THE WESLEY CENTRE FOR HYPERBARIC MEDICINE

7 November 2012

Submission to

Standing Committee on Finance and Public Administration References Committee
Inquiry into Medicare funding for Hyperbaric Oxygen Treatment

The Wesley Centre for Hyperbaric Medicine is a privately owned, stand alone comprehensive hyperbaric facility (as per Medicare definition) situated on the campus of Wesley Hospital at Auchenflower in Brisbane (www.wesleyhyperbaric.com.au). You will have received other, more technically detailed submissions from the Australian Healthcare and Hospitals Association, Drs D. Smart and M. Bennett and others. While in full agreement with the reasoning therein, we do not need to repeat those detailed aspects here.

We refer the Inquiry to the attachments to this letter. These and many other of our patients confront this reality daily. As indicated in the attachments, withdrawal of Medicare funding for non-diabetic chronic problem wounds will be cruel beyond words.

Our concern is that little consideration is ever given to the practical, real-life human and business impacts of decisions such as this. For us, two issues matter most:

1. Flawed costing

   - While acknowledging HBOT as a second line treatment, MSAC incorrectly costed HBOT as a primary line of treatment that would cost $2151 per patient extra over 6 months of standard wound care (44.6% healed); in reality, when calculated correctly as a second line treatment, after failure of 3 months of standard wound care, there is a cost saving of $5502 per patient (72.8% healed);
   - MSAC costed failed standard care (55.4% failure at 6 months) at $40232 per patient per year, yet ignored this additional cost when advising that withdrawal of HBOT funding will save Government $4.8M over 4 years; the fact is, withdrawing funding for HBOT will add millions to national health costs, not save millions.

2. The consequences

   - Efficacy for HBOT after the failure of standard wound care is evidenced by our own 88% healing success rate (records kept at the request of the Department for Veterans' Affairs); 30 to 40 of our patients annually access 13015 funding; for these patients, all of whose wounds did not respond to standard care, the future is bleak without HBOT; patients will face continuing pain, suffering and reduction in quality of life, while the ever present threat of infection often leads to life threatening sepsis and amputation;

SOUTH EAST QUEENSLAND HYPERBARIC PTY LTD ABN 67 077 871 053 trading as:
THE WESLEY CENTRE FOR HYPERBARIC MEDICINE

Postal Address
P.O. Box 648
Mooloolaba
QLD 4557 AUSTRALIA

Street Address
Ground Floor, Suite 53 Sandford Jackson Building
30 Chasely Street Auchenflower
QLD 4066 AUSTRALIA

Phone +61 (0)7 5444 6211
Fax +61 (0)7 5444 3909
Email admin@greenwayarchitects.com
Web www.wesleyhyperbaric.com.au

- Wound care is a core discipline at our facility: 40 of our 115 patients last year were treated for vascular ulcers (compared with the more trauma oriented Royal Brisbane and Womens Hospital facility – 3 of 123); withdrawal of Medicare funding will automatically remove corresponding private Health Fund benefits; our wound care revenue from all sources constitutes approximately 38% of annual revenue which vanishes from 1st November; we will be halving our workforce from that date, jobs will be lost.

In giving its advice, MSAC could only draw on data from a small, 1994 Scandinavian RCT of 16 patients. MSAC declared "…*the overall body of evidence is currently insufficient to determine whether clinical management with HBOT is more effective than clinical management without HBOT*". (MSAC Assessment Report 1054.1 Nov 2011 page 13). This does NOT mean that HBOT is less effective; only that, in strictly scientific terms, it is impossible to make any definitive comparison of relative effectiveness. Indeed MSAC did acknowledge the efficacy of lower level evidence in addition to positive clinical assessment.

Compounding this fact, we understand that the study's co-author Dr Christer Hammarlund, believes MSAC have misinterpreted his data.

It is inconceivable then, that this justifies withdrawing Medicare funding for an established and effective therapy.

David Oliver
Executive Director.