
GP Referred MRI Operational Guidelines

Effective 1st December 2020



This is a living document and will be updated as required

Key contact details

Your role in undertaking referrals for MRIs under the GP MRI Service on ACC's behalf is likely to involve contact with a number of our teams. Here are their contact details.

ACC Provider Helpline	Ph: 0800 222 070	Email: providerhelp@acc.co.nz
ACC Client/Patient Helpline	Ph: 0800 101 996	
Provider Registration	Ph: 04 560 5211	Email: registrations@acc.co.nz
	Fax: 04 560 5213	Post: ACC, PO Box 30 823, Lower Hutt 5040
ACC eBusiness	Ph: 0800 222 994, option 1	Email: ebusinessinfo@acc.co.nz
Health Procurement	If you have a question about your contract or need to update your details, please contact the ACC Health Procurement team: Email: health.procurement@acc.co.nz Ph: 0800 400 503	
Engagement & Performance Managers	Engagement & Performance Managers can help you to provide the services outlined in your contract. To find an Engagement & Performance Manager in your area, please visit the ACC Website .	
Acknowledgements	ACC acknowledges the content and input provided by ProCare in the development of the guideline material.	
ACC website	For more information about ACC, please visit www.acc.co.nz	
Version	<i>Version 1.1 – Updates post Sector Feedback</i>	

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Introduction

The purpose of the GP Referred MRI (GPMRI) service is to allow patients whose knee, lumbar (L-Spine) or neck (C-Spine) injuries meet specific clinical criteria to be directly referred for an MRI by trained GPs. This removes the need for patients to visit a specialist before they can access MRI and reduces the time from first assessment to diagnosis.

We hope that the following information will help suppliers interpret ACC's GP Referred MRI Contract. It should also help those who administer the Contract to navigate the requirements of ACC. It provides guidance on the implementation of the Contract and practical responses.

The GP Referred MRI Contract consists of ACC's Standard Terms and Conditions and the Service Schedule specific to the GP Referred MRI Contract.

Where possible we have tried to use plain English alongside the contractual language. **However please note** that if there are any inconsistencies between this document and the Contract, the Contract takes precedence.

This document refers to the 2020/21 GP Referred MRI Contract. The start date of this contract, will differ per PHO, based on the agreed Service Start date as specified in the Application Response form.

What is the GP Referred MRI Contract and how does it relate to other ACC services?

This contract facilitates access by GPs to MRI for patients that meet the clinical criteria in 3 ACC approved GPMRI Clinical Pathways. .

The GP Referred MRI contract is linked to other ACC services including :

1. The High Tech Imaging Services (HTIS) Contract, which funds the MRI costs where a MRI is undertaken;
2. The General Practitioner Nurse/ General Practitioner Cost of Treatment Regulations;
3. and Rural General Practice (RGP) agreement under which GP services are funded;
4. The Clinical Services agreement under which specialist care is provided
5. The Escalated Care Pathways agreements – which provide comprehensive rehabilitation packages of care; and
6. Urgent Care Clinic agreement – UCC serving areas with high numbers of non- enrolled clients (e.g. overseas seasonal workers) who use the UCC as their practice when unable to enrol with a local practice.

Who can hold this contract?

Only Primary Health Organisations (PHOs) (individually or as a group) will be considered.

Organisations applying for a GPMRI contract will have information, referral, claiming, reporting, clinical quality assurance and training systems established that can be used to deliver this service.

Organisations applying for a GPMRI contract must be able to demonstrate delivery of the above services to GPs at scale.

Who can provide the service?

This service can only be provided by general practitioners who are vocationally registered medical doctors, or medical doctors working in a general practice setting.

General Practitioners must have completed a GPMRI training programme which meets ACC's requirements, as provided by one of the contracted PHOs.

A Registrar can deliver the service as long as they are trained in GPMRI by their PHO and work in a practice with a GPMRI trained general practitioner available to oversee their work.

