

Report of the Thoracic Medicine Clinical Committee



Submission from the Thoracic Society of Australia and New Zealand (TSANZ)

EXECUTIVE SUMMARY

Submission Date: 7th October 2016

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Introduction

The Thoracic Society of Australia and New Zealand (TSANZ) recognise the significant efforts of the Thoracic Medicine Clinical Committee (TMCC) in reviewing the respiratory and sleep items of the MBS. We acknowledge the substantial effort made by the expert respiratory and sleep clinicians who were members of the TMCC in their efforts to align their recommendations with contemporary clinical practice, clinical guidelines and evidence. We also commend the use of Health Technology Assessments particularly with respect to spirometry and lung function testing.

The TSANZ Board and MBS Working Group have carefully reviewed the Report of the TMCC. TSANZ is largely supportive of the proposed changes and this document contains our recommendations to further improve these items to ensure patient care is delivered at the highest standard.

About The Thoracic Society of Australia and New Zealand (TSANZ)

The TSANZ mission is to lead, support and enable all health workers and researchers who aim to prevent, cure and relieve disability caused by lung disease. TSANZ is the only Peak Body in Australia that represents all health professionals working in all fields of respiratory health.

TSANZ has a membership base of approximately 1500 individual members from a wide range of health and research disciplines. TSANZ is a leading provider of evidence based guidelines for the treatment of respiratory disease in Australia and New Zealand, undertakes a large amount of professional education and training, is responsible for significant research administration and coordinates an accredited respiratory laboratory program.

TSANZ Response to the Thoracic Medicine Clinical Committee Report

This document was prepared in response to the final report of the Thoracic Medicine Clinical Committee (the Report) released by the MBS Taskforce on the 9th of September, 2016.

Upon release of the Report, TSANZ members were advised via social media, the Research Round Up and the e-news, and encouraged to make individual submissions. In addition, the TSANZ MBS Working Party and the Board of TSANZ reviewed the Report in preparation for an organisational submission. The draft TSANZ response document was sent to TSANZ members seeking their feedback from the 28th September to the 4th of October, 2016.

Our consultation process produced 95 individual survey responses as well as direct emails from members. **Of the 95 survey responses, only 9 members had submitted individual responses to the Taskforce through the Department's consultation process.**

In our submission we noted the views of the TSANZ MBS Working Party, the Board, survey respondents and member comments.

Our submission was developed in light of the objects enshrined in the TSANZ Constitution with specific reference to the need for TSANZ to promote the highest quality and standards of patient care and for TSANZ to advocate for and present to government, industry, the public and other bodies as appropriate, the resources and strategies required to ensure optimal care of patients, prevention of respiratory disease, and advancement of knowledge.

The timeframes established by the Department for response to the report failed to let us undertake a comprehensive review with our members. We have been unable to develop robust evidence based responses to some of our recommendations due to the very short timeframes and **would welcome feedback on what items in our submission require additional evidence and the process on how this might be best achieved.**

General Statements from the TSANZ Board in Response to the Report

TSANZ notes that a number of new items have been proposed as a result of the review. We understand that these new items are clarifications of existing practice and strongly support this clarification. We would also note that several of the items are strongly inter-dependent and cannot be understood as discrete items. In our submission to each individual recommendation we make it clear that our support for items is predicated on the adoption of complementary items. Should these not be accepted our support is withdrawn and all affected items would need to be revisited.

TSANZ welcomes the focus on improved quality in the Report however is concerned that quality outcomes have not been sufficiently addressed in either the lung function or sleep items. Our responses to this are addressed in the specific item numbers. We would welcome further discussions on ensuring that appropriate quality mechanisms are developed and implemented as part of the ongoing review of the MBS.

A key concern of TSANZ is the future proofing of the items to account for changes in technology and evolving practice. This is particularly the case with the diagnostic and procedural item numbers and again we would welcome the opportunity to address these issues with the Department as part of the ongoing review of the MBS.

