International Consultation on Justification of the Use of CT for individual health assessment of asymptomatic people
Setting the scene: introduction

International Consultation on Justification of the Use of CT for individual health assessment of asymptomatic people, 15-17 October 2014, Munich, GERMANY
Setting the Scene

Describing where a story takes place

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We are all here today to talk about HEALTH
Content

- Overview
  - Public health and universal health coverage
  - WHO Global Initiative on Radiation Safety in Health Care Settings
  - Justification in the new BSS and Bonn call for Action

- About this meeting
  - Scope and purpose
  - Working procedure
  - Expected outputs/outcomes
Content

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Objective:

“Attainment by all peoples of the highest possible level of health”

"Health is a complete state of physical, mental and social well-being, and not merely the absence of disease or infirmity"

WHO's Constitution (1948)
The concept of health

- **Health** as a positive concept including physical capabilities as well as social and personal resources.

- **Health** as a fundamental human right, recognized in the Universal Declaration of Human Rights (1948), that people rate as one of their highest priorities.

- **Health** as an essential component of development
  - Promoting and protecting health is essential to human welfare and to sustained economic and social development.
  - **Health** fits into a wider cross-sectoral, cross-border framework.
  - "**Health for All**" would contribute both to a better quality of life and also to global peace and security (Alma-Ata Declaration, 1978).
Health promotion

- **Health promotion** is the process of enabling people to increase control over, and to improve, their health.

- It includes **individual behavior**, but it moves beyond this focus towards a wide range of **social and environmental interventions** to promote and sustain health (education, housing, energy, food, employment, air quality, water quality & sanitation, chemical safety, radiation safety, … )

- Timely access to **health services** is critical for:
  - *promotion, prevention, treatment and rehabilitation*
WHO Member States adopted in 2005 a goal:

- develop their health financing systems so that all people have access to services without suffering financial hardship paying for them.
- this goal was defined as universal health coverage.
Huge disparities in health expenditure and huge disparities in access to health services
Quality in healthcare

Some of the key components

- Appropriateness
- Accuracy
- Affordability
- Accountability
- Safety
- Timeliness
- Patient centricity
WHO Global Initiative on Radiation Safety in Health Care Settings

Diagnostic radiology
Interventional radiology
Radiotherapy
Nuclear Medicine

To support BSS implementation in medical settings, focusing on Public Health aspects related to the risks and benefits of the use of radiation in health care.
# The Global Initiative: areas of work

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<th>Risk management</th>
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**International Consultation held on 10-12 September 2013**

Justification of radiological imaging procedures in asymptomatic individuals identified as a priority for the Global Initiative.
The new International BSS

- Final version published *July 2014*

- WHO is working to support BSS implementation
  - Particularly in health care settings
Justification in the international BSS: the "what" and the "who"

- The new BSS note that the general safety requirement on justification needs a special approach when it applies for medical exposures.

- Three levels:
  - General/overarching justification of the use of ionizing radiation in medicine (level 1);
  - Justification for a generic clinical condition (level 2);
  - Justification of a radiological procedure for an individual patient (level 3).
The level 2: generic justification

- It refers to a particular procedure for patients with a given clinical condition, or for a group of individuals at risk to a given condition that can be detected and treated.

- This generic justification is assigned to the health authority in conjunction with appropriate professional bodies.

- Referral guidelines/appropriateness criteria reflect this level of justification.
The level 3: individual justification

- Third level- **individual justification** of a procedure judged to do more good than harm to a particular patient.

- It is assigned to the health professionals involved in the patient's care, who have to integrate the scientific evidence and values with their clinical expertise, to decide what is appropriate for an individual patient.
Justification level 3: who has to do it?

- What is written in the new international BSS?
Roles and responsibilities in justifying at level 3?

● Two roles identified in the new BSS
  – Radiological medical practitioner
  – Referring medical practitioner

● The BSS say that justification of medical exposure for an individual patient "shall be carried out through consultation between the radiological medical practitioner and the referring medical practitioner, as appropriate"
JUSTIFICACION

Asymptomatic individuals

COUNTERTHINK

WHICH BUTTON DO I PUSH?

USUALLY WE JUST PUNCH 'EM BOTH.