Locum GPs – are encouraged to complete the training so that they can make referrals when working in a practice for a GP who has also completed the training but is on leave or on days off. Referrals by a locum doctor can be made once they are trained in GPMRI and affiliated with a contracted PHO.

Exclusions

General Practitioners with Special Interest (GPSIs) and in most cases UCCs are not eligible to provide this service. This is because GPSIs can already access MRI services for clients, and UCCs, in general, do not have enrolled populations so are unlikely to have a need to access this service. The exception in UCC is where the service is being delivered under ACC's Cost of Treatment Regulations (CoTR) to an ACC client who is not enrolled with a PHO.

Nurse practitioners and physiotherapists are not currently eligible to provide this service.

Who is eligible for the service?

Clients: -

- Who are over 16 years of age
- Are able to provide informed consent for the referral (or this can be provided by the person who has the legal right to make decisions on the client's behalf).
- Who have an approved ACC claim
- Who have been assessed by a GP referred MRI trained GP as meeting the clinical criteria for the relevant GP MRI Clinical pathway. Refer to Appendix IV for the clinical guidelines for each GPMRI Referred Clinical Pathway; and
- Whose claim (from date of claim lodgement with ACC) is not older than 6 months.

Referrals

How is a referral made by a GP to High Tech Imaging Services?

An e-referral is made via an electronic referral system managed by the PHO that references the approved GPMRI Clinical Pathways and requires the referrer to confirm the case meets the clinical criteria in the appropriate pathway.

The HTIS Supplier contacts the client and organises the scan appointment directly with them.

What standards does the referral system need to meet?

The referral system will:

- as a minimum require referrers to confirm the case meets all the clinical criteria of the specific GPMRI Referred Clinical Pathway.
- enable referrals to be sent to all local ACC Contracted HTIS Suppliers to enable Client choice
- convey the referral via a secure electronic pathway to the HTIS Supplier
- be integrated with the PMS to ensure a copy of the referral is retained on the patient record.
- may use either a peer review model which has every referral assessed by an experienced clinician OR use in-built system logic that connects to the appropriate GPMRI Clinical pathway to ensure that all referrals are checked as meeting the criteria for that pathway by the referring GP being sent to the HTIS Supplier.
- enable PHOs to collect and report the GP Referred MRI minimum dataset (MDS)
- comply with all current NZ Health Privacy and data storage requirements.

General Practitioner Training

To be eligible to complete referrals for ACC funded MRI a GP will need to attend an ACC approved training session, provided by a contracted PHO. The training will only need to be attended once by a GP who is then able to make referrals from any general practice they work in, providing cases meet the clinical criteria for that GPMRI Clinical Pathway.

PHOs should offer the training to all interested GPs. It is expected that the PHO will then schedule regular training for GPs who move into their areas but who have not accessed training elsewhere.

In Person Training - this will involve four hours of training time in which an average of five GPs per trainer are given hands on instruction around the assessment of the three body regions covered by the approved GPMRI Clinical Pathways.

Location - training will be offered at a location and time suitable to those attending and may be in groups of up to 20 people, providing the trainer to GP ratio does not on average exceed 1 to 5. Different rates per training session pending location and size have been set out in the GPMRI

service schedule. The intent of the different training sessions is to cater for differing attendance rates in urban and rural regions.

The different training session sizes should enable PHOs to offer training sessions to meet demand/availability in their region. Please discuss with us any questions regarding training session size and session attendance.

The definition of rural vs urban training is based on the distance from the PHO centre (or their registered address) to the training session. Where this distance is greater than 80km, the definition of 'rural' training applies. Where this distance is less than 80km, the definition of 'urban' training applies. We have included costs to cover travel for the trainer(s) and clinical lead to that location to deliver the training in the rural training session price.

The differing training rates are intended to ensure sufficient training can take place, particularly for the hard to reach rural populations. Should this '80km rule' not enable this intent, PHOs should raise this with ACC to enable a discussion around options.