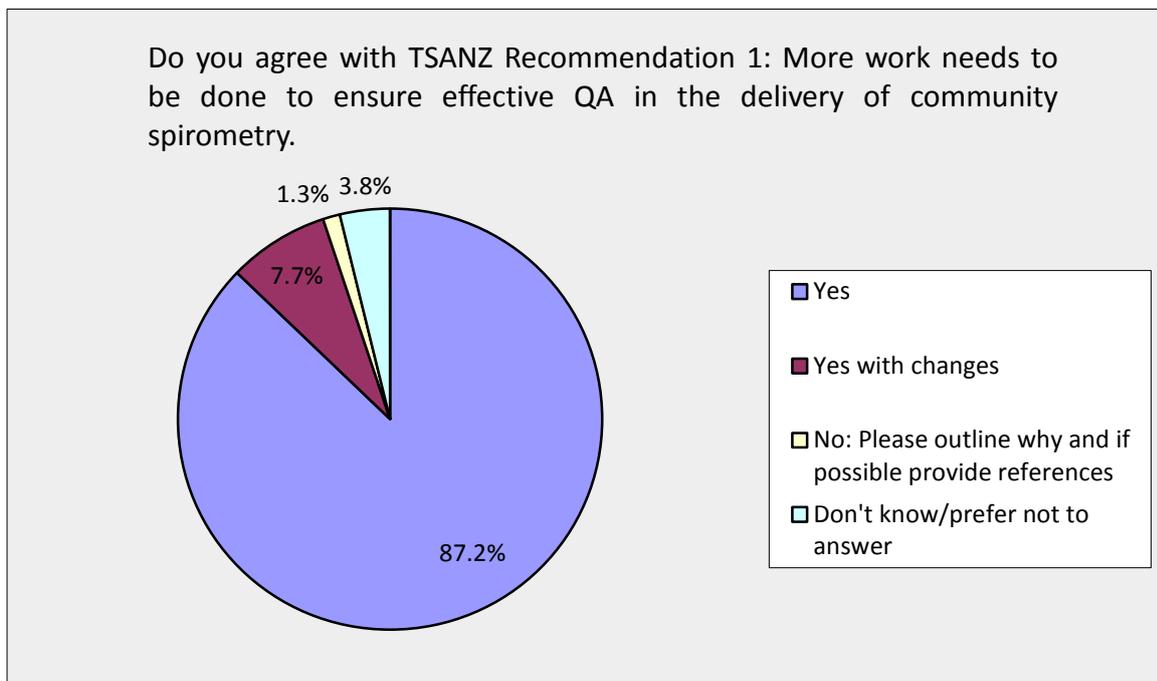
TSANZ understands that the Department has committed to an ongoing review process for the MBS. We welcome this approach and seek involvement in the process of continual review of the MBS, particularly as it relates to quality control and with respect to diagnostic and procedural items. It is the TSANZ position that there remains significant further work to be achieved in both of these areas and we would appreciate ongoing, action focussed discussions with the Department on these issues.

Executive Summary

Clinical Committee Recommendation 1.1 - Proposed description of item 11506

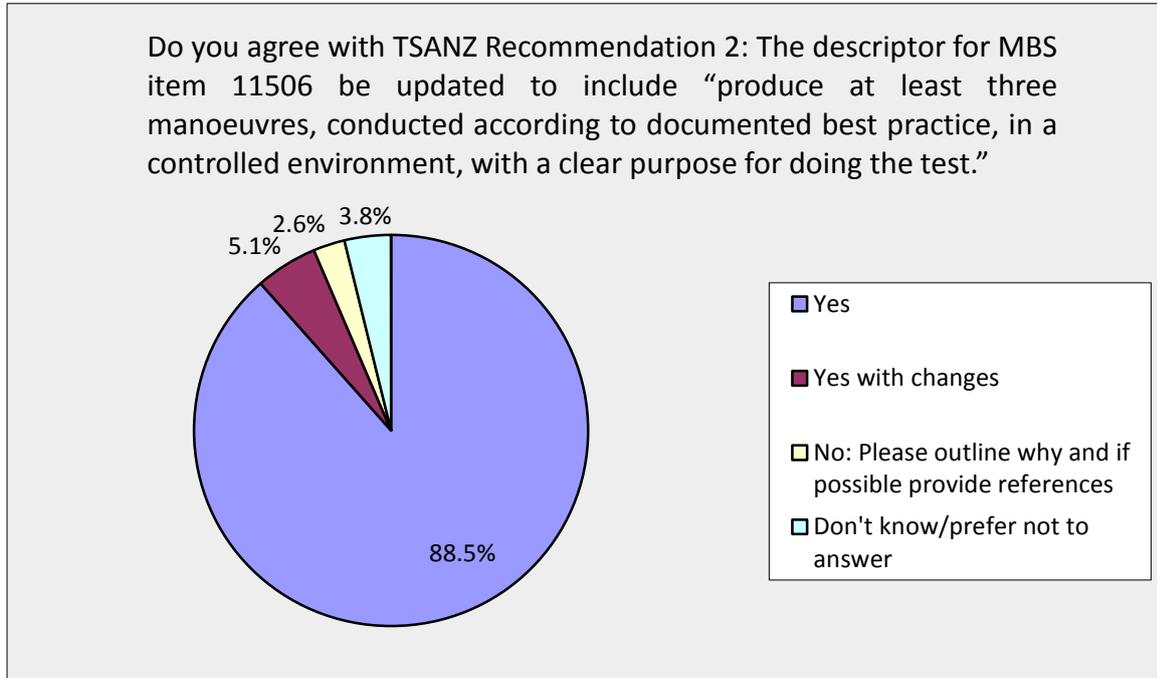
TSANZ Recommendation 1: More work needs to be done to ensure effective QA in the delivery of community spirometry.

