RACGP
Royal Australian College of General Practitioners

Healthy Profession.
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6 June 2022

MSAC Secretariat
Australian Government Department of Health
MDP 960
GPO Box 9848
Canberra ACT 2601
Via email: hta@health.gov.au

Dear MSAC Secretariat,

Re: MSAC Application 1665 – Radiofrequency echographic multi-spectrometry for bone density management and determination of osteopenia / osteoporosis

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to comment on the *MSAC Application 1665 - Radiofrequency echographic multi-spectrometry for bone density measurement and determination of osteopenia / osteoporosis*.

Currently, 1 in 6 Australians are aged 65 and over, with women making up 53% of older Australians over 65[1]. In response to an ageing Australian population, the RACGP has produced the following guidelines for the general practice profession:

- Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age
- Guideline for the management of knee and hip osteoarthritis
- RACGP aged care clinical guide

We provide the following comments on relevant questions from the consultation survey.

Part 2 - Clinical need and public health experience

Q4. Describe your experience with the medical condition (disease) and/or proposed intervention and/or service relating to the application form.

General practitioners (GPs) are often the first point of contact in the health system for patients with osteopenia and/or osteoporosis. GPs play a vital role in the care, support, treatment, and management of these patients. GPs and their practice teams also identify those at higher risk of osteopenia and osteoporosis and provide preventive advice on any modifiable risk factors that patients can undertake.

Q6. What do you see as the disadvantage(s) of the proposed medical service, in particular for the person involved and/or their family and carers?

Other screening methods are more effective

The RACGP and National Osteoporosis Guideline Group (NOGG) do not recommend quantitative ultrasound (QUS) as a diagnostic test for osteoporosis[2,3]. While QUS of the heel and other sites can provide information on fracture risk, QUS has not been demonstrated to provide information on absolute fracture risk and the reduction of

fracture risk by a specific anti-osteoporotic treatment[2]. QUS is not as well validated as absorptiometric techniques, such as dual energy x-ray absorptiometry (DXA)[3].

Complexity and potential overuse of screening

The application proposes a complex screening schedule with a potential for use in a wide range of people. This could create the unintended consequence of allowing commercial operations (such as screening vans) to promote overuse of screening, with negative impacts on care continuity and evidence-based care.

Part 3 - Indications for the proposed medical service and clinical claim

Q12. Do you agree or disagree with the clinical claim made for the proposed medical service as specified in Part 6d of the application form?

The application only provides a description of the treatment research based on DXA results. No correlation of the results from DXA scans with results from QUS is presented. Evidence of correlation should be included. A high correlation across the range of results would clearly demonstrate if QUS was measuring the same changes as DXA in all patient types, including differences in sex, body composition, and bone mineral density (BMD) levels.

The proposed fragility score also requires significant underpinning evidence to be used as a fracture risk predictor. This is under development and has not been provided by the applicant.

Part 4 – Cost information for the proposed medical service

Q13. Do you agree with the proposed service descriptor?

Follow-up examinations of BMD are not usually recommended at intervals of less than two years[2]. Current evidence on monitoring BMD is limited to DXA, and it is unclear from the application if a repeat QUS measure of BMD correlates with treatment outcomes, or if it is a useful predictor of fracture.

Thank you again for the opportunity to provide a submission to the *MSAC Application 1665.* If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-Health and Quality Care at stephan.groombridge@racgp.org.au or 03 8699 0544.

Yours sincerely

Adj. Professor Karen Price
President

References

1. Australian Institute of Health and Welfare (2021) Older Australians, AIHW, Australian Government, accessed 24 May 2022.
2. The Royal Australian College of General Practitioners and Osteoporosis Australia. Osteoporosis prevention, diagnosis and management in postmenopausal women and men over 50 years of age. 2nd edn. East Melbourne, Vic: RACGP, 2017.
3. National Osteoporosis Guideline Group. Clinical guideline for the prevention and treatment of osteoporosis. United Kingdom: NOGG, 2021.