Interactive Virtual Training - where it is not possible or practical to attend an in-person session and in order to avoid any barrier for training uptake, virtual training sessions may be offered via virtual technology for 5 - 10 GPs. PHO can decide to do in person training only if this is preferred and this option ensures sufficient training uptake.

Content - The content and method of delivery for the training will be guided by the standards approved by the GP referred MRI national governance group. Each contracted supplier will develop and agree a training plan with ACC. This will set out the approximate timing, location and target numbers for each session with the aim of ensuring training is provided to all GPs whose practice is affiliated with the PHO, to provide 85% enrolled population coverage, within 18 months of commencement of the contract. This will be reviewed annually.

Completion of Training - On completion of GP Referred MRI training, the Supplier (PHO) must advise the HTIS Supplier that the GP has been trained in GPMRI service.

Training for PHO trainers

PHOs may also offer Train the trainer sessions to enable them to expand the number of trainers (physiotherapists) trained in delivering GPMRI training to a PHO's affiliated GPs.

It is expected that this training would be delivered by a Training Lead who is an experienced clinician with musculoskeletal expertise, and that this training would be attended by the trainer(s) and the PHO Clinical lead to understand their role in delivering and supporting the in-person training sessions. ACC will not prescribe the method or content of this training, instead leaving that to PHOs to manage based on their needs.

ACC will make a one-off contribution to this training of \$1,000.00, payable to the PHO lead on completion of this training, as per their agreed training plan.

Client Services

Clinical consult

The initial assessment of the condition against the GPMRI Clinical Pathways will be deemed to be part of a standard consultation and billed to ACC and the patient in the usual way. This may occur as part of the first consult for the condition or at a later stage where it becomes clear the condition has not resolved.

MRI Referral

The GP refers to an ACC contracted HTIS Supplier via the e-referral and on receipt of the referral, the HTIS Supplier will confirm eligibility (i.e. the claim has been accepted) then contact the patient to arrange an appointment for the procedure.

Post MRI Review

No co-payment should be charged to the patient for relaying the results of the MRI and the joint development of the proposed management plan or agreed next steps for the client. This includes all forms of contact, including face to face, patient portal or telephone. This should occur within 7 -14 calendar days for the GP receiving the MRI report, depending on whether the feedback is provided face to face or patient portal / telephone (14 days where face to face, otherwise 7 days).

Treatment, Rehabilitation and follow up care

Once the GP has confirmed a plan or next steps for the client, they will make the necessary arrangements for on-referral, either escalating to specialist care, an Escalated Care Pathway (ECP), or de-escalating to rehabilitation services such as physiotherapy.

ACC recently contracted several provider groups to offer Escalated Care Pathways. These are integrated packages of care, aimed at patients with significant injuries requiring escalated care. We expect PHOs to ensure their affiliated GPs are aware of these options and how they may be accessed, alongside the existing range of specialist services, which will remain in place.

Client outcome reporting

Prior to a claim being paid by the PHO for the patient package of care, the GP will have supplied information on the case outcome. This should form part of the claim template used by the PHO.

The outcomes are then reported to ACC by the PHO when they submit their MDS (refer Appendix 3) and claims for the cases seen.

Where a referral for an MRI is completed, and approved, the MRI is undertaken and outcome data provided to the PHO, GPs will be able to claim from PHOs for the GP portion of that package of care.

Patient package of care

The Client Package Payment is a per referral set fee for a 'package of services' that will deliver an outcome. Some of these services are provided by the GP (e.g. making referral, following up with client, capturing outcome information) and some by the PHO (service management, clinical management, infrastructure provision).

ACC has estimated the value of the client package payment (through detailed cost modelling) to be \$355. Of this amount, \$129 is estimated to be the value of the GP service component. It is up to the PHO to decide how much to pass on to cover the GP service component.

Please note that this \$129 (or equivalent) amount is in addition to/on top of the initial consult, co-payment and GP follow-up (as per COTR or Rural GP).

