



CORPORATE OFFICE

Level 1 32 Oxford Terrace Christchurch Central **CHRISTCHURCH 8011**

Telephone: 0064 3 364 4134 <u>Kathleen.smitheram@cdhb.health.nz;</u>

25 February 2022



RE Official Information Act request CDHB 10796 & WCDHB 9653

We refer to your email 10 December 2021 to the Ministry of Health which they subsequently transferred to us on 12 January 2022 requesting the following information under the Official Information Act from Canterbury DHB and West Coast DHB. Specifically:

Funding of DEXA scans - individual DHB basis Information requested:

For each DHB (except for Capital Coast) can you please tell me if publicly funded bone density (DEXA) scans are available for:

1. All relevant Endocrinology patients

There is a set of access criteria for GP requested publicly funded DXA scans in the Bone Density Scan (DXA) pathway on Canterbury Community HealthPathways^{*}. Please refer to **Appendix 1**.

*HealthPathways is designed and written for use during a clinical consultation. Each pathway provides clear and concise guidance for assessing and managing a patient with a particular symptom or condition. Pathways also include information about making requests to services in the local health system.

Content is developed collaboratively by general practitioners, hospital clinicians, and a wide range of other health professionals. Each pathway is evidence-informed, but also reflects local reality, and aims to preserve clinical autonomy and patient choice. HealthPathways serves to reduce unwarranted variation and accelerate evidence into practice. **Note:** This information is not publicly available.

Information which is publicly available can be found on the Canterbury HealthInfo website. <u>www.healthinfo.org.nz</u>.

2. Any patient seen in a relevant subspecialty (yes/no adequate detail for both questions).

The scan could be provided in private but the question is about who pays - the DHB or the patient. If some patients would be funded (e.g. community service card holders) please provide this information.

Yes, all patients seen in an endocrine or relevant sub-speciality clinic will be able to access a timely publicly funded DXA scan both for Canterbury and West Coast DHBs.

Any requests that come from a specialist clinic within the DHB (endocrinology, rheumatology, oncology, eating disorders etc) are accepted as they are required for treatment planning. Most will be requested as "planned imaging" and done just prior to a clinic review.

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Canterbury DHB and West Coast DHB websites.

Yours sincerely

Ralph La Salle Senior Manager, OIAs Canterbury DHB and West Coast DHB

Appendix 1

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Bone Density Scan (DXA)

This pathway refers to bone density scans, not nuclear medicine bone isotope scans. See also Osteoporosis.

Clinical editor's note

June 2021 – High demand is exceeding capacity – Wait times for first scans can be up to 4 months, and up to 6 months for follow-up scans.

To address this, recent changes have been made to access criteria for publicly funded scans. Before making a referral, check the criteria as it may differ from the advice on the last scan report.

Public

Offer all referral options, even if the optient is eligible for DHB treatment, as per the HDC Code.

HDC Code

Under the Health and Disability Commissioner's Code of Health and Disability Services Consumers' Rights Regulation 1996 (Right 7), patients have the right to make an informed choice and give informed consent.

Canterbury Ol-I

1. Check criteria and wait times.

About access criteria

About public access criteria

This section describes locally agreed access criteria for publicly funded investigations. Due to resource constraints, these are not necessarily equivalent to current best practice.

Requests that do not fit the criteria may be accepted if a good case is presented.

Seen and reported within 4 hours (risk of immediate admission)

Not available

First scans

No previous bone density scan and one of the following:

• Younger than 75 years with history of fragility fractures in vertebrae, long bone (hip, humerus, wrist), and rib only if scan is required for Special Authority (funding) for zoledronic acid – Does not include ankle or foot fractures.

Not funded for patients aged 75 years and older, or younger than 75 years who will be taking oral bisphosphonates. International guidelines recommend starting therapy regardless of bone mass result.

- Fracture risk assessment tool (FRAX) hip fracture risk greater than 3% and younger than 70 years (as most elderly have FRAX greater than 3%).
- Older than 70 years with FRAX hip fracture risk greater than 3%, and history of frequent falls.
- Underlying medical conditions, lifestyle choices and medications will be taken into account and referrals will be triaged with access based on bone density scan (DXA) availability, even if FRAX score is less than 3%.

Underlying medical conditions, lifestyle choices and medications

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DXA scan recommended

Malabsorption

Malabsorption

For example:

- Coeliac disease
- Inflammatory bowel disease (IBD).
- Bariatric surgery. Order a scan 1 year after surgery for gastric banding, this is only needed if significant weight loss has been achieved.
- Inflammatory arthritis
 Ingrammatory arthritis

For example:

- Rheumatoid arthritis
- Connective tissue diseases
- Amenorrhoea for more than 6 months

Amenorrhoea for more than 6 months

• Younger than 45 years

- Female athlete triad
- Eating disorders

Eating disorders

Current, or female athlete triad

Male hypogonadism •

Male hypogonadism

For example

- Testosterone deficiency
- official Information Act Some prostate cancer treatments •
- Chronic liver disease
- Chronic kidney disease •
- Hyperthyroidism •
- Primary hyperparathyroidism
- Osteogenesis imperfecta
- Type 1 diabetes
- Medications

Medications

- Glucocorticoids 5 mg/day or greater for more than 3 months
- Anticonvulsants
- Aromatase inhibitors
- Suppressive doses of thyroxine (e.g., post-thyroid cancer treatment)
- Cyclosporine •

DXA scan to be considered

Recognise that though these factors may contribute to overall osteoporotic risk, current public resources cannot fund a DXA scan if this is the only risk factor. Some of these factors carry significant risk.

