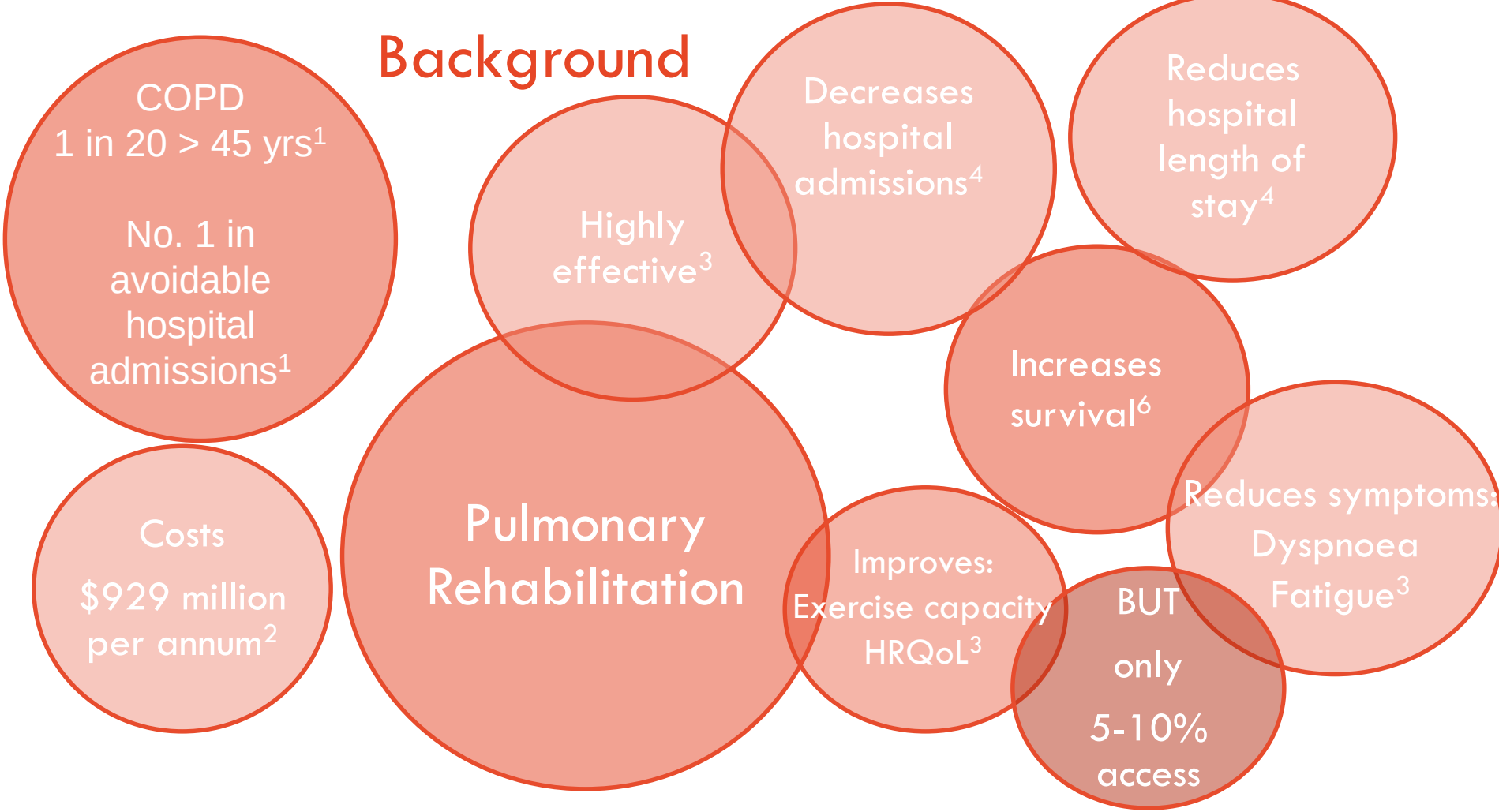
Can we influence funders?

