



Australian Government

Department of Health

Application Form

(New and Amended Requests for Public Funding)

(Version 2.5)

This application form is to be completed for new and amended requests for public funding (including but not limited to the Medicare Benefits Schedule (MBS)). It describes the detailed information that the Australian Government Department of Health requires in order to determine whether a proposed medical service is suitable.

Please use this template, along with the associated Application Form Guidelines to prepare your application. Please complete all questions that are applicable to the proposed service, providing relevant information only. Applications not completed in full will not be accepted.

The application form will be disseminated to professional bodies / organisations and consumer organisations that have will be identified in Part 5, and any additional groups that the Department deem should be consulted with. The application form, with relevant material can be redacted if requested by the Applicant.

Should you require any further assistance, departmental staff are available through the contact numbers and email below to discuss the application form, or any other component of the Medical Services Advisory Committee process.

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Fax: +61 2 6289 5540

Email: hta@health.gov.au

Website: www.msac.gov.au

PART 1 – APPLICANT DETAILS

1. Applicant details (primary and alternative contacts)

Corporation / partnership details (where relevant): Aged Care Imaging (Australia) Pty Ltd

Corporation name: Insert corporation name here

ABN: 159 930 846

Business trading name: Aged Care Imaging

Primary contact name: A Prof Michael Montalto

Primary contact numbers

Business: Insert business number here

Mobile: REDACTED

Email: REDACTED

Alternative contact name: Insert name of alternative contact here

Alternative contact numbers

Business: Insert business number here

Mobile: Insert mobile number here

Email: Insert email address here

2. (a) Are you a consultant acting on behalf of an Applicant?

Yes

No

(b) If yes, what is the Applicant(s) name that you are acting on behalf of?

Insert relevant Applicant(s) name here.

3. (a) Are you a lobbyist acting on behalf of an Applicant?

Yes

No

(b) If yes, are you listed on the Register of Lobbyists?

Yes

No

PART 2 – INFORMATION ABOUT THE PROPOSED MEDICAL SERVICE

4. Application title

New item numbers and rebates for mobile radiology services

5. Provide a succinct description of the medical condition relevant to the proposed service (no more than 150 words – further information will be requested at Part F of the Application Form)

There is a significant, and growing, proportion of the Australian community who are immobile, or are difficult to transport. This includes elderly residents of Residential Aged Care Facilities, numbers of whom are growing at approximately 5000 per annum. This group of people frequently suffer from dementia, poor or no mobility, and incontinence.

This group also has significant health care needs, and require investigations including radiology procedures.

The current situation for these patients to receive appropriate Xray and ultrasound procedures involves formal or informal assisted transportation to community or hospital radiology facilities, waiting and observation, taking the procedure and transportation back to the RACF.

This process is costly, time consuming, and detrimental to the health of the patient. The process is so difficult it may discourage proper investigation.

New digital Xray and ultrasound processing equipment has made portable imaging feasible.

However, there is no rebate for portable Xray and ultrasound investigations.

6. Provide a succinct description of the proposed medical service (no more than 150 words – further information will be requested at Part 6 of the Application Form)

The proposed medical service is the delivery of portable Xray and ultrasound imaging.

This includes:

1. Acceptance of request forms with clinical information
2. The delivery of accredited and approved digital processors and beam radiology equipment to homes, nursing homes and other facilities
3. Patient preparation and taking of the image/s by a qualified radiographer
4. Processing of appropriate information and images, and forwarding for reporting
5. Reporting of images and transfer and delivery of report
6. Safe removal of equipment

7. (a) Is this a request for MBS funding?

- Yes
 No

(b) If yes, is the medical service(s) proposed to be covered under an existing MBS item number(s) or is a new MBS item(s) being sought altogether?

- Amendment to existing MBS item(s)
 New MBS item(s)

(c) If an amendment to an existing item(s) is being sought, please list the relevant MBS item number(s) that are to be amended to include the proposed medical service:

Diagnostic Imaging Services Category 5 including all services in

Group 1 Ultrasound

Group 2 Computed Tomography

Group 3 Diagnostic radiology

(d) If an amendment to an existing item(s) is being sought, what is the nature of the amendment(s)?

