Canterbury District Health Board
Te Poari Hauora ō Waitaha

West Coast District Health Board
Te Poari Hauora a Rohe o Tai Poutini

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9(2)(a)
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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. www.healthinfo.org.nz.

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

Community HealthPathways

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 patient 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 DHB

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

  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

    Inflammatory 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
  - 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.

  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 oral 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 effectiveness 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. glucocorticoid therapy.
- Osteopenia or low bone mass

  Osteopenia 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. [1]
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2. Include triage information for bone density scan (DXA).

Triage information for bone density scan

- Fracture risk assessment tool (FRAX) score hip (not major) if first scan or previous minimum T-score above (more positive) than -1.5
- Underlying medical conditions, lifestyle choices and medications

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  High alcohol intake risk factor

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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 (referrals 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 HealthInfo card and encourage them to search using the keyword "DXA".
- HealthInfo – Bone Density Scan (DXA)

Printable Resources

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

Search MyMedicines for patient information leaflets for any medications not listed in this section.

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