phone at +61 406 998 429 or email to policy@sonographers.org.

We look forward to hearing about the progress of the application for public funding of this vital service.

Yours sincerely,

Ian Schroen
President of the Board
The Australasian Sonographers Association

Feedback from the Australasian Sonographers Association on MSAC1705 – application for public funding of Structured prenatal risk assessment for preterm preeclampsia.

About the Australasian Sonographers Association

The Australasian Sonographers Association (ASA) is the professional organisation for Australasian sonographers. Sonographers provide the majority of medical diagnostic ultrasound examinations.

With over 7,000 members and a membership of more than 75% of Australasia's sonographers, the ASA has a significant role in supporting and advising the profession on the highest standards to provide the best possible outcomes in ultrasound for patients.

This feedback

This feedback is from the ASA Sonographer Policy & Advisory Committee and the Women's Health Special Interest Group technical committees, composed of highly experienced sonographers who provide obstetric and women's health diagnostic services.

The ASA supports MSAC 1705 Structured prenatal risk assessment for preterm preeclampsia

The ASA supports the public funding of this service as it is of significant benefit to pregnant women and their unborn babies, as described in the paper.

The MSAC 1705 provides high-quality evidence to support the case for public funding of structured prenatal risk assessment for preterm preeclampsia. If the screening is done in a timely manner, maternal and infant mortality and morbidity in at-risk pregnancies would be significantly decreased.

The ASA agrees that each step is itemised separately but that each can only be used in conjunction with the other relevant parts for the purpose described, which is calculating the risk assessment for preeclampsia at a time when prophylactic treatment would be of most benefit.

Part 5 - Clinical endorsement and consumer information

As recognised in the application, sonographers will provide services that are components of the structured prenatal risk assessment for preterm preeclampsia.

As the only organisation that singularly represents sonographers in Australia, the ASA should be stated on the list of professional bodies/organisations representing a group of health professionals who provide the service. The ASA has not been asked to give a statement of clinical relevance, which we can do on request.

Recommendation(s):

- add the "Australasian Sonographers Association" to the list of organisations at Part 5, item 19
- if needed, request a statement of clinical relevance from the ASA to support the submission.

Part 6b, Item 31 - Identify any healthcare resources or other medical services that would need to be delivered at the same time as the proposed medical service.

The application correctly asserts that the proposed structured prenatal risk assessment is performed with the first trimester screening for common forms of chromosomal abnormality. Sonographers regularly provide ultrasound examinations for this screening.

It would be unlikely that a patient would be referred just for uterine artery assessment alone. This would generally be conducted with the detailed anatomy scan at 12-14 weeks, which is currently done in conjunction with aneuploidy screening.

The proposal suggests that the Ut A Doppler and CRL would be performed in isolation from other obstetric ultrasound examinations. The proposal should justify why this measurement cannot be integrated into a routine 11-14 week anatomy examination.

Many women already have this 11-14 first trimester ultrasound examination. The addition of uterine artery Doppler is a small addition to this examination. The suggested model implies two ultrasound attendances for these women. We would advocate that the MBS support only one attendance ultrasound between 11-14 weeks of pregnancy, where possible.

The new MBS items should also be able to be claimed in conjunction with the 12–14-week anatomy scan, that the anatomy scan can be performed independent of and together with the proposed structured prenatal risk assessment. This is needed to ensure that, where possible, the two services can be completed in the one patent interaction, rather than requiring the patient to attend the clinic a second time to receive the second service.

Recommendation:

- that MSAC recognises that it is in the patient interest to be able to co-claim this service together with the 11-14 week anatomy examination, where it is possible to provide the two services in one patient interaction.

Part 8, Item 52 - Specify how long the proposed medical service typically takes to perform: has not been answered in this proposal

This is a critical aspect of the proposed service which has not been answered in the application

The proposal appropriately recognises that a sonographer, sonologist or radiologist can only perform the ultrasound, which aligns with the current intent of the MBS and the skillsets required to perform the ultrasound component of this screening.

Introducing this structured risk assessment will extend examinations time. Although the additional maternal Dopplers may take little extra time, the maternal history taking is more extensive. The impact on sonographers will be to lengthen the examination time required.

Furthermore, where there are staffing pressures, sonographers may also be required to obtain and record the mean arterial pressure and the necessary patient history, rather than the medical team as suggested in the proposal.

Taking blood pressures is within a sonographer's capabilities, but the time addition of fifteen minutes required to perform this service will decrease the number of ultrasound examinations the sonographer can perform.

Recommendation(s):

- Statement of how long this service will typically take must be included in the application at Part 8 Item 52
- This information should include the additional time requirement that this service will create for sonographers and other health professionals, providing individual or multiple aspects of the structured risk assessment.

The cost to provide structured prenatal risk assessments for preterm preeclampsia

This application has not addressed the cost to health services for additional accreditation, equipment, and staffing.

Item 35 of the application recognises the training standards and certifications for health professionals providing these tests. However, this requires annual credentialing (at a cost to the sonographer) and a program to calculate the risk (at a cost to the practice).

Furthermore, the physical infrastructure doesn't exist in many public hospitals to provide these services. The funding of this infrastructure would need to be considered to provide equitable access to the structured prenatal risk assessment for preterm preeclampsia.

The application also hasn't included any statement of the flow-on effect of the extended sonographer examination time associated with providing this proposed service. The MAP, plus the anatomy scan, plus the UAPI would need to be considered in the time allocated for the ultrasound. This will decrease the throughput of ultrasound examinations for sonographers.

There is currently a critical workforce shortage of sonographers in Australia. Fewer ultrasound examinations by a sonographer in a day will create further pressure on diagnostic health services and other flow-on effects. Such as extended wait times for patients trying to access time-sensitive services which already have limited availability.

Recommendation(s):

- the application must recognise the cost pressures that introducing structured prenatal risk assessments will create across credentialling, infrastructure needs and workflow
- as the service will significantly rely on access to the sonographer, the critical workforce shortage needs to be recognised in the case for public funding.