- i. An amendment to the way the service is clinically delivered under the existing item(s)
- ii. An amendment to the patient population under the existing item(s)
- iii. An amendment to the schedule fee of the existing item(s)
- iv. An amendment to the time and complexity of an existing item(s)
- v. Access to an existing item(s) by a different health practitioner group
- vi. Minor amendments to the item descriptor that does not affect how the service is delivered
- vii. An amendment to an existing specific single consultation item
- viii. An amendment to an existing global consultation item(s)
- ix. Other (please describe below):

Insert description of 'other' amendment here

(e) If a new item(s) is being requested, what is the nature of the change to the MBS being sought?

- i. A new item which also seeks to allow access to the MBS for a specific health practitioner group
- ii. A new item that is proposing a way of clinically delivering a service that is new to the MBS (in terms of new technology and / or population)
- iii. A new item for a specific single consultation item
- iv. A new item for a global consultation item(s)

(f) Is the proposed service seeking public funding other than the MBS?

- Yes
- No

(g) If yes, please advise:

Insert description of other public funding mechanism here

8. What is the type of service:

- Therapeutic medical service
- Investigative medical service
- Single consultation medical service
- Global consultation medical service
- Allied health service
- Co-dependent technology
- Hybrid health technology

9. For investigative services, advise the specific purpose of performing the service (which could be one or more of the following):

- i. To be used as a screening tool in asymptomatic populations
- ii. Assists in establishing a diagnosis in symptomatic patients
- iii. Provides information about prognosis
- iv. Identifies a patient as suitable for therapy by predicting a variation in the effect of the therapy
- v. Monitors a patient over time to assess treatment response and guide subsequent treatment decisions
- vi. Is for genetic testing for heritable mutations in clinically affected individuals and, when also appropriate, in family members of those individuals who test positive for one or more relevant mutations (and thus for which the Clinical Utility Card proforma might apply)

10. Does your service rely on another medical product to achieve or to enhance its intended effect?

- Pharmaceutical / Biological
- Prosthesis or device
- No

11. (a) If the proposed service has a pharmaceutical component to it, is it already covered under an existing Pharmaceutical Benefits Scheme (PBS) listing?

- Yes
- No

(b) If yes, please list the relevant PBS item code(s):

Insert PBS item code(s) here

(c) If no, is an application (submission) in the process of being considered by the Pharmaceutical Benefits Advisory Committee (PBAC)?

- Yes (please provide PBAC submission item number below)
- No

Insert PBAC submission item number here

(d) If you are seeking both MBS and PBS listing, what is the trade name and generic name of the pharmaceutical?

Trade name: Insert trade name here

Generic name: Insert generic name here

12. (a) If the proposed service is dependent on the use of a prosthesis, is it already included on the Prostheses List?

- Yes
- No

(b) If yes, please provide the following information (where relevant):

Billing code(s): Insert billing code(s) here

Trade name of prostheses: Insert trade name here

Clinical name of prostheses: Insert clinical name here

Other device components delivered as part of the service: Insert description of device components here

(c) If no, is an application in the process of being considered by a Clinical Advisory Group or the Prostheses List Advisory Committee (PLAC)?

Yes

No

(d) Are there any other sponsor(s) and / or manufacturer(s) that have a similar prosthesis or device component in the Australian market place which this application is relevant to?

Yes

No

(e) If yes, please provide the name(s) of the sponsor(s) and / or manufacturer(s):

Insert sponsor and/or manufacturer name(s) here

13. Please identify any single and / or multi-use consumables delivered as part of the service?

Single use consumables: Insert description of single use consumables here

Multi-use consumables: Insert description of multi use consumables here

PART 3 – INFORMATION ABOUT REGULATORY REQUIREMENTS

- 14. (a) If the proposed medical service involves the use of a medical device, in-vitro diagnostic test, pharmaceutical product, radioactive tracer or any other type of therapeutic good, please provide the following details:**

Type of therapeutic good: Insert description of single use consumables here

Manufacturer's name: Insert description of single use consumables here

Sponsor's name: Insert description of single use consumables here

- (b) Is the medical device classified by the TGA as either a Class III or Active Implantable Medical Device (AIMD) against the TGA regulatory scheme for devices?**

- Class III
 AIMD
 N/A

- 15. (a) Is the therapeutic good to be used in the service exempt from the regulatory requirements of the *Therapeutic Goods Act 1989*?**

- Yes (If yes, please provide supporting documentation as an attachment to this application form)
 No

- (b) If no, has it been listed or registered or included in the Australian Register of Therapeutic Goods (ARTG) by the Therapeutic Goods Administration (TGA)?**