MAMMOGRAM 5000 CONTROL PANEL

DETECT CAUSE CANCER CANCER

... I WONDER IF THEY HAVE A DRIVE-THRU OPTION?

PERFECTLY HEALTHY BUT WORRIED ABOUT CANCER?

HEAD-TO-TOE CANCER SCREENING
BSS and asymptomatic individuals

- Any radiological procedure on an **asymptomatic individual** that is intended to be performed for the early detection of disease, but not as part of an approved health screening programme, shall require specific justification by the **radiological medical practitioner** and the **referring medical practitioner**.

- The individual shall be **informed** of the expected benefits, risks and limitations (e.g. heart CT, lung CT, colon CT, other/s …)
International Consultation IHA, 15-17 October 2014, Munich, Germany

Hosted by the Govt. of Germany: International Conference on RP in Medicine

- Organized by International Atomic Energy Agency (IAEA) and co-sponsored by World Health Organization (WHO)
- Hosted by the Government of Germany
  - through the Federal Ministry for the Environment, Nature Conservation and Nuclear Safety
- > 500 participants, 77 countries, 16 organizations
Main outcome of the Bonn Conference

Bonn Call for Action

10 actions to improve radiation protection in medicine in the next decade

http://www.who.int/ionizing_radiation/about/med_exposure/en/
Bonn Call for Action

1. Enhancing implementation of justification of procedures
2. Enhancing implementation of optimization of protection and safety
3. Strengthening manufacturers’ contribution to radiation safety
4. Strengthening RP education and training of health professionals
5. Shaping & promoting a strategic research agenda for RP in medicine
6. Improving data collection on radiation exposures of patients and workers
7. Improving primary prevention of incidents and adverse events
8. Strengthening radiation safety culture in health care
9. Fostering an improved radiation benefit-risk-dialogue
10. Strengthening the implementation of safety requirements (BSS) globally

http://www.who.int/ionizing_radiation/about/14-2649_bonncallforaction.pdf?ua=1
Action 1: Enhance the implementation of the principle of justification

a) Introduce and apply the 3A’s (awareness, appropriateness and audit), which are seen as tools that are likely to facilitate and enhance justification in practice;

b) Develop harmonized evidence-based criteria to strengthen the appropriateness of clinical imaging, including diagnostic nuclear medicine and non-ionizing radiation procedures, and involve all stakeholders in this development;

c) Implement clinical imaging referral guidelines globally, keeping local and regional variations in mind, and ensure regular updating, sustainability and availability of these guidelines;

d) Strengthen the application of clinical audit in relation to justification, ensuring that justification becomes an effective, transparent and accountable part of normal radiological practice;

e) Introduce information technology solutions, such as decision support tools in clinical imaging, and ensure that these are available and freely accessible at the point-of-care;

f) Further develop criteria for justification of health screening programmes for asymptomatic populations (e.g. mammography screening) and for medical imaging of asymptomatic individuals who are not participating in approved health screening programmes.
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Scope and purpose

Expert consultation on justification of the use of CT for individual health assessment (IHA) of asymptomatic people to:

- Review current status of practice in different regions of the world
  - country experiences, stakeholders' perspective
- Identify the key factors to be considered in the process of justification of these practices.
- Discuss the outline of a future report providing a framework for justification of these procedures.
- Agree on next steps (project planning) to produce the report
Working procedure

- Opening session
- **Plenary Session 1**: setting the scene
- **Plenary Session 2**: some existing IHA-focused initiatives
- **Plenary Session 3**: current status of practice
- **Plenary Session 4**: the public health perspective
- **Plenary Session 5**: stakeholders' perspective
- **Break-out group session**: IHA justification process, components, framework
- **Plenary Session 6**: report from break-out groups
- **Plenary Session 7**: outline of the future report
- **Plenary Session 8**: project planning

International Consultation IHA, 15-17 October 2014, Munich, Germany
Expected outcomes

- **Stakeholders' feedback** on current status of practice in this area collected from different regions of the world

- **Ongoing actions** for justification of such practices at global, regional and national levels mapped out.

- **Key elements** to be considered in the justification process for these practices identified

- **Preliminary framework** including key factors associated with justification of these practices drafted.

- **Outline** of the future report drafted, next steps agreed
Questions?
Thank you very much!

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