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By Editor-in-Chief Prof. Iain McCall

Dear Readers,

This edition explores the theme of access to imaging in different health systems across the globe. Many issues, including geography, availability of technology, staffing levels, referral patterns, financial support and the clinical effectiveness of the procedures, affect access to medical imaging, and healthcare in general.

For example, in countries with a large land mass and a relatively small population, provision of imaging services poses a significant structural challenge in terms of technology and staff. In Europe, this has been a particular issue in Scandinavia, and has been partly resolved by teleradiology networks linked to a main imaging centre for more routine work. For more complex studies, the patient must still travel to the nearest main imaging centre. These systems can also require a relative underuse of more expensive imaging units and are thus less cost-effective. By contrast, in high population density areas, technology and staff tend to be immediately available and cost-effectively utilised. However, sheer volume of demand may limit access if sufficient staff and equipment is not available. This results in long waiting times for imaging and inevitably leads to a reduced quality of service, clinical outcome and increased expenditure in other areas of the system.

Access to imaging may be restricted by financial healthcare structures, if universal insurance schemes or national health systems do not provide care that is predominantly free at the point of delivery. The cost to the individual patient of high technology imaging is usually prohibitive unless it is externally funded and in many countries such arrangements may either not be in place or a proportion of the population do not have access to them. Where such funding does exist, the provision of high-quality imaging is enhanced by the use of a tariff or fee for service, which allows demand to be met by more investment in the service. In systems where there is no basis for service level costing or direct income, imaging services are seen as an expensive item and often not funded in a way that allows delivery of high quality and good access.

Many health economies are now using referral or appropriateness guidelines to manage access to imaging services, focusing on the right examination for the right clinical situation. This is an eminently sensible approach, which focuses on clinical effectiveness and uses all imaging systems to the best and most cost-effective advantage. It is, however, important that the referrers understand and use these guidelines and that the imaging departments ensure that inappropriate referrals are redirected to the correct imaging system or rejected.

This edition explores access to imaging services in different countries, all of which are affected by one or other of the limitations outlined. There is no individual simple solution, but a focus on clinical pathways and appropriateness of examinations supported by finance directly related to activity will go a long way to ensuring adequate access to imaging.

Please send your feedback to editorial@imagingmanagement.org.

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