- Yes (if yes, please provide details below)
 No

ARTG listing, registration or inclusion number: Insert ARTG number here

TGA approved indication(s), if applicable: Insert approved indication(s) here

TGA approved purpose(s), if applicable: Insert approved purpose(s) here

- 16. If the therapeutic good has not been listed, registered or included in the ARTG, is the therapeutic good in the process of being considered for inclusion by the TGA?**

- Yes (please provide details below)
 No

Date of submission to TGA: Insert date of submission here

Estimated date by which TGA approval can be expected: Insert estimated date here

TGA Application ID: Insert TGA Application ID here

TGA approved indication(s), if applicable: If applicable, insert description of TGA approved indication(s) here

TGA approved purpose(s), if applicable: If applicable, insert description of TGA approved purpose(s) here

- 17. If the therapeutic good is not in the process of being considered for listing, registration or inclusion by the TGA, is an application to the TGA being prepared?**

- Yes (please provide details below)
 No

Estimated date of submission to TGA: Insert date of submission here

Proposed indication(s), if applicable: If applicable, insert description of proposed indication(s)

Proposed purpose(s), if applicable: If applicable, insert description of proposed purpose(s) here

PART 4 – SUMMARY OF EVIDENCE

18. Provide an overview of all key journal articles or research published in the public domain related to the proposed service that is for your application (limiting these to the English language only). Please do not attach full text articles, this is just intended to be a summary.

	Type of study design*	Title of journal article or research project (including any trial identifier or study lead if relevant)	Short description of research (max 50 words)**	Website link to journal article or research (if available)	Date of publication***
1.	For each key journal article or published research relating to your proposed service, insert the type of study design in this column and columns below	For each key journal article or published research relating to your proposed service, insert the title of article or research (including any trial identifier or study lead if relevant) in this column and columns below	For each key journal article or published research relating to your proposed service, insert a short description of research in this column and columns below	For each key journal article or published research relating to your proposed service, insert a website link to journal article or research (if available) in this column and columns below	For each key journal article or published research relating to your proposed service, insert the date of publication in this column and columns below
2.	Descriptive; before and after cohort	Montalto M, Shay S, Le A 'Evaluation of a mobile Xray service for elderly residents of residential aged care facilities' Aust Health Rev 2015, 39, 517-521	Study of the introduction of a mobile Xray service at Royal Melbourne Hospital. Before and after study of the impact of mobile Xray on ED attendances by nursing home patients.	http://dx.doi.org/10.1071/AHI5059	15 June 2015
3.	Prospective; descriptive	Eklund K, Klefsgaed R, Ivarsson BGeijer M 'Positive experience of a mobile radiography Service in Nursing Homes' Gerontology 2012; 58: 107-11	Investigation of the usefulness of a mobile radiography service for radiological assessment of patients in nursing homes, and staff perspectives	Insert website link	2012

	Type of study design*	Title of journal article or research project (including any trial identifier or study lead if relevant)	Short description of research (max 50 words)**	Website link to journal article or research (if available)	Date of publication***
4.	RCT	Ricauda NA, Tibaldi V, Bertone P, Quagliotti E, Tizzani A, Zancocchi M et al 'The Rad-Home Project: a pilot study of home delivery of radiology services' Arch Int Med 2011; 171: 1678-80	Assessment of delirium and confusion in patients undergoing mobile radiography and a control group.	Insert website link	2011
5.		Dozet A, Ivarsson B, Eklund K et al Radiography on wheels arrives to nursing homes - an economic assessment of a new healthcare technology in southern Sweden. J Eval Clin Pract 2016; 22 (6): 990-		Insert website link	
8.		Kjelle E, Lysdahl KB Mobile radiography in nursing homes: a systematic review of residents' and societal outcomes BMC Health Serv Research 2017 Mar, 23; 17 (1): 231-			
9	Insert study design	Insert title	Insert description	Insert website link	Insert date
10.	Insert study design	Insert title	Insert description	Insert website link	Insert date
11.	Insert study design	Insert title	Insert description	Insert website link	Insert date
12.	Insert study design	Insert title	Insert description	Insert website link	Insert date
13.	Insert study design	Insert title	Insert description	Insert website link	Insert date

	Type of study design*	Title of journal article or research project (including any trial identifier or study lead if relevant)	Short description of research (max 50 words)**	Website link to journal article or research (if available)	Date of publication***
14.	Insert study design	Insert title	Insert description	Insert website link	Insert date
15.	Insert study design	Insert title	Insert description	Insert website link	Insert date

* Categorise study design, for example meta-analysis, randomised trials, non-randomised trial or observational study, study of diagnostic accuracy, etc.