The member survey response (n=78) to this recommendation was as follows:



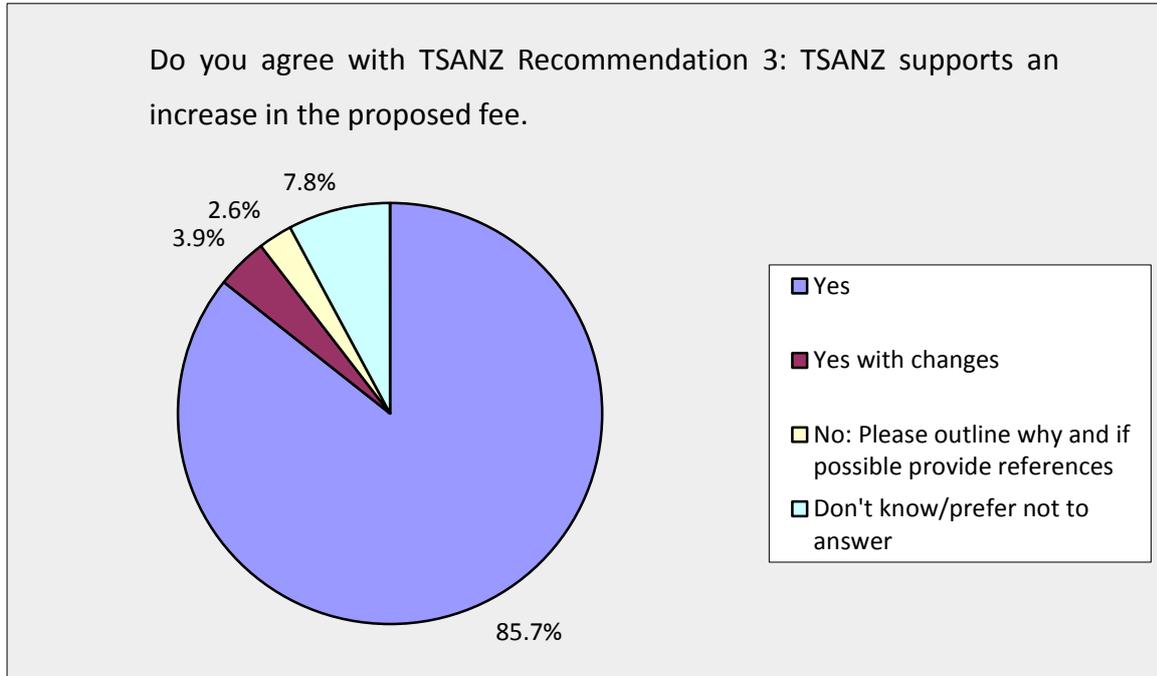
Revised TSANZ Recommendation 2: The descriptor for MBS item 11506 be updated to include “produce at least three manoeuvres, conducted according to documented best practice with a clear purpose for doing the test.” The proposed descriptor mentions “acceptable and repeatable criteria” but this needs to be defined. Best practice documentation should include clear quality control according to the ATS/ERS Guidelines.

The member survey response (n=78) to this recommendation was as follows:



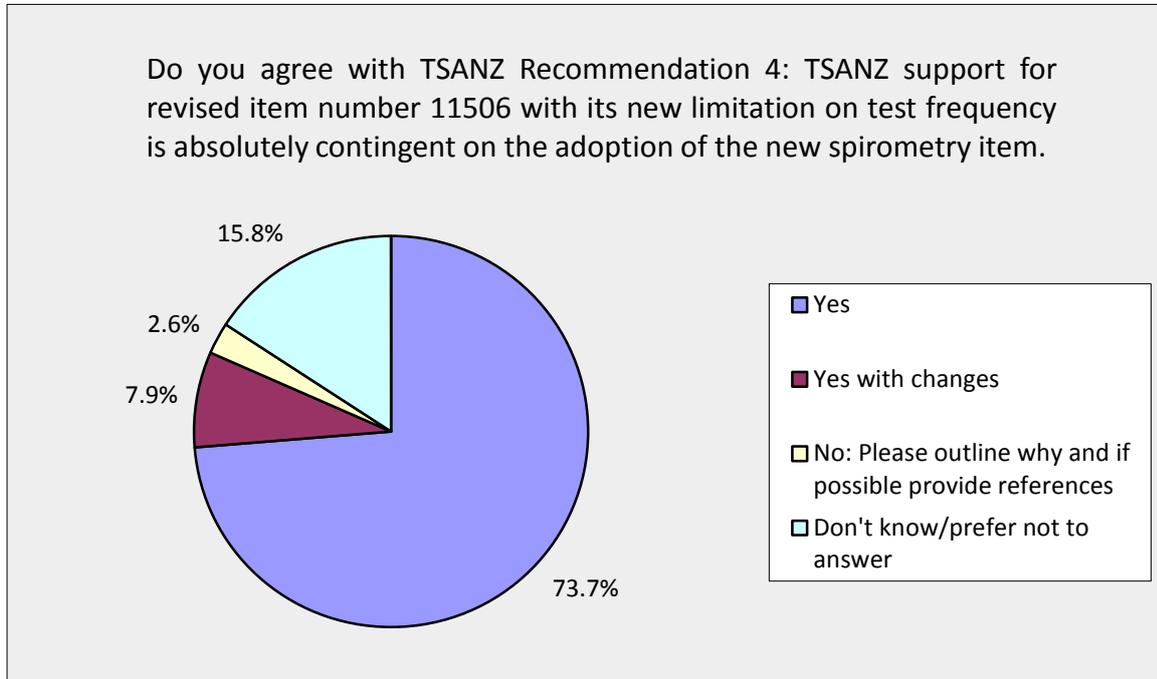
TSANZ Recommendation 3: TSANZ supports an increase in the proposed fee. Whilst we accept that the MBS may not fully cover all the costs in relation to a specific item, the gap between the estimated cost as provided to the committee and the proposed fee is excessive. This proposed fee is well below the cost incurred by providers of the service especially for those adhering to best practice quality assurance processes.