- Low body weight (less than 58 kg)
- Type 2 diabetes
- Prolonged use of SSRIs or PPIs

Prolonged use of SSRIs or PPIs

Prolonged use of selective serotonergic reuptake inhibitors (SSRIs) or proton pump inhibitors (PPIs) is a significant risk factor but as both are commonly prescribed, a DXA scan cannot be funded solely on this factor alone.

Medroxyprogesterone acetate (Depo-Provera) •

Medroxyprogesterone acetate (Depo-Provera)

Associated with a reduction in bone density, but this effect normally reverses a year after stopping the drug.

internation ACT In younger women, without other major risk factors for osteoporosis, monitoring of bone density is not recommended.

- Smoking a significant risk factor •
- High alcohol intake

High alcohol intake risk factor

More than 3 standard drinks per day.

Follow-up scans

- Treatment monitoring:
 - A follow-up scan is funded after 5 years or al therapy, or 3 years of intravenous • (IV) therapy. If any concern about oral compliance or absorption, IV therapy may be a better choice as funding is not currently available for a scan after 2 years to check the effectiven 235 of oral therapy.
 - If giving teriparatide, arrange follow-up at 1 year and ask for a scan before the • end of the 18-month course.
- On treatment break A follow-up scan is funded 2 years (after oral), or 3 to 5 years (after IV), after stopping treatment if the patient is likely to need further treatment.
- Follow up if there are ongoing major risk factors A scan is funded after 5 years, or at the upper end of the range suggested at last scan for higher risk patients, e.g. glucocorticoio therapy.
- a or low bone mass Osteope Ostcopenia or low bone mass
 - T scores that are less than or equal to -1.5: follow-up scan may be funded after 5 • years
 - T scores of -1 to -1.4: follow-up scan may be indicated, but not funded (in the absence of major risk factors).

Follow-up of patients with low bone mass on BMD (T-score between -1 and -2.5) is a grey area.

Low bone mass does not necessarily progress to osteoporosis and conservative management is usually sufficient. Re-evaluate absolute fracture risk every 5 years. The case for drug treatment of low bone mass is based on large reductions in relative fracture risk, but only small reductions in absolute risk. This means that numbers needed to treat to prevent a single fracture may be in excess of 100.

• If a previous scan has shown osteoporosis and bisphosphonates are indicated but the patient has not opted for treatment, consider seeking endocrinology bone clinic advice for treatment planning. Follow- up scans are not funded when a patient has declined treatment.

Not funded but may be clinically indicated

- T scores -1 to -1.4 follow up scan may be indicated, but not funded (in the absence of major risk factors).
- Consider privately funded DXA scans.

Not funded or clinically indicated

- Follow-up scans for normal bone density (T ≥ -1.0) are not funded unless the risk has changed. Reassess risk every 5 years.
- Medroxyprogesterone acetate (Depo-Provera)

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Associated with a reduction in bone density, but this effect normally reverses a year after stopping the drug.

In younger women, without other major risk factors for osteoporosis, monitoring of bone density is not recommended.

2. Include triage information for bone density scan (DXA).

Triage information for bone consity scan

• Fracture risk assessment tool (FRAX) score hip (not major) if first scan or previous minimum T-score above (more positive) than -1.5

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official Information Act Amenorrhoea for more than 6 months

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- Eating disorders •

Eating disorders

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Male hypogonadism •

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For example

- **Testosterone deficiency** •
- Some prostate cancer treatments •
- Chronic liver disease •
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- Osteogenesis imperfecta
- Type1 diabetes
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- Current treatment >
- Previous scan report if available. These are not always available to Community Radiology and the DXA service (even if locally produced).
- Weight (rejerrals without a weight may be declined as there is a weight limit for DXA machine of 220 kg at Burwood Hospital, 136 kg at St George's Hospital).
- Any disability, or infection risk to staff
- 3. Send a request via:
 - ERMS: Radiology > Bone Density Scan, or
 - Fax the Community Referred Radiology Form to 0800-555-266.

For general enquiries, contact Community Referred Radiology.

Private

Send a request via:

- ERMS: Radiology > Bone Density Scan, or
- Pacific Radiology, using the General Referral Form

Read the disclaimer.

Information

For health professionals

Further information

- FRAX Fracture Risk Assessment Tool
- Western Australia Department of Health Diagnostic Imaging Pathways:
 - Indications for DEXA
 - Osteoporosis and Bone Mineral Density Measurement

For patients



On HealthInfo

• Give your patient a Healthin Card and encourage them to search using the keyword "DXA".

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HealthInfo – Bone Density Scan (DXA)

Printable Resources

• Royal Australian and New Zealand College of Radiologists - Bone Density Scans

Search Model Searc

Contact the HealthInfo team at info@healthinfo.org.nz if you have any resources that you would like us to consider for this section.

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