**Provide high level information including population numbers and whether patients are being recruited or in post-recruitment, including providing the trial registration number to allow for tracking purposes.

*** If the publication is a follow-up to an initial publication, please advise.

19. Identify yet to be published research that may have results available in the near future that could be relevant in the consideration of your application by MSAC (limiting these to the English language only). Please do not attach full text articles, this is just intended to be a summary.

	Type of study design*	Title of research (including any trial identifier if relevant)	Short description of research (max 50 words)**	Website link to research (if available)	Date***
1.	For yet to be published research that may have results relevant to your application, insert the type of study design in this column and columns below	For yet to be published research that may have results relevant to your application, insert the title of research (including any trial identifier if relevant) in this column and columns below	For yet to be published research that may have results relevant to your application, insert a short description of research (max 50 words) in this column and columns below	For yet to be published research that may have results relevant to your application, insert a website link to this research (if available) in this column and columns below	For yet to be published research that may have results relevant to your application, insert date in this column and columns below
2.	Cost modelling	Evaluation of Mobile Xray Service Royal Melbourne Hospital	Cost modelling of mobile Xray intervention	Available from author	2014
3.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
4.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
5.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
6.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
7.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
8.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
9.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date

	Type of study design*	Title of research (including any trial identifier if relevant)	Short description of research (max 50 words)**	Website link to research (if available)	Date***
10.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
11.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
12.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
13.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
14.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date
15.	Insert study design	Insert title of research	Insert description	Insert website link	Insert date

** Categorise study design, for example meta-analysis, randomised trials, non-randomised trial or observational study, study of diagnostic accuracy, etc.*

***Provide high level information including population numbers and whether patients are being recruited or in post-recruitment.*

****Date of when results will be made available (to the best of your knowledge).*

PART 5 – CLINICAL ENDORSEMENT AND CONSUMER INFORMATION

- 20. List all appropriate professional bodies / organisations representing the group(s) of health professionals who provide the service (please attach a statement of clinical relevance from each group nominated):**

Australian Society of Medical Imaging and Radiation Therapy

Australian Diagnostic Imaging Association

Royal Australian and New Zealand College of Radiologists

Australian and New Zealand Society for Geriatric Medicine

Leading Age Services Australia (LASA): this body represents Aged Care service providers, and may reflect the importance of providing a mobile service to residents of aged care facilities.

- 21. List any professional bodies / organisations that may be impacted by this medical service (i.e. those who provide the comparator service):**

As above, except LASA

- 22. List the relevant consumer organisations relevant to the proposed medical service (please attach a letter of support for each consumer organisation nominated):**

None known

- 23. List the relevant sponsor(s) and / or manufacturer(s) who produce similar products relevant to the proposed medical service:**

Not applicable

- 24. Nominate two experts who could be approached about the proposed medical service and the current clinical management of the service(s):**

Name of expert 1: Insert name here

Telephone number(s): Insert phone number/s here

Email address: Insert email address here

Justification of expertise: Insert a justification of expertise here

Name of expert 2: Insert name here

Telephone number(s): Insert phone number/s here

Email address: Insert email address here

Justification of expertise: Insert a justification of expertise here

Please note that the Department may also consult with other referrers, proceduralists and disease specialists to obtain their insight.

PART 6 – POPULATION (AND PRIOR TESTS), INDICATION, COMPARATOR, OUTCOME (PICO)

PART 6a – INFORMATION ABOUT THE PROPOSED POPULATION

25. Define the medical condition, including providing information on the natural history of the condition and a high level summary of associated burden of disease in terms of both morbidity and mortality:

There is a significant, and growing, proportion of the Australian community who are immobile, or are difficult to transport. This includes elderly residents of Residential Aged Care Facilities, numbers of whom are growing at approximately 5000 per annum. This group of people frequently suffer from dementia, poor or no mobility, and incontinence.

This group also has significant health care needs, and require investigations including radiology procedures.

The current situation for these patients to receive appropriate Xray and ultrasound procedures involves formal or informal transportation to community or hospital radiology facilities, waiting and observation, taking the procedure and transportation back to the RACF.

This process is costly, time consuming, and detrimental to the health of the patient. The process is so difficult it may discourage proper investigation.

New digital Xray and ultrasound processing equipment has made portable imaging feasible.

