

## Lower urgency care in the emergency department, and the suitability of general practice care as an alternative

TO THE EDITOR: I read with interest the article by Wu and Mallows<sup>1</sup> published in the *Medical Journal of Australia*. It is notable that 27.3% of the patients attending the emergency department (ED) deemed unsuitable for general practice care required an x-ray or ultrasound. I am uncertain how the authors were able to distinguish plain x-ray as the only criterion, or at what time this subgroup presented. Nevertheless, it is evident that lack of access to radiology is an important reason to attend EDs.

The ability to introduce genuine substitution for hospital care, including emergency care, in the community requires focus and reimbursement. There is no specific Medicare Benefits Schedule (MBS) rebate incentive to provide radiology services after hours.

Mobile radiology services to older people in residential aged care have been shown to reduce ED attendance.<sup>2</sup> Yet, the MBS attendance rebate incentive for mobile radiology is inadequate, does not apply to services delivered to older patients at home, and there is no after-hours (which includes weekends) rebate. I note, anecdotally, that many priority care centres or urgent care centres do not provide after-hours radiology services on site either. This limits their impact as ED substitutes.

Substituting hospital services outside the hospital should require policy planners and funders to look seriously at the work that is conducted in hospitals and to create genuine incentives to create new “hard” options to match that work. The need for radiology services to support general practice, either during business hours or after hours, is critical to providing urgent care. The problem is not in the technologies themselves, which are ever more portable, user friendly and able to deliver images, and

even reports, quickly and remotely. The problem is in releasing reimbursement to make it happen. This study suggests that improving access to radiology services, in either fixed centres or by mobile providers, would result in a genuine reduction in ED presentations.

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- 1 Wu HS, Mallows JL. Lower urgency care in the emergency department, and the suitability of general practice care as an alternative: a cross-sectional study. *Med J Aust* 2023; 219: 166-167. <https://www.mja.com.au/journal/2023/219/4/lower-urgency-care-emergency-department-and-suitability-general-practice-care>
- 2 Montalto M, Shay S, Le A. Evaluation of a mobile x-ray service for elderly residents of residential aged care facilities. *Aust Health Rev* 2015; 39: 517-521. ■