The member survey response (n=77) to this recommendation was as follows:



TSANZ Recommendation 4: TSANZ support for revised item number 11506 with its new limitation on test frequency is absolutely contingent on the adoption of the new spirometry item.

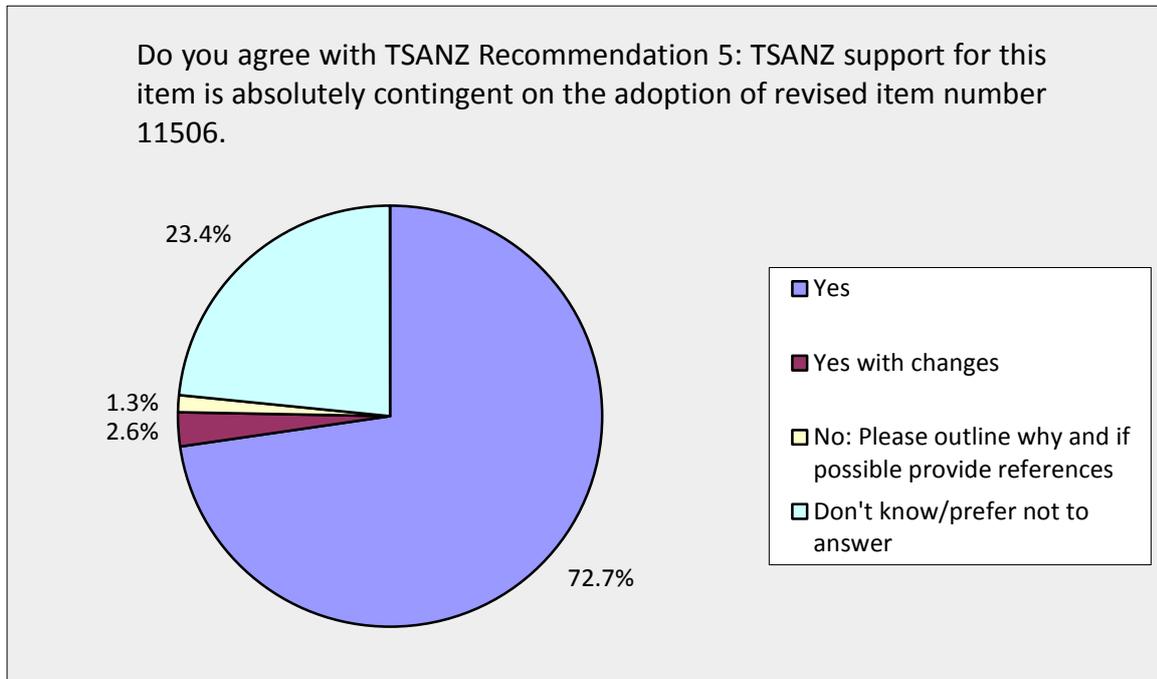
The member survey response (n=76) to this recommendation was as follows:



Clinical Committee Recommendations 1.2 - Proposed new item 115XX (Pre- OR post-bronchodilator spirometry)

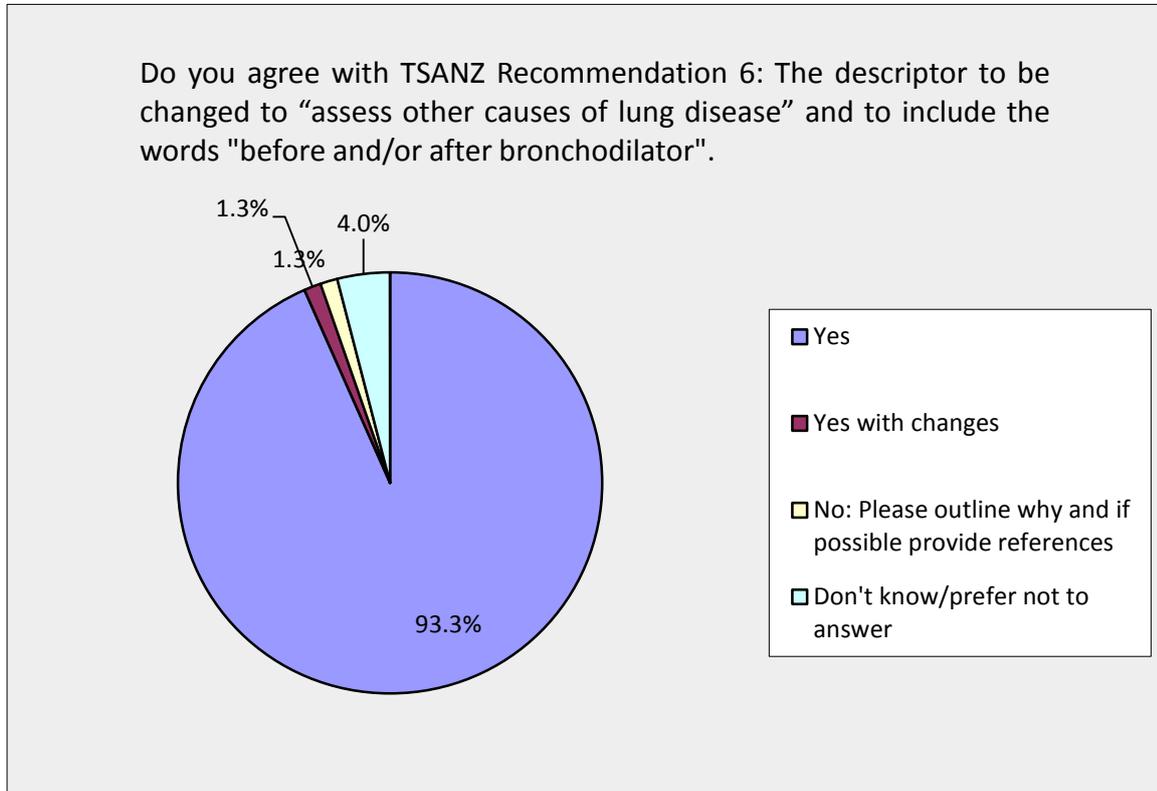
TSANZ Recommendation 5: TSANZ support for this item is absolutely contingent on the adoption of revised item number 11506.

