Can we influence funders?

The MBS item number journey for management of chronic lung disease through pulmonary rehabilitation

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Background

Pulmonary Rehabilitation

1. COPD 1 in 20 > 45 yrs
2. No. 1 in avoidable hospital admissions
3. Highly effective
4. Decreases hospital admissions
5. Reduces hospital length of stay
6. Increases survival

- COPD 1 in 20 > 45 yrs
- No. 1 in avoidable hospital admissions
- Costs $929 million per annum
- Improves: Exercise capacity, HRQoL
- Reduces symptoms: Dyspnoea, Fatigue

BUT only 5-10% access

Pulmonary rehabilitation program – 8 weeks, 2x/week supervised
– exercise training and education

Warm-up/Cool-down
Flexibility and Stretches 5-10 mins

Walk 20 mins

Upper limb strength 10 mins

Lower limb strength 10 mins

Cycle 20 mins
Key Players

Academics and Clinicians
Funding

- Independent Hospital Pricing Authority (IHPA) Tier 2 Funding – Item 40.60 Pulmonary Rehabilitation
  - Funding for PR for hospital-based programs achieved 2015

- 2019-2020:
  - $178 per person per occasion of service

- **BUT** – limited access
The Medical Services Advisory Committee (MSAC) is an independent non-statutory committee established by the Australian Government Minister for Health in 1998.

MSAC appraises new medical services proposed for public funding, and provides advice to Government on whether a new medical service should be publicly funded (and if so, its circumstances) on an assessment of its comparative safety, clinical effectiveness, cost-effectiveness, and total cost, using the best available evidence.
LFA asked for 3 new MBS items numbers for PR (2015)

- for COPD, ILD, Bronchiectasis, chronic severe asthma, lung cancer:
  1. Individual service - Physio or EP assessment of patient and reassessment at completion
  2. PR program - group service
     16 sessions of PR (i.e. 2x/week for 8 weeks)
  3. Individual service - Physio or EP reassessment at completion

- **Pulmonary maintenance** -
  - 16 sessions – group service

**The Process**
PASC

PASC – Protocol Advisory Sub-Committee of MSAC

• Approves protocol for review

— PASC sets up comparator
  — Best care delivered by a GP/specialist without PR available
  — Best care delivered by a GP/specialist without Pulmonary maintenance available

— Attended PASC meeting in Canberra
Advocacy

- Parliamentary Friends Breakfast – Canberra
- Marketing campaign
- Draft protocol open for public comment
- Clinicians, academics, professional organisations (APA, ESSA), and patients worked hard to submit letters of support

**LESSON 1**

Link with a strong organisation
ESC – Evaluation Sub-Committee of MSAC

– Performed a literature review (Deakin Uni) to advise MSAC
– Positive evaluation but MSAC deferred decision in 2016
– Resubmission requested by MSAC with removal of:
  – Pulmonary maintenance - as too little evidence
  – Lung cancer – too little evidence
– Resubmission to include:
  – Hospitalisation rates, durability of effects, retreatment
LESSON 2
Don’t ask for too much

LESSON 3
Have strong evidence

LESSON 4
Keep it simple
Resubmission to MSAC

- MSAC briefed Deloitte to do a thorough economic evaluation

Table 7 Incremental costs and effectiveness for treatment of COPD and ILD, horizon 10 years

<table>
<thead>
<tr>
<th></th>
<th>Incremental cost ($)</th>
<th>Incremental effectiveness (QALYs)</th>
<th>ICER ($/QALY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stable COPD - PR</td>
<td>-8,311</td>
<td>0.147</td>
<td>Dominant</td>
</tr>
<tr>
<td>Exacerbated COPD - PR</td>
<td>-8,311</td>
<td>0.296</td>
<td>Dominant</td>
</tr>
<tr>
<td>ILD - PR</td>
<td>2,282</td>
<td>0.525</td>
<td>$4,347</td>
</tr>
</tbody>
</table>

COPD = chronic obstructive pulmonary disease; ILD = interstitial lung disease; ICER = incremental cost-effectiveness ratio; PR = pulmonary rehabilitation; QALY = quality-adjusted life year

Dominant = clinically superior and cost-saving
Final Outcome

– November 2018 – not funded
– Advice to minister from MSAC:
  – Potential high cost to MBS
  – Duration of benefit uncertain
  – Benefits of retreatment uncertain
  – Believed MBS item for chronic disease management (allied health) adequate for provision of PR!

– Public Summary document available on website 2019
– LFA – decision delay resubmission to 2021
LESSON 4
Even with strong evidence funding not guaranteed
Need other ways to influence policy change
Next steps

LFA – decision to resubmit delayed to 2021
Reasons:
– Govt doesn’t want additional cost measures which may put in jeopardy the federal budget surplus
- COAG priorities for 2020 are:
  1. Primary Health Care Strategy incorporating health in the home; telehealth and an Indigenous health focus
  2. New Commonwealth and State Hospital Agreement
  3. A new Preventative Health COAG Endorsed Strategy
  4. The continuance of MRFF with a new subprogram of consumer driven research
Other strategies

– Aboriginal Medical Services – Primary care
– Breathe Easy Walk Easy Lungs for Life (BE WELL) project
– Reference group with influence in policy
Any advice welcome

Thank you
2009
- Pilot and launch of LFA’s Lungs in Action (LIA). A program to extend benefits of PR.

2009
- Commencement of the PR Network.

2012
- First discussion of MBS rebate for PR and LIA within official PR Network meeting.

2013
- LFA meet with the Department of Health in Canberra to discuss PR and MBS item number opportunity.

2013
- LFA successful in their request for PR to receive its own Tier 2 Non-Admitted Services Classification through IHPA.

2014
- LFA submit draft proposal for a pilot of PR MBS item number to Health Technology Assessment Team for feedback.

2014
- MSAC Application (1405) deemed suitable by the department for assessment by the Medical Services Advisory Committee.

2014
- Parliamentary Friends Breakfast in Canberra to support MSAC application.

2014
- MSAC Application (1405) to MSAC deferred – Additional evidence requested.

2015
- MSAC utilised services of Deloitte Australia for full economic analysis – positive outcomes of cost effectiveness for PR in COPD.

2016
- Protocol Advisory Sub-Committee (PASC) Meeting in Canberra confirmed protocol for review is suitable for assessment.

2016
- Launch of a public PR interactive map locator on the Lung Foundation Australia Website.

2016
- Pilot of Lung Foundation Australia Pulmonary Rehabilitation Workshop training model.

2016
- LFA invite key federal members of Parliament to visit their local PR programs in support for application 1405.1.

2017

2017
- First Australia and New Zealand PR Clinical Practice Guidelines published in Respirology.

2017
- Resubmission of MSAC application (1405.1) - Omission of pulmonary maintenance exercise within application.

2018
- LFA’s PR Network hits over 400 members.

2018
- MSAC utilised services of Deloitte Australia for full economic analysis – positive outcomes of cost effectiveness for PR in COPD.

2019
- LFA Advised creation of specific MBS items for PR / application 1405.1 not supported.

2019
- LFA commits to continue the PR advocacy journey and progress in line with the NSAP.