

31 May 2024

Mr Michael Ryan
Director – Diagnostic Imaging Section
Diagnostic Imaging and Pathology Branch
Medicare Benefits and Digital Health Division
Department of Health and Aged Care

Via email: radiology@health.gov.au

Dear Mr Ryan,

Re: Feedback regarding requesting requirements for Computed Tomography Coronary Angiography (CTCA)

The Royal Australian College of General Practitioners (RACGP) thanks the Department of Health and Aged Care for the opportunity to provide feedback regarding the requesting requirements for Computed Tomography Coronary Angiography (CTCA).

The RACGP welcomes consideration of a new item for general practitioners (GPs) to request CTCA for a specific population of patients. We support patients having access to CTCA to rule out significant coronary artery disease (CAD) without requiring prior referral to a cardiologist. This will decrease delays in patients receiving appropriate care, and costs incurred by the patient including out-of-pocket expenses, opportunity and possible transportation costs. In addition, there will be cost savings for the wider health system.

We provide the following feedback for consideration:

1. The proposed item number

The wording for the proposed item number needs further review. The current [Australian cardiovascular disease \(CVD\) risk calculator](#) has different cut offs for high, medium and low risk. These results are therefore not concordant with the older absolute CVD calculators based on Framingham data.

Recommendation: Risk assessment should be conducted using the new Australian CVD risk calculator which classifies intermediate and high 5-year risk estimates at 5% and above.

2. Draft item descriptor - Criteria (b) ii

The word 'stable' is difficult to define and does not make logical sense when this is referring to a patient presenting with symptoms for diagnosis and management. The most common trigger for a GP consultation is a change in symptoms, indicating that the patient is not stable.

The word 'atypical' and the subsequent qualifier about low or intermediate risk might create confusion when the very next criteria limits the test to patients with intermediate or high risk.

Recommendation: Remove the entire (b) ii criteria and instead state that outpatient referral for CTCA is not the test of choice for a person presenting with possible acute coronary syndromes or crescendo angina.



RACGP
Royal Australian College
of General Practitioners

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Thank you again for the opportunity to provide feedback. For any enquiries regarding this response, please contact Mr Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on (03) 8699 0544 or at stephan.groombridge@racgp.org.au.

Yours sincerely

A/Prof Michael Clements
RACGP Vice President and Chair, RACGP Rural