The member survey response (n=77) to this recommendation was as follows:



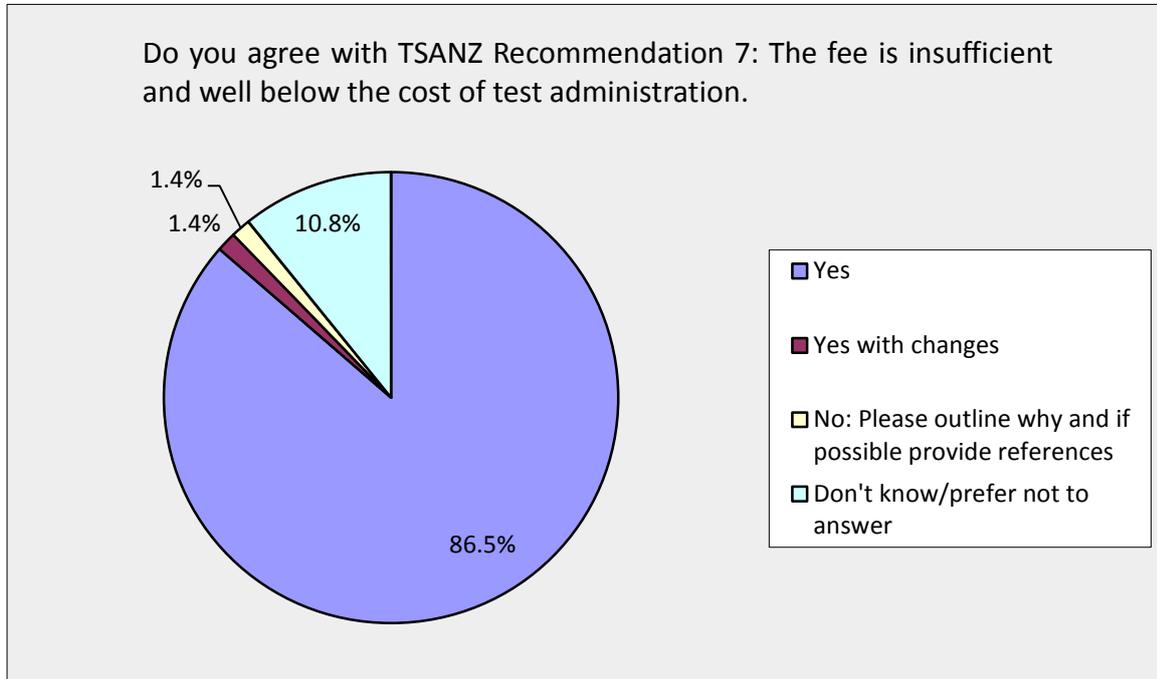
TSANZ Recommendation 6: The descriptor to be changed to “assess other causes of lung disease” and to include the words “before and/or after bronchodilator”.

The member survey response (n=75) to this recommendation was as follows:



TSANZ Recommendation 7: The fee should be increased. The current and proposed fee is insufficient and well below the cost of test administration.