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

Jenny Alison

THE UNIVERSITY OF SYDNEY

Background



[1] AIHW 2018; [2] AccessEconomics; [3]McCarthy B 2015; [4] Puhan 2016; [5]Griffiths 2001; [6] Evans R 2019;

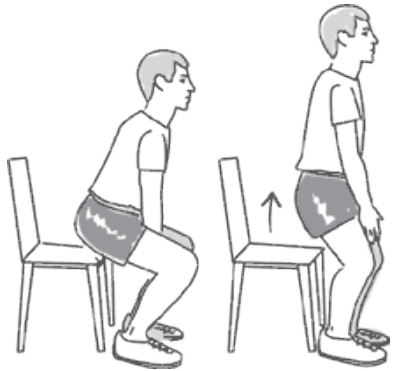
Pulmonary rehabilitation program – 8 weeks , 2x/week supervised – exercise training and education

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

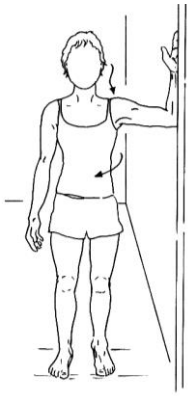
Walk
20 mins

Upper limb strength
10 mins

Cycle
20 mins



Lower limb strength
10 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**

MSAC

– 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.

The Process

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

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

	Incremental cost ($)	Incremental effectiveness (QALYs)	ICER ($/QALY)
Stable COPD - PR	-8,311	0.147	Dominant
Exacerbated COPD - PR	-8,311	0.296	Dominant
ILD - PR	2,282	0.525	$4,347

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:

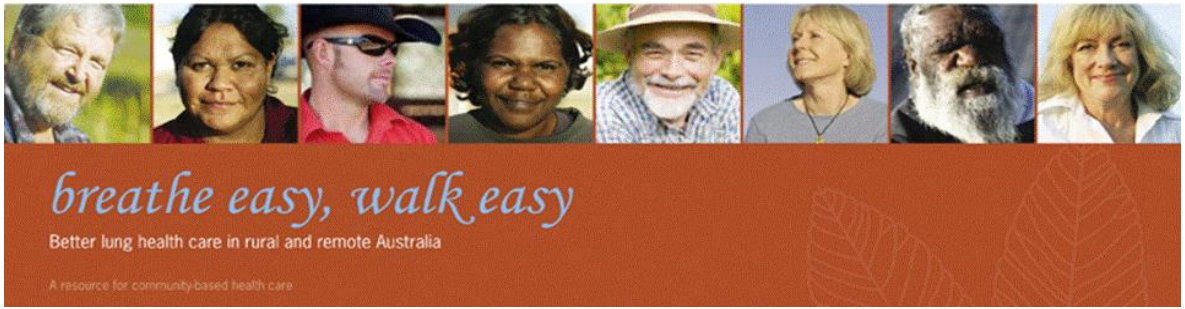
– Govt doesn't want additional cost measures which may put in jeopardy the federal budget surplus

