RACGP

Point of Care Testing

Position Statement – August 2017

Position

Evidence based point of care testing (PoCT) should be accessible via general practice through Medicare and unnecessary regulatory barriers to its adoption in general practice should be removed.

Background

PoCT refers to pathology testing performed by, or on behalf of, a medical practitioner at the time of the consultation for diagnosing acute conditions and, to a lesser degree, for monitoring chronic conditions.

The cost of PoCT desktop diagnostic machines has declined considerably and their sophistication and reliability has improved markedly in recent years. The machines now used for PoCT are often the same machines used in centralised laboratories. Whilst diagnostic test accuracy is crucial, substituting a PoCT for a centralised laboratory based test requires more than this consideration alone.

The clinical effectiveness of PoCT also includes the relevant clinical decision-making rules that must precede the test and any alteration to the patient care pathway that follows. These include: having sufficiently clear and defined indications for testing; enough information for a correct interpretation of the test result; consideration of how the result will effect GP's decision-making about managing patient care; and finally the benefit it will likely have on patient outcomes[1].

Existing evidence supports a number of specific tests as clinically effective and as safe as laboratory testing[2,3].

Advantages of implementing PoCT in general practice

In keeping with the concept of patient centred care and the RACGP's medical home model, there are a number of advantages that PoCT can offer in general practice:

- Enhanced clinical management due to immediacy of results facilitating urgent triage and prompt decision-making
- Greater patient compliance with pathology requests, especially for those patients who are most at risk
- Greater convenience, safety and satisfaction for patients – given speed of diagnosis and treatment decisions
- More opportunities for patient engagement with the GP team
- As management decisions can be made promptly, patients' chronic disease management plans can be refined more often resulting in better and more timely patient care.

Barriers to PoCT in general practice

The absence of any Medicare rebate, or other funding source, for PoCT in general practice is a major limiting factor. Medicare rebates should be available and at least equivalent to those currently available to pathology providers.

The standards for PoCT in general practice currently fall under the National Pathology Accreditation Advisory Council (NPAAC), which means that general practices are held to the same standards as pathology laboratories. This is clearly inappropriate and the costs of compliance is high. It is important that PoCT in the general practice setting is conducted within a framework of quality standards and accreditation which addresses the general practice clinical environment and ensures appropriate training and technical support.

Specific standards for PoCT in the general practice setting should be developed, with a focus on staff training and ongoing quality assurance, and could be incorporated into the RACGP's *Standards for general practice* and general practice accreditation. General practice standards for PoCT have previously been drafted[4] in the context of a clinical trial, and these standards could be further refined.

Conclusion

There are many benefits for PoCT in the general practice setting and the evidence already supports a number of specific tests as clinically effective and as safe as laboratory testing. The current funding and regulatory arrangements need reform to ensure a level playing field for general practice. This in turn would support the ongoing development, training, and implementation of appropriate PoCT and lead to quality outcomes for patients and the health system more broadly.

The feasibility of implementing PoCT will need to be determined for different practice settings. Economies of scale may differ depending on geographic location, with arguably more need for PoCT in general practice in rural and remote areas due to reduced access to centralised laboratory testing.

References

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2. Department of Health and Ageing, Point of care testing in general practice trial: Final report. 2009
3. Gialamas A, et al., Does point-of-care testing lead to the same or better adherence to medication? A randomised controlled trial: the PoCT in General Practice Trial. Medical Journal of Australia, 2009. 191(9): p. 487-91.
4. Department of Health and Ageing, Standards for Point of Care Testing in General Practice: Incorporating PoCT Trial Guidelines. 2004, Commonwealth of Australia,: Canberra ACT