ASA
Australian Society of Anaesthetists

Ref: 071112_1.2.1.1.

07 November 2012

Ms McDonald
Standing Committee on Finance
And Public Administration References Committee
PO Box 6100
Parliament House
Canberra ACT 2600

Dear Ms McDonald,

MSAC Application 1054.1 re: Hyperbaric Oxygen Therapy (HBOT)

The Australian Society of Anaesthetists (ASA) represents the professional interests of Australian anaesthetists, and is committed to raising the profile of the profession and the care of Australian patients, by upholding professional standards, promoting best practice, and contributing to policy development.

As such the ASA is grateful to have been invited to make a submission to the Finance and Public Administration References Committee (the Committee) as part of its enquiry into Medicare funding for hyperbaric oxygen therapy (HBOT). As the Committee may be aware, many practitioners in the field of HBOT are also qualified specialist anaesthetists. Therefore the ASA maintains a strong interest in any issues which may affect the delivery of HBOT services.

The ASA fully supports the notion that publicly-funded medical services must be backed by evidence of their effectiveness, safety, and cost-effectiveness. The ASA is involved in several Medical Services Advisory Committee (MSAC) applications (see below) and is ready and willing to provide all of the evidence MSAC requires.

The ASA has closely followed the progress of MSAC application 1054.1, for Medicare funding for HBOT services in the treatment of chronic non-diabetic wounds and ulcers. There are clearly several sources of concern regarding the final MSAC report, which has recommended that funding for this service be discontinued. These concerns will in all likelihood be fully detailed in submissions by the applicants themselves, but the ASA also has several observations:

- MSAC has based its cost analysis on the use of HBOT as a first line treatment. HBOT is used only when other therapies have failed to heal these wounds/ulcers, usually after many months. Therefore the costs of HBOT have been overestimated.

- MSAC appears to have disregarded the positive results of a major Australian study, involving over 400 patients who were followed up over 7 years, despite the fact that MSAC itself actually requested such a study be performed as part of the assessment process.

- The final MSAC report (approximately 13 years after the application was commenced) is so flawed that two experts in the field of HBOT, whose services were engaged by MSAC as part of the process, have formally dissented.

The ASA… representing Australian Anaesthetists, since 1934

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- Appeals against the flawed process have been considered by MSAC itself, who are the authors of the report in question. Independent scrutiny is required.

The ASA is responsible for three applications currently under consideration by MSAC:

- 1183 (Ultrasound scanning in the practice of anaesthesia)
- 1308 (Local anaesthetic nerve blockade for post-surgical analgesia)
- 1309 (Pain medicine professional attendance items)

Naturally all three applications are at a much earlier stage than application 1054.1, but even at this stage the ASA has a number of concerns about the MSAC process.

As an example, some of the early work on application 1183 has been outsourced by MSAC. The ASA assumes this would have involved significant expenditure of public funds. However, the personnel assisting MSAC clearly lacked knowledge of even some of the most basic aspects of anaesthesia care, let alone specialised techniques such as ultrasound scanning to guide nerve blocks and vascular access procedures. The drafts of questions to be answered by the applicant also displayed a similar lack.

The lack of knowledge and expertise on the part of MSAC with respect to the specific clinical issues involved, is delaying appropriate consideration of the formal applications, and wastes valuable resources. This is definitely not a criticism of the personnel involved, who cannot be expected to possess this knowledge and expertise. Rather, the ASA calls for much earlier utilisation of the expertise of relevant clinicians, in order to streamline the process, and avoid inefficiencies and unnecessary expenditure of public funds. (It is likely that the resources already spent on assessing the applications mentioned, especially for HBOT, have or will significantly exceed the cost of actually funding the services).

Furthermore, where recognised experts are engaged in the process, their opinions, based on the best available evidence, must be respected. It is extremely concerning to the ASA that in the case of application 1054.1, experts whose specific input was sought by MSAC so strongly disagree with the final MSAC report that they have formally dissented, and have expressed the wish that their names be no longer associated with the report.

Yours sincerely,

Dr. Mark Sinclair
Chairman
Economics Advisory Committee