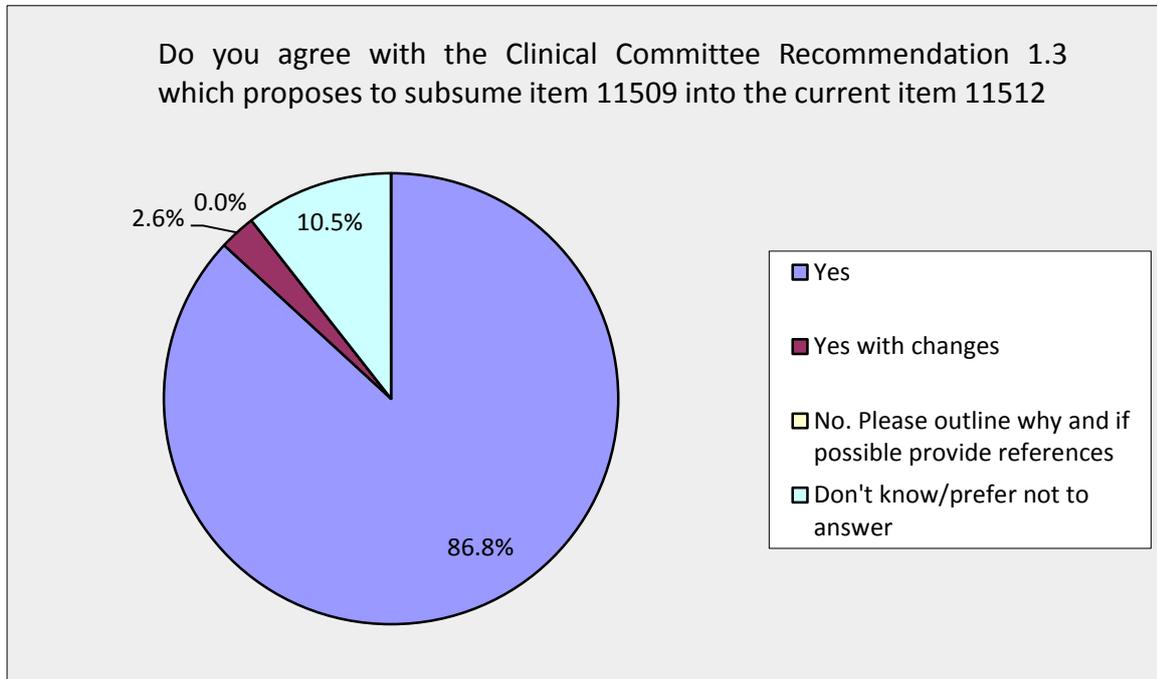
The member survey response (n=74) to this recommendation was as follows:



Clinical Committee Recommendations 1.3 – Proposal to subsume item 11509 into 11512

TSANZ supports the recommendation.

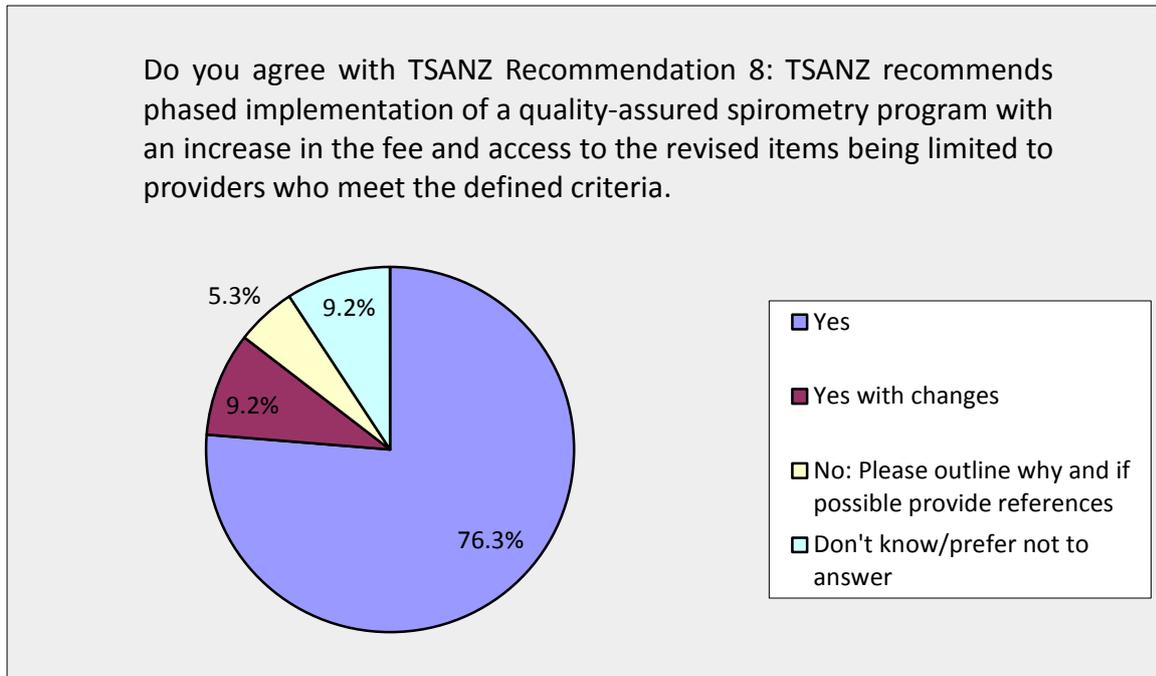
Members were surveyed on their agreement with the Clinical Committee recommendation 1.3 and the response (n=76) was as follows:



Clinical Committee Recommendation 1.4 – Proposed explanatory notes ensuring spirometry guideline compliance