Service Specific Quality Requirements

Quality Assurance – PHOs are expected to set up a system to monitor quality of referrals, led by a nominated clinical lead. As a minimum they will assess the first three referrals from every newly trained GP against the GPMRI Clinical Pathway clinical criteria, and where indicated, provide feedback to the GP. The clinical lead should carry out additional audit activities for any GP where there are quality concerns and provide appropriate clinical lead support in these instances. The process will include a review of the referral and MRI reported result. Funding for the initial three referrals for each GP is included in QA costs as part of the Client Package payment.

The PHO will establish an ongoing process to complete a post MRI review of at least 20% of GPMRI referrals. This will typically include a desktop review of the referral, MRI result in the context of the appropriate GPMRI Pathway. The GP lead completing the review will document their findings and provide feedback to the GP where this is indicated. Client referrals selected for review can be either targeted or a random sample.

Targeted audit review may be required where there are unexpectedly high numbers of referrals from one practice or referrals have consistently not met the requirements.

At least 85% of all referrals should meet the clinical criteria as specified in the appropriate GPMRI Clinical Pathway. Ideally all referrals will be consistent with the criteria, however this target recognises a range of clinical reasons may be considered for referral. These should be documented by the GP on the referral. This does not include referrals for other body regions not covered by the approved GPMRI Clinical Pathways.

The clinical leader may at their discretion offer the GP access to further training or suspend accreditation if the GPMRI clinical criteria are not consistently applied by that GP or there are other clinical management concerns.

Clinical Leadership – the PHO (or Lead PHO in the event of a PHO consortium) will appoint a GP as the Clinical lead for the initiative. The FTE requirement is likely to be around 0.15 FTE based on approximately 1000 referrals. The costs of this position are included in the client payment package made to the PHO for each MRI case. ACC also fund training and regional governance activities which will enhance and support this clinical leadership function as throughput and therefore demand builds up

Regional Governance Group - governance groups will be established in four regions across NZ, hosted by one of the contracted PHOs. These will comprise of representatives from the participating regional PHOs and ACC can include local GPs, surgeons, HTIS Suppliers and physiotherapists. These groups will largely have a clinical focus, overseeing the establishment and ongoing roll out of the GP referred MRI programme. The group (with the hosting role rotating across member PHOs) will meet quarterly and be supported by the host PHO team. Funding to support this function will be provided to the host PHO. Refer to the Regional Governance Group Terms of References in the Appendices for more details on the roles and responsibilities for this group.

National Governance Group – this group will comprise the clinical leads, service/project managers from the contracted PHOs as well as clinical and strategic leads from ACC. The quarterly meetings will be hosted by one of the PHOs and will provide videoconferencing options. This group will be clinically focussed and provide a clearing house function for programme monitoring, emerging issues as well as overseeing changes to the GPMRI Clinical Pathways and training content. Refer to the National Governance Group Terms of References in the Appendix 5 for more details on the roles and responsibilities for this group.

Performance Management

The contract (service schedule) sets out several quality and performance requirements that your performance will be measured against. These are intended to inform both ACC and PHOs who lead the roll out arrangements.

ACC is seeking broad coverage of PHO populations and is keen to monitor this, with the target of ensuring 85% of enrolled patients have access to a practice with at least one trained GP. This target refers to enrolled population, not trained GPs.

ACC would like to see all GPs offered the training, which is aimed at increasing the capability, and capacity of GPs in assessing musculoskeletal injuries in the context of general practice. As a target we are expecting at least 50% of GPs to have completed or been booked to attend training within 12 months of commencing the contract.

Once training has been completed, ACC is keen to see the skills applied and appropriate referrals to start to flow. However, this is not intended to encourage referral of clients who do not meet the GPMRI Clinical Pathways and it is noted that we also expect some patients who may otherwise have been referred for a specialist review/MRI will not require this following the application of the assessment skills and GPMRI Clinical Pathway criteria. Whilst specific funding has not been provided for clients assessed where referral for MRI is not indicated, ACC sees value in working with the PHOs to monitor this and seek to improve this aspect over time. We recognise these cases present a potential “unrevealed value” of the initiative as a diagnosis/treatment plan may be confirmed without the need for escalation.

