



A complete audit of DXA scan referrals by GPs in Cork, after requesting the use of a recommended risk assessment tool prior to referral.

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BACKGROUND

The 2017 updated NICE guidelines for assessing the risk of fragility fracture recommends estimation of the risk of fragility fracture in a target population. It recommends using a validated risk assessment tool such as FRAX or Q Fracture to estimate 10-year predicted absolute fracture risk prior to considering imaging with DXA. We performed a follow up audit of GP referrals for DXA scanning in our unit while requesting GPs to provide sufficient information for appropriate risk assessment.

STANDARDS

NICE Guidelines for Osteoporosis: Assessing the risk of fragility fracture (CG146)

OBJECTIVES

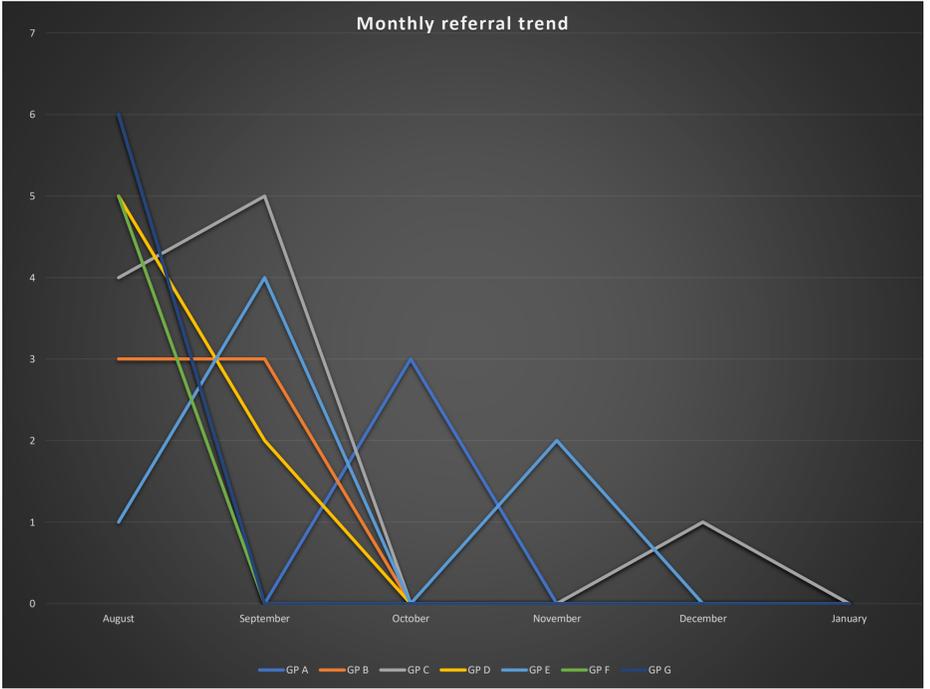
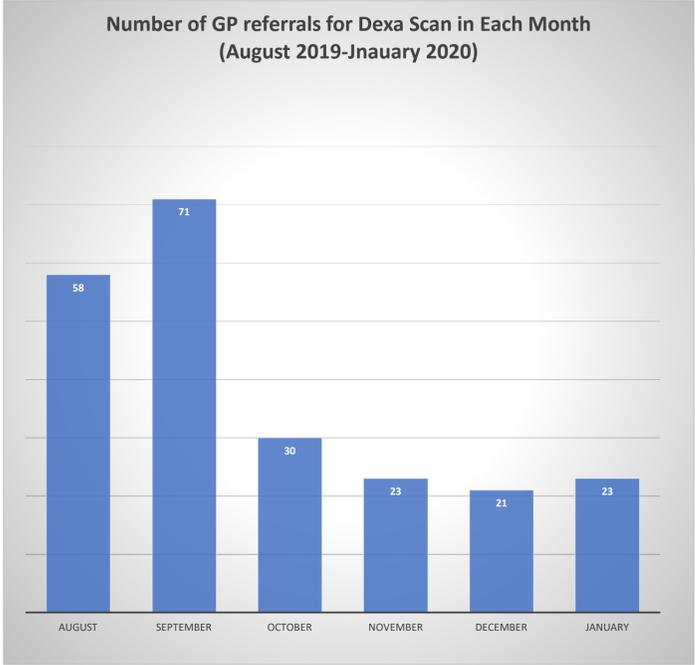
To assess if the number of DXA scan referrals to our unit by GPs decreased after reinforcing the importance of appropriate risk assessment prior to referral.

METHODS

In our initial audit, we reviewed DXA referrals sent by GPs in Cork to the radiology department of South Infirmary Victoria University Hospital (SIVUH) from February to April 2019 inclusive, to assess how many letters provided sufficient information for osteoporosis risk assessment using a validated tool (eg, FRAX tool). From August 2019 to January 2020, we began returning letters without sufficient information to GPs for clarification. We requested GPs to use the FRAX tool or provide enough information required for risk assessment in accordance with NICE guidelines, to ensure appropriate referral and avoid unnecessary DXA scans. We then audited the number of DXA referrals from August 2019 – January 2020 to assess if the total number of referrals decreased over time after reinforcing the need for risk assessment prior to DXA referral.

RESULTS

In the initial phase of the study, 89 DXA referrals were reviewed between February and April 2019, and 98.8% of these did not contain sufficient information for osteoporosis risk assessment. From August 2019 to January 2020, we began returning letters without sufficient information to GPs requesting clarification. In total 155 GP referrals for DXA Scan were received by the Radiology Department of SIVUH from 1st August to 31st January 2020. 58 referrals were received in August and 71 in September. The number of referrals decreased to 30 in October, and 23, 21, and 23 referrals were received in the following months of November, December 2019 and January 2020 respectively. However, all referrals received during the study period lacked sufficient information.



ACTION PLAN

RECOMMENDATIONS

➤ Adequate risk assessment of osteoporotic fracture should be performed prior to referral for DEXA Scan to estimate 10-year predicted absolute fracture risk. The NICE guidelines recommend that only those people whose fracture risk falls within an indeterminate range after risk assessment should be referred for assessment of BMD using DEXA Scan as it involves the use of ionizing radiation. If referring clinicians are educated about available risk assessment tools it may help to reduce inappropriate referrals.

CONCLUSION

➤ The audit shows that we have achieved a significant and persistent decline in the number of GP referrals for DXA scans after we commenced a policy of requesting clarification from GPs when enough information for risk assessment was not provided. This policy contributed to saving valuable resources and time, as this study highlights that a large number of DXA referrals were being made unnecessarily.