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Australasian Faculty of Musculoskeletal Medicine
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14/09/04

Mr David Whiting
Chair – Consultation Committee
Q-Comp

Dear Mr Whiting,

**Re: REVIEW OF SCHEDULES OF FEES FOR
MEDICAL SERVICES**

Thank you for the opportunity to contribute to this process. The relevant issues to our organization involve the optimal management of musculoskeletal disorders, which from your attached 2002-2003 statistics make up over 50% of your claims.

Difficulties experienced in this arena relate to the progression of acute injuries to chronic injuries. This results in increased time off work, increased medical costs and often legal representation. Avoidance of this scenario would seem to be a common objective.

To achieve these ends, the Australasian Faculty of Musculoskeletal Medicine (AFMM) would suggest following the principles of evidence-based practice. The Australian National Musculoskeletal Medicine Initiative was commissioned to formulate such guidelines in 1996 and to test their effectiveness in clinical practice. This subsequently revealed the utility of following these guidelines in the management of acute low back pain.¹ Clinically relevant and statistically significant gains were achieved with a saving of \$200.00 per patient. These guidelines were recently reviewed

by the Australian Acute Musculoskeletal Pain Guidelines Group (2003).²

The only group specifically trained in these guidelines are the Doctors who have completed post-graduate diplomas in musculoskeletal medicine and/or the Fellowship of the Australian Faculty of Musculoskeletal Medicine. Details on the requirements of the Fellowship are available at www.biziworks.com.au/afmm/ and details about the Australian Association of Musculoskeletal Medicine (AAMM) may be found at www.musmed.com

Q-comp may consider utilising these practitioners who have gained post-graduate qualifications in the non-surgical management of musculoskeletal pain and dysfunction. This is already being done successfully in Victoria and in New Zealand. The most suitable use of such practitioners would involve:

- 1) Early review (2-4 weeks) of patients not responding to initial management
- 2) Providing comprehensive clinical reports
- 3) Early involvement in case management

We would expect such services to be remunerable at the specialist rate. I'm happy to discuss these issues in depth at your discretion.

Yours sincerely

Dr David Roselt
Queensland Representative
Australasian Faculty of Musculoskeletal Medicine

References

1. McGuirk B, King W, Govind J et al. Safety, Efficacy, and Cost Effectiveness of Evidence-Based Guidelines for the Management of Acute Low Back Pain in Primary Care.

2. Evidenced-Based Management of Acute Musculoskeletal Pain. Available at www.nhmrc.gov.au/publications/synopses/cp94syn.htm