As part of ACCs wider Health Sector Strategy, a key focus is improving outcomes for Maori and other populations. In this way one of the key non-financial benefits of HTI is improved access for Maori/Pasifika patients, who in the past, may have encountered barriers to accessing this level of assessment for injuries in some areas of the country. We will work with PHOs to monitor this aspect and to identify ways to reduce the barriers where these are identified.

A full list of the Key Performance Indicators (KPIs) that supplier performance will be measured against is included in the GPMRI Service schedule.

Reporting

The PHO will report on a number of indicators/data points for each case through the programme. These points are included in a minimum data set that is specified in the Service Schedule.

ACC will use the data to populate a national dashboard, which will be provided to the PHOs on a quarterly basis to enable them to monitor progress and keep the steering groups informed.

The data will be sent via the Information Data Exchange (IDE) to ACC and be used to validate the claims for case payments.

For reference see below a summary of the IDE service and how to engage with ACC on this. The supplier will need to identify some technical support/resource to assist with this set up at the outset, and once complete, no further technical support will be needed. ACC can support Suppliers setting up this service at the outset, and will do so once the contract has been signed and returned to ACC.



IDE

Overview_GPRMRI v0

For more details on the IDE service refer to the link below:

<https://developer.acc.co.nz/get-started/ide-what-to-expect>

Payment

Electronic billing – Client Package Payment

ACC's method of invoicing for services is electronic billing which makes the process faster, easier, and more efficient.

SendInvoice is a desktop application which enables secure sending of electronic invoice schedules to ACC, so that ACC can pay for claims it has accepted. SendInvoice consumes spreadsheets in a .csv format and submits that data through to ACC as an invoice.

In order to access and use this service, PHOs will need to be registered with a vendor ID and digital license.

For reference see below a summary of the SendInvoice service and how to engage with ACC on this. ACC can support Suppliers setting up this service at the outset, and will do so once the contract has been signed and returned to ACC.



SendInvoice

Overview_GPRMRI v.2

For more information on working electronically with ACC, see [For Providers > Set up and work with ACC > Work electronically with ACC](#).

Manual invoicing – Training, Establishment and Governance related funding

This will be invoiced by the PHO to ACC on an as required basis.

The training costs may be invoiced after the training has been delivered, against the agreed training plan. This includes train the trainer sessions where applicable.

Establishment funding (where applicable) is to be invoiced at two points, with 50% available at the commencement of the contract and the remaining 50% at the completion of all establishment activities/milestones as per the training plan agreed as part of the RFA process.

Governance costs (where applicable in the case of the Host PHO) are to be invoiced within three months following the meeting by the host PHO.

Appendix I

General Questions

Why only PHOs?

Only Primary Health Organisations (PHOs) (individually or as a group) will be considered. PHOs will have information, referral, claiming, reporting, clinical quality assurance and training systems established that can be used to deliver this service.

What about physiotherapists?

Physiotherapists are the experts in primary care treatment of musculoskeletal injuries. However, the current IT infrastructures used to administer access are not sufficiently robust across most physio clinics. ACC envisions tighter integration across primary care and ultimately shared care planning.

What about nurse practitioners?

ACC plan to roll out initially to GPs to achieve a timely extension of coverage and will then review what additional groups may need to be added. We recognise NPs play a key role in many areas.

What about Registrars

A Registrar can deliver the service as long as they are trained in GPMRI and work in a practice with an GPMRI trained general practitioner available to oversee their work.

What about locum doctors?

We recognise locums provide essential support to GPs, allowing for breaks away from the practice. We encourage all locum doctors to complete the training so they can make referrals on behalf of the General Practice where they are covering.