26. Specify any characteristics of patients with the medical condition, or suspected of, who are proposed to be eligible for the proposed medical service, including any details of how a patient would be investigated, managed and referred within the Australian health care system in the lead up to being considered eligible for the service:

The group in question include elderly, immobile and demented patients who require further investigation for deterioration in their current medical condition, and new medical conditions due to falls, infection, new symptoms including pain, intra-abdominal pathology, weight loss, deteriorating function.

27. Define and summarise the current clinical management pathway *before* patients would be eligible for the proposed medical service (supplement this summary with an easy to follow flowchart [as an attachment to the Application Form] depicting the current clinical management pathway up to this point):

1. Nursing home staff assess patient problem
2. Contact general practitioner, GP locum or ambulance
3. Doctor or ambulance decides further investigation is required, and Xray or ultrasound is part of investigation
4. Patients are immobile or poorly mobile and require assistance
5. Family are contacted
6. Transport arranged by urgent ambulance; non-urgent ambulance; or family
7. Nursing home prepares transfer documentation
8. Family or paid assistant travels
9. Patient arrives at radiology facility (community, hospital, Emergency Department)
10. Transport may or may not leave the patient
11. Patient requires additional monitoring due to condition
12. Await transport back to facility

PART 6b – INFORMATION ABOUT THE INTERVENTION

28. Describe the key components and clinical steps involved in delivering the proposed medical service:

Steps 1-5 as above

7. Request made for mobile Xray or ultrasound
8. Mobile Xray or ultrasound attend patient in facility
9. Equipment delivered to bedside
10. Investigation performed
11. Images processed and forwarded for reporting
12. Report returned to requesting doctor

29. Does the proposed medical service include a registered trademark component with characteristics that distinguishes it from other similar health components?

No

30. If the proposed medical service has a prosthesis or device component to it, does it involve a new approach towards managing a particular sub-group of the population with the specific medical condition?

No

31. If applicable, are there any limitations on the provision of the proposed medical service delivered to the patient (i.e. accessibility, dosage, quantity, duration or frequency):

No

32. If applicable, identify any healthcare resources or other medical services that would need to be delivered at the same time as the proposed medical service:

None

33. If applicable, advise which health professionals will primarily deliver the proposed service:

Radiographers

34. If applicable, advise whether the proposed medical service could be delegated or referred to another professional for delivery:

No

35. If applicable, specify any proposed limitations on who might deliver the proposed medical service, or who might provide a referral for it:

Referral by registered medical practitioners only

36. If applicable, advise what type of training or qualifications would be required to perform the proposed service as well as any accreditation requirements to support service delivery:

No extra

37. (a) Indicate the proposed setting(s) in which the proposed medical service will be delivered (select all relevant settings):

- Inpatient private hospital
- Inpatient public hospital
- Outpatient clinic
- Emergency Department
- Consulting rooms
- Day surgery centre
- Residential aged care facility
- Patient's home
- Laboratory
- Other – please specify below

Specify further details here

(b) Where the proposed medical service is provided in more than one setting, please describe the rationale related to each:

Describe rationale here

38. Is the proposed medical service intended to be entirely rendered in Australia?

Yes

No – please specify below

Specify further details here

PART 6c – INFORMATION ABOUT THE COMPARATOR(S)

- 39. Nominate the appropriate comparator(s) for the proposed medical service, i.e. how is the proposed population currently managed in the absence of the proposed medical service being available in the Australian health care system (including identifying health care resources that are needed to be delivered at the same time as the comparator service):**

See 27.

- 40. Does the medical service that has been nominated as the comparator have an existing MBS item number(s)?**

Yes (please provide all relevant MBS item numbers below)

No

Specify item number/s here

- 41. Define and summarise the current clinical management pathways that patients may follow *after* they receive the medical service that has been nominated as the comparator (supplement this summary with an easy to follow flowchart [as an attachment to the Application Form] depicting the current clinical management pathway that patients may follow from the point of receiving the comparator onwards including health care resources):**

See 27.

- 42. (a) Will the proposed medical service be used in addition to, or instead of, the nominated comparator(s)?**

Yes

No

- (b) If yes, please outline the extent of which the current service/comparator is expected to be substituted:**

Transfer of elderly patients to community radiology facilities or hospital Emergency Departments for Xrays and ultrasound

- 43. Define and summarise how current clinical management pathways (from the point of service delivery onwards) are expected to change as a consequence of introducing the proposed medical service including variation in health care resources (Refer to Question 39 as baseline):**

See 28.