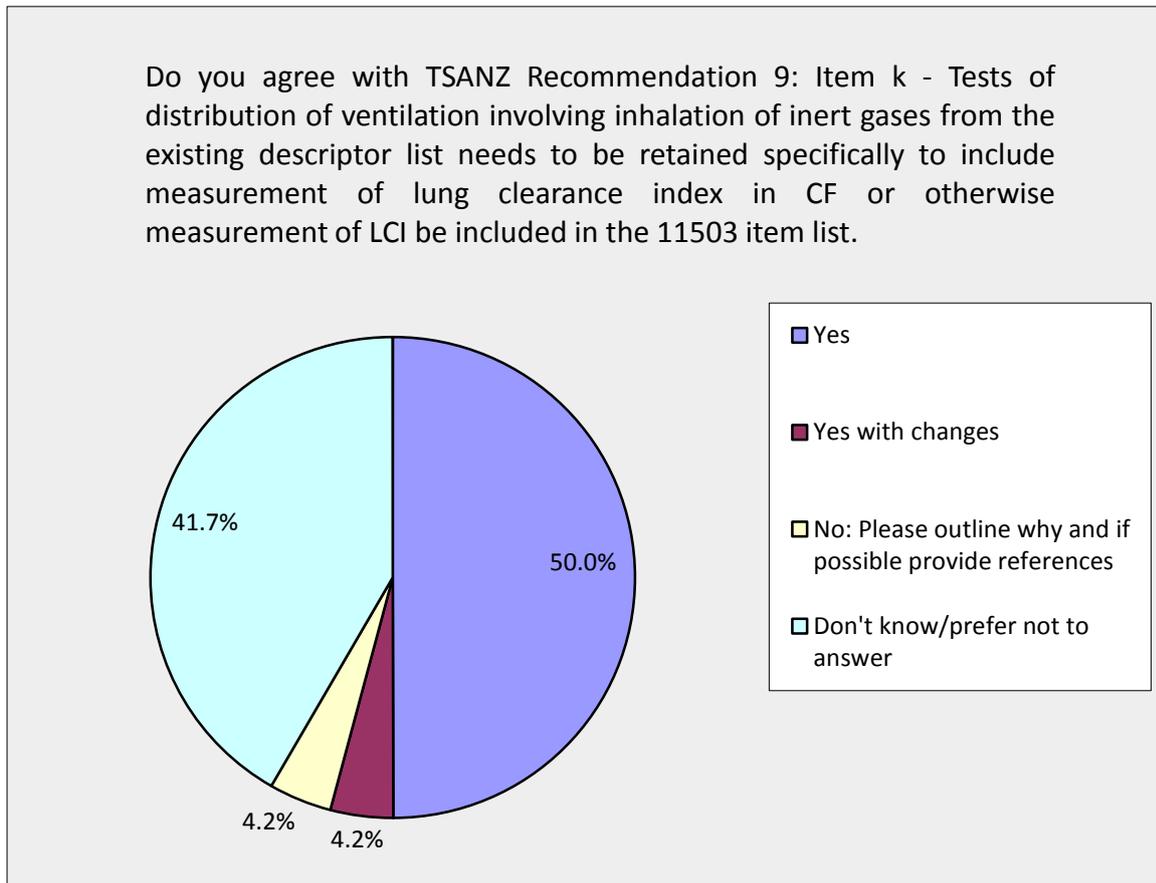
Revised TSANZ Recommendation 8: As part of its ongoing review of MBS items, the Department of Health should work with TSANZ to develop a pragmatic approach to ongoing improvement of quality of spirometry in primary care.

The member survey response (N=76) to this recommendation was as follows:



Revised TSANZ Recommendation 9: With respect to the TMCC Recommendation 2.1 which proposes a list of respiratory function tests that are able to be claimed under item 11503 and that the list is included in the item descriptor, the TSANZ Board seeks a discussion with the Department to address the issues raised by TSANZ members during the consultation process, and to identify the most effective way to develop and present the evidence base for consideration.

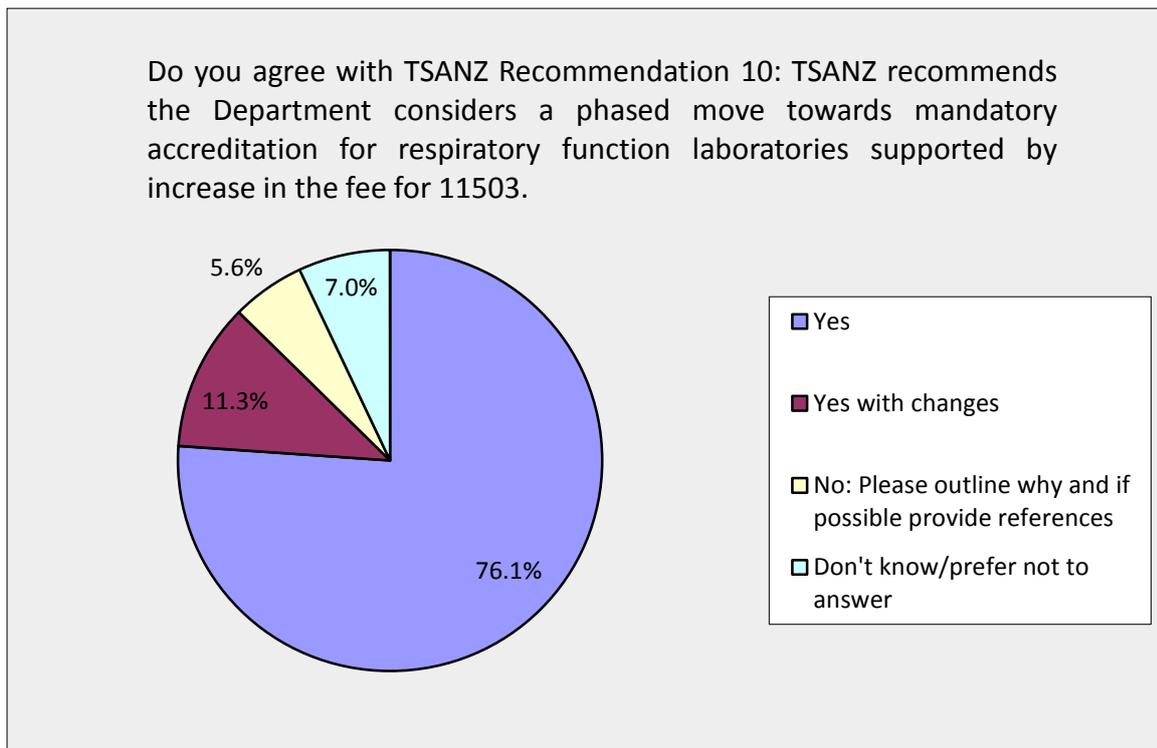
The member survey response (n=72) to this recommendation was as follows:



Revised TSANZ Recommendation 10a: The Department, as part of its ongoing review of MBS items, is requested to work with TSANZ to develop a pragmatic and phased approach to respiratory laboratory accreditation.

Revised TSANZ Recommendation 10b: Consideration of overnight oximetry was a strong theme. It is however, not a respiratory laboratory function test. As such the TSANZ Board recommends that the TMCC considers the issue of overnight oximetry as either a stand-alone item number or as part of the Sleep Item numbers. Due to the time frame of the consultation TSANZ has been unable to develop an evidence based response to this issue however the Australasian Sleep Association should be consulted.

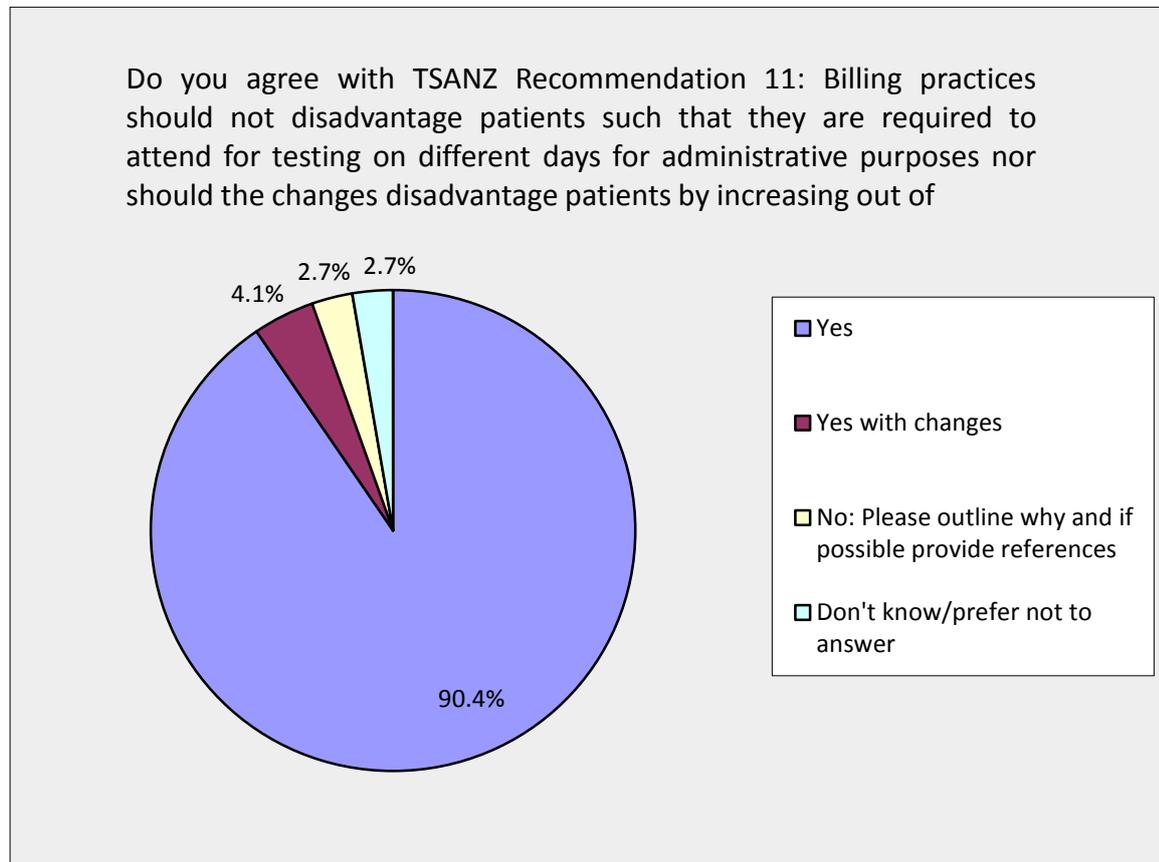
The member survey response (n=71) to this recommendation was as follows:



Clinical Committee Recommendation 2.2 Defined Rules for 11503

TSANZ Recommendation 11