What about GPSI or UCCs

GPSIs and in most cases UCCs are not eligible to access provide this service. This is because GPSIs can already access MRI services for clients, and UCCs, in general, do not have enrolled populations so are unlikely to have a need to access to this service. The exception in UCC is where the service is being delivered under ACC's Cost of Treatment Regulations (CoTR) to an ACC client who is not enrolled with a PHO.

What about co-payments for clients?

Clients may pay a co-payment as usual for their first visit BUT their follow up visit to the GP to discuss the outcome of the scan and plan their rehabilitation will not have a co-payment at this stage. There is no co-payment for the MRI itself.

Will GPs have the necessary skills to order MRI scans?

Yes. GPs in both the proof of concept and wider PHO roll out, have shown that with some specific training at the outset, they are well equipped to manage the GPMRI Clinical Pathway and decision-making.

Does it include CT scans?

No, only MRI scans are included. CT scans are outside of the scope of this programme.

How will it benefit clients?

Clients will be able to access care closer to their home in their community and experience a more streamlined service and coherent support from their GP when they present with injuries that are not resolving with usual care. It is our expectation that clients will have access to specialist care more quickly when they need to and will feel confident going to physio for active rehabilitation on the advice of their GP.

Aren't orthopaedic specialists the best healthcare professional to see clients with musculoskeletal conditions?

For uncertain diagnosis or consideration of surgical management, specialists are certainly the appropriate choice. However, many injuries can be managed in primary care with the right resources and access to appropriate care. The GP Referred MRI Clinical Pathways were jointly developed by specialists and GPs in the programme to support patient care in the community.

Will it increase orthopaedic specialist workload?

This was an important issue to understand for the proof of concept. ACC information showed that the GPMRI pathways actually prevent many unnecessary referrals to specialists and contributes to more appropriate referrals to specialist clinics. So far, GPs in conjunction with radiology colleagues have been managing the conversations about the results of the scan. We will continue to monitor as we roll out nationally.

Have orthopaedic specialists been consulted?

Orthopaedic, sports medicine and neurosurgical specialists contributed alongside HTIS Suppliers and GPs to the development of the GPMRI Clinical pathways. NZOA, the knee society, the spinal society and the shoulder and elbow group have provided feedback and important suggestions for GPMRI Clinical pathway improvement. The GPMRI Clinical pathways are “living” documents that will be updated as required in conjunction with the GPMRI Regional and National Governance Groups.

Will it increase general practitioners' workload?

This was also an important issue to understand for the proof of concept (PoC). The PoC has shown that the ability to have results returned in a timely manner enables GPs to be able to make management decisions without having to reassess, re-confirm patient circumstances and spend significant time following up (as their patient assessment is still very recent). This is best for the patient journey and outcome and as such GP feedback from the PoC has been that the ability to utilise MRI has offset any additional time required.

Will the format of the radiology report change?

The MRI is reported to GPs as a stand-alone complete document. Reference to the clinical findings allows HTIS Suppliers to help GPs with correlating the findings to the patient's presentation and to draw attention to normal additional findings, which are unlikely to be clinically significant. The HTIS Suppliers describe this as a normal full report.

What checks and balances are in place to ensure clinical appropriateness?

Because this is a system supported with IT infrastructure, we will be receiving data on all referrals. Additionally, we have put Regional and National Governance Groups in place to work with all providers of the service to ensure clinical appropriateness. We are excited about working with PHOs to ensure the right patient receives the right care at the right time and in the right place.

How does this align with the Health Services Strategy?

ACC's HSS describes a future where clients can access the care they need at the right time and providers are able to get on with coordinated patient care efficiently. Enabling GPs to access MRI is a vital step toward this future.

Referral Questions

How will I know that a GP is permitted to refer direct for an MRI under this contract?

For the current initiative, GPs are trained by their PHO in consultation with ACC. Each PHO will advise HTIS Suppliers which GPs are trained. If in doubt, ask the GP to provide confirmation from their PHO.

