



## **The Cardiac Society of Australia and New Zealand response to the Consultation paper: Options for reforms and improvements to the Prostheses List**

The Cardiac Society of Australia and New Zealand (CSANZ) is the peak professional body of cardiovascular professionals in Australia and New Zealand. It supports excellence in cardiovascular science, education, quality standards and professional development to produce the best quality care and outcomes for patients with or at risk of cardiovascular diseases. Our membership includes cardiologists, researchers, scientists, cardiovascular nurses, allied health professionals and other healthcare workers. The work of the society includes promotion of science, maintenance of professional ethics and standards of practice, education and professional development, writing and endorsement of position statements, guidelines that support the highest quality standards of cardiovascular practice and promotion of equitable access to cardiovascular healthcare in Australia and New Zealand.

We are responding to the call to provide feedback on this paper. We have reached out to our membership for whom the subject matter is highly relevant especially those involved in care of patients with cardiac devices. We have also hosted stakeholder forums with members on this to seek feedback.

CSANZ acknowledges the current broad challenges of provision of healthcare in Australia, including increasing utilization of health services, affordability and cost of care, disparities in access and the growing challenges of new technology. As aligned with our mission and values, CSANZ takes the view that all health reform should aim to improve health outcomes, take an evidence-based approach to new treatments and technologies including cost-evaluation, address health disparities and have regular review.

With respect to the current health reform options suggested for the PL, CSANZ acknowledges that costs of devices in Australia may be higher than in some other geographies. We think the focus on reducing the Private-Public price gap detracts from where the focus should be for our health system – i.e. on improved health outcomes, evidence-based care, cost-effective care and reducing the rise in overall health care costs. CSANZ has substantial concerns that the proposed reforms could be detrimental to patient care and will not improve access to evidence-based cardiac devices and technology. Specifically:

### **DRG-based option:**

We are not supportive of the proposed DRG-based option and note the following issues:

- Radical change in the system with challenges in implementation
- Significant risk that this approach will remove the incentive to use private hospitals by those that are privately insured and may erode the population with private health insurance further
- Significant risk that there will be reduced access to a variety of devices, as private hospitals negotiating with device companies are likely to make cost-driven decisions and be able to achieve this with fewer devices.
- Significant risk that actual availability of devices in Australia will be a cost-driven one and without a Health Technology Assessment (HTA) approach that considers evidence-based care and benefits framework

**Retain PL and redesign option:**

Of the two, this is our preferred option based on the information given, noting there is minimal information given on PL redesign. We suggest consideration of the following:

- An emphasis on an approach that improves patient access to evidence-based cardiac devices
- The name of the PL is changed to the “Prosthesis list and devices list” to better describe what is currently on the list.
- Consider inclusion of devices that are placed in the patient’s body transiently for therapeutic benefit to be listed alongside other cardiac devices. These devices include devices such as pressure wire (for fractional flow reserve), drug-eluting balloons, ‘Shockwave’ balloons, rotational atherectomy devices, intra-vascular ultrasound, intra-cardiac echo and electrophysiology catheters, in addition to the currently listed prostheses such as stents, pacemakers, defibrillators, loop recorders and cardiac valves.
- That listing of devices be consistent with the current scientific evidence, supporting the role of these devices in the treatment of patients; an HTA approach to this would be reasonable.
- That the list is regularly reviewed to consider adding and/or removing devices with an HTA approach to assessment of benefit.

CSANZ and its members are keen to work with the government to “ensuring consumers have access to safe, clinically effective and cost-effective prosthetics items, chosen by their clinicians.”\* Overall however we are committed to achieving the best health outcomes for patients with or at risk of cardiovascular diseases.

Yours faithfully,



**Prof Clara Chow**  
**CSANZ President**



**Dr Sidney Lo**  
**Chair, CSANZ Interventional Council**



**A/Prof Saurabh Kumar**  
**Chair, CSANZ Heart Rhythm Council**

\*Consultation Paper: Options for reforms and improvements to the Prostheses List” Australia Government, Department of Health. December 2020