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Dear Ms Metcalf

Point of Care Testing (PoCT) Trial in the GP setting

The AMA welcomes the release of the final report on the Point of Care Testing (PoCT) Trial in General Practice and appreciates the opportunity to comment. Thank you for the copies of the report provided to our Federal Secretariat.

The findings of the trial demonstrate that PoCT has a role to play supporting general practitioners in the management of patients with chronic disease. Point of care testing contributes significantly to the effective management of chronically ill patients enabling GPs to make more timely clinical decisions. PoCT also improves patient engagement by facilitating discussion at the time of consultation about treatment progress and, if required, modification of the patient's management plan. This builds trust and understanding by encouraging patients to make regular visits to their GP for monitoring and associated purposes.

This will help improve patient outcomes in a variety of ways, including:

- Patients become more receptive to advice about lifestyle modifications, and
- Patients are more likely to share relevant information with their GP that will assist in the development and ongoing implementation of an effective management plan.

In the intervention group patient compliance with medication was estimated to be up to 4.6% better than in the control group, which has obvious benefits for a patient's long-term health prospects and quality of life. This would suggest to the AMA a positive therapeutic outcome. The AMA notes that the trial found that for the majority of outcome measures PoCT, when compared to laboratory testing, were found to be the same or better.

We note that the PoCT Trial report indicated that both intervention GPs and their patients found PoCT to be beneficial. Intervention patients were more satisfied than control patients with the collection process, the convenience of not having to travel to an outside laboratory, were confident with the PoCT process, and the management of their disease.

The AMA notes the Report's finding that the impact of PoCT on GP adherence to evidence-based guidelines is less clear. The AMA is of the view that this finding is largely due to the increasing number of patients with multiple morbidities, where

strict adherence to management guidelines for one particular disease is not necessarily appropriate or best care for the patient. Guidelines for one disease may recommend action that is contra-indicated when managing multiple morbidities.

At this stage the AMA has no specific concerns to raise regarding the safety and quality accreditation guidelines that were developed for the trial, or with the training and support program and the competency assessment model. The AMA agrees with the Royal College of Pathologists of Australasia that proper accreditation and quality assurance is required to support patient safety in PoCT general practices.

However, concerns have been raised with the AMA regarding the Report's estimation of the costs of PoCT by GPs using PoCT and the suppliers of PoCT equipment. We therefore believe that in relation to the cost effectiveness of PoCT that further evaluation and analysis of the costings is required. In addition, it is the AMA's view that the costing methodology used in the trial needs to be reviewed and validated. Further clarification in this area would help inform the discussion workshops being undertaken by the Department and ultimately the Medicare Benefits Consultative Committee processes.

Concerns have also been raised with the AMA about the validity of the interpretation of the results pertaining to the International Normalised Ratio (INR).

The results of the trial regarding the effectiveness of PoCT INR and lipids testing were less than clear and the AMA agrees should be further investigated. However, the AMA view is that INR and lipids testing respectively should be given the highest priority for PoCT implementation. Where there is some doubt about the efficacy of a PoCT test the AMA considers that this should be seen as an opportunity to improve PoCT arrangements rather than preclude the test from any future PoCT framework in general practice.

Achieving in-range INR is a constant challenge as the INR is sensitive to a number of influences, including stress and any change in the type of food consumed since the last test. PoCT is valuable because the GP has the immediate opportunity to discuss with the patient factors that may be impacting on their INR with a view to achieving more stable results in the long term.

The AMA notes that the Report indicates that a more appropriate outcome measure of PoCT INR testing may have been the percentage of time spent in range and acknowledges the volatility of INR levels and the complexity of INR management.

Cardiovascular disease remains one of the leading causes of death in Australia. The opportunity to test a patient's lipids on the spot is therefore an important preventive measure that supports a well informed discussion of the patient's diet and the impact it has on cholesterol levels.

The AMA believes that PoCT will better support general practice in the front-line management of patients with chronic conditions. It has significant benefits for patients and its broader introduction would be consistent with the Government's focus on improved primary care services. The trial showed that there was a high level of satisfaction among GPs and patients alike with PoCT, indicating that its introduction will have strong professional and community support.

The AMA notes that the authors of the trial have made a submission to the National Primary Healthcare Strategy recommending that PoCT should be included in any chronic disease management framework.

We would welcome the opportunity to participate in future discussions about the efficacy of PoCT in general practice and look forward to continuing to work with the Department on this important issue.

Yours sincerely

Dr Rosanna Capolingua
President

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