ACC will notify HTIS suppliers when a new contract holder comes onboard.

We have heard a lot about 'ethical referrals' recently. What is ACC's position on this?

We insist that investigations, treatments, procedures should only be conducted when necessary and appropriate. If it is not in the best interest of the Client, it should not be undertaken. Where there may be perceived conflicts of interest either through business ownership or similar relationships, you as supplier are required under our Standard Terms and Conditions (Clause 18) to explain to us how you will deal with that perception in the best interests of our client. A common example is where a referrer holds an ownership position in a radiology supplier. Appropriate and verifiable 'arm's-length' referral procedures are required, and ACC will actively seek reassurance on this issue as we become aware of it.

What about travel costs related to MRIs?

ACC can reimburse a client when they incur additional costs in traveling for a GP referred MRI. The client should refer to the ACC website at the link below.

<https://www.acc.co.nz/im-injured/types-of-ongoing-support/travel-accommodation/?smooth-scroll=content-after-navs#types-of-travel-costs-we-can-help-with>

Please contact ACC to confirm the relevant approvals that may be required in their instance.

Contractual Questions

How will ACC monitor and manage my performance under the contract?

The contract sets out several quality and performance requirements that your performance will be measured against. Quality refers to the quality assurance processes that are expected to be active under the contract. These requirements are set out under Clause 7 of the contract.

Performance is measured in terms of cost effectiveness (services are necessary and appropriate), timeliness (services are undertaken within agreed timeframes (as outlined in the GPMRI service schedule) and outcome.

If circumstances affect your ability to meet these requirements, for instance in respect of timeliness, please contact your Engagement and Performance Manager.

Will it change the current High-Tech Imaging Services contract?

The contract for the scan and reporting will not change. This is managed under the Cost of Treatment Regulations (COTR) or the Rural General Practice Contract (whichever is applicable) as is not managed under the GPMRI contract.

What do I do if we have a disagreement about the operation of the contract, for instance about quality, price, or timeliness of service?

Each contract holder is assigned an ACC Engagement and Performance Manager. They should be your first point of contact.

The role of PHOs may be changing – will that invalidate this contract?

Not necessarily. You should advise us of the change and the impact it will have on your ability to provide services under this contract. ACC may at its own discretion either accept the change without amending the contract (assuming the legal entity you have contracted with us through remains in business as the Supplier) or cancel the contract and require you to reapply as a new Supplier.

Are there any cultural considerations to be aware of?

The Service provided should be delivered in a culturally responsive and appropriate manner, delivering improved health and wellbeing outcomes in an equitable manner.

Appendix II

GPMRI Training Guidelines



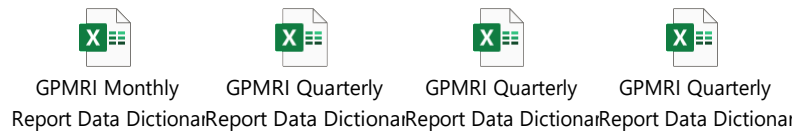
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Referred MRI Training

Appendix III

GP Referred MRI Minimum Data Set & Other Reporting

The GPMRI Data Sharing Memorandum of Understanding (MOU), as attached in the service schedule, outlines the GPMRI Minimum Dataset (MDS) and other reporting data points to be supplied on either a monthly or quarterly basis. This MOU is required to allow you to use the data exchange to share information in relation to the GPMRI Service.

Below are data dictionaries with data element definitions and data formats to provide guidance on the data requirements and standards required as part of this data exchange.



Also attached is sample GPMRI Reporting template for reference and use where appropriate.



ACC can work with you to set-up and/or verify the data templates align to our data standards and are ready for submission to the data exchange.

Appendix IV

GP Referred MRI Clinical Guidelines



Appendix V

Terms of Reference – National Governance Group

National Governance group



Appendix VI

Terms of Reference – Regional Governance Group