We expect a reduction in the use of ambulance transfers; and Emergency Department utilisation.

PART 6d – INFORMATION ABOUT THE CLINICAL OUTCOME

44. Summarise the clinical claims for the proposed medical service against the appropriate comparator(s), in terms of consequences for health outcomes (comparative benefits and harms):

1. Less distress for confused, immobile patients who require transfer from bed to ambulance, ambulance to facility, facility to Xray department and the entire process repeated in reverse.
2. Less confusion, distress or deterioration due to time waiting; fewer pressure injuries, fewer falls
3. Equivalent adequate radiological information for decisions to be made, given this patient group is already difficult to image
4. Less transportation costs (formal and informal) for ambulance services and/or family
5. Less impact on nursing home staff
6. More appropriate clinical decision making for further treatment, including referral to hospital only when or if appropriate

45. Please advise if the overall clinical claim is for:

- Superiority
x Non-inferiority

46. Below, list the key health outcomes (major and minor – prioritising major key health outcomes first) that will need to be specifically measured in assessing the clinical claim of the proposed medical service versus the comparator:

Safety Outcomes:

Fewer falls
Fewer pressure injuries
Less delirium/confusion

Clinical Effectiveness Outcomes:

Equivalent clinical information for decision making
Fewer Emergency Department presentations
Fewer hospital admissions for investigation
High patient, carer, and facility satisfaction
Better utilisation of urgent and non-urgent ambulance services

PART 7 – INFORMATION ABOUT ESTIMATED UTILISATION

47. Estimate the prevalence and/or incidence of the proposed population:

All residents of Residential Aged Care Facilities in Australia form the population. There are no reliable data to describe the incidence of radiology procedures in this population.

48. Estimate the number of times the proposed medical service(s) would be delivered to a patient per year:

Not able to estimate.

49. How many years would the proposed medical service(s) be required for the patient?

Not applicable. Services as required.

50. Estimate the projected number of patients who will utilise the proposed medical service(s) for the first full year:

Unable to estimate this.

CMBS could estimate this by examining number of radiology rebates paid for imaging services to patients in RACFs: this would form the maximum possible number.

51. Estimate the anticipated uptake of the proposed medical service over the next three years factoring in any constraints in the health system in meeting the needs of the proposed population (such as supply and demand factors) as well as provide commentary on risk of 'leakage' to populations not targeted by the service:

It is possible that up to 50% of all Xray and ultrasound services delivered to residents of RACFs could be delivered by mobile services. This could extend to urgent services.

PART 8 – COST INFORMATION

52. Indicate the likely cost of providing the proposed medical service. Where possible, please provide overall cost and breakdown:

A fee of \$240 in addition to the current rebate for the individual service item/s.

This includes:

1. Vehicle purchase, maintenance, running cost and fuel
2. Radiographer salary
3. Imaging equipment purchase, maintenance, licence, accreditation
4. PACS Software purchase and maintenance
5. Insurance
6. Consent processes
7. Set up and removal time
8. Time with patients (elderly, confused, immobile)
9. Travel time
10. Radiology reporting and forwarding report
11. Storage
12. Server purchase and management.

The estimate for ambulance and accompanied transportation costs for patients who require procedures is in excess of \$300 (return)

53. Specify how long the proposed medical service typically takes to perform:

Estimate average 1 hour per patient.

54. If public funding is sought through the MBS, please draft a proposed MBS item descriptor to define the population and medical service usage characteristics that would define eligibility for MBS funding.

Category Diagnostic Imaging Services Category 5 – Mobile Radiography Services

Proposed item descriptor: Mobile radiography. Where patient is referred for diagnostic imaging service by a registered medical practitioner but who the medical practitioner deems: requires accompanied transportation; has limited mobility or is immobile; would suffer adverse effects from transportation; is confused; or is a resident of an aged care facility.

Fee: \$240 + current rebate/s for individual service item

PART 9 – FEEDBACK

The Department is interested in your feedback.

55. How long did it take to complete the Application Form?

3 days

56. (a) Was the Application Form clear and easy to complete?

Yes

No

(b) If no, provide areas of concern:

Describe areas of concern here

57. (a) Are the associated Guidelines to the Application Form useful?

Yes

No

(b) If no, what areas did you find not to be useful?

Insert feedback here

58. (a) Is there any information that the Department should consider in the future relating to the questions within the Application Form that is not contained in the Application Form?

Yes

No

(b) If yes, please advise:

Insert feedback here