- 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

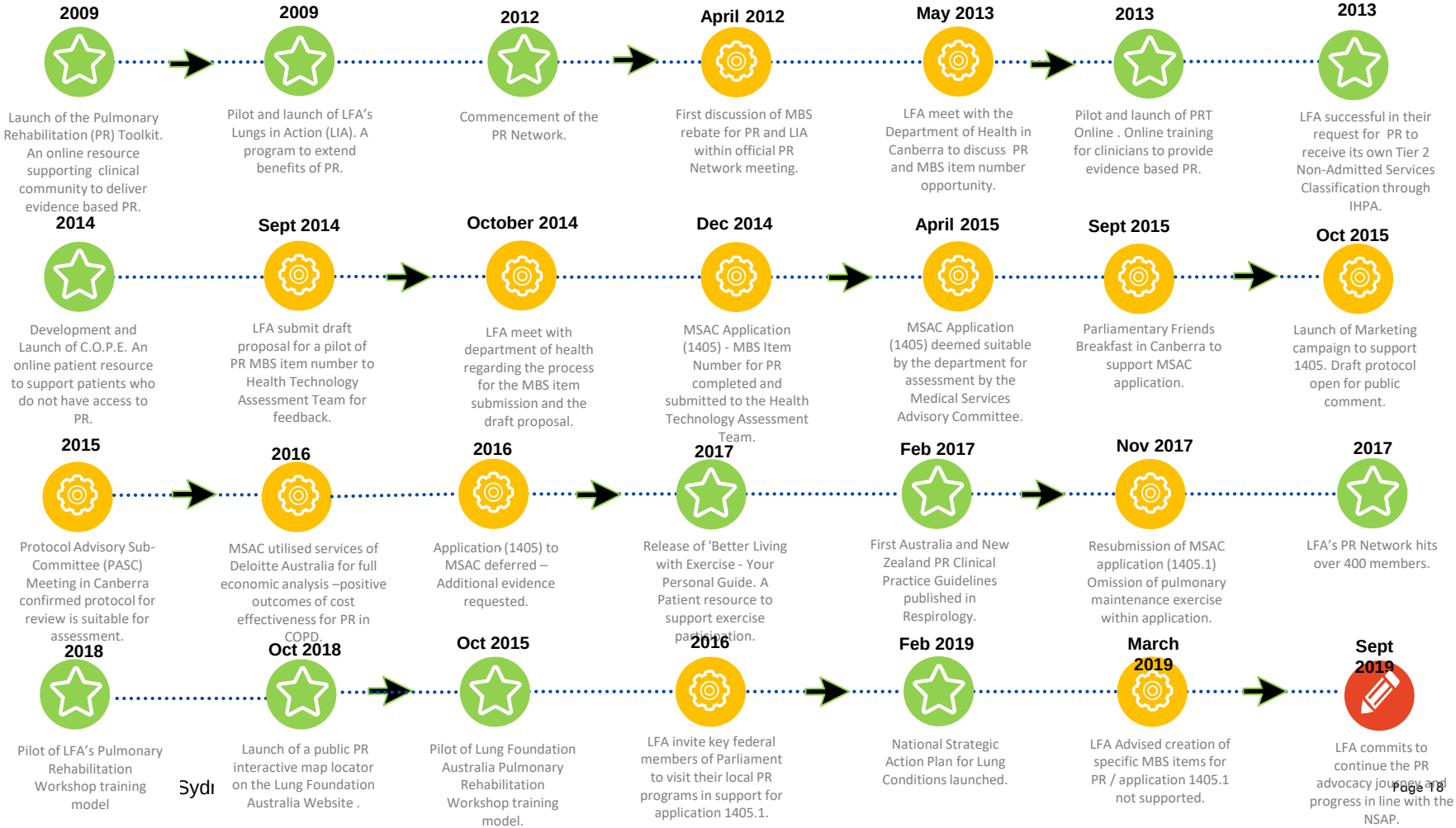
Other strategies

- 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
Launch of the Pulmonary Rehabilitation (PR) Toolkit. An online resource supporting clinical community to deliver evidence based PR.
2009
Pilot and launch of LFA's Lungs in Action (LIA). A program to extend benefits of PR.
2012
Commencement of the PR Network.
April 2012
First discussion of MBS rebate for PR and LIA within official PR Network meeting.
May 2013
LFA meet with the Department of Health in Canberra to discuss PR and MBS item number opportunity.
2013
Pilot and launch of PRT Online . Online training for clinicians to provide evidence based PR.
2013
LFA successful in their request for PR to receive its own Tier 2 Non-Admitted Services Classification through IHPA.
2014
Development and Launch of C.O.P.E. An online patient resource to support patients who do not have access to PR.
Sept 2014
LFA submit draft proposal for a pilot of PR MBS item number to Health Technology Assessment Team for feedback.
October 2014
LFA meet with department of health regarding the process for the MBS item submission and the draft proposal.
Dec 2014
MSAC Application (1405) - MBS Item Number for PR completed and submitted to the Health Technology Assessment Team.
April 2015
MSAC Application (1405) deemed suitable by the department for assessment by the Medical Services Advisory Committee.
Sept 2015
Parliamentary Friends Breakfast in Canberra to support MSAC application.
Oct 2015
Launch of Marketing campaign to support 1405. Draft protocol open for public comment.
2015
Protocol Advisory Sub-Committee (PASC) Meeting in Canberra confirmed protocol for review is suitable for assessment.
2016
MSAC utilised services of Deloitte Australia for full economic analysis –positive outcomes of cost effectiveness for PR in COPD.
2016
Application (1405) to MSAC deferred – Additional evidence requested.
2017
Release of 'Better Living with Exercise - Your Personal Guide. A Patient resource to support exercise participation.
Feb 2017
First Australia and New Zealand PR Clinical Practice Guidelines published in Respirology.
Nov 2017
Resubmission of MSAC application (1405.1) Omission of pulmonary maintenance exercise within application.
2017
LFA's PR Network hits over 400 members.
2018
Pilot of LFA's Pulmonary Rehabilitation Workshop training model
Oct 2018
Launch of a public PR interactive map locator on the Lung Foundation Australia Website .
Oct 2015
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.
Feb 2019
National Strategic Action Plan for Lung Conditions launched.
March 2019
LFA Advised creation of specific MBS items for PR / application 1405.1 not supported.
Sept 2019
LFA commits to continue the PR advocacy journey and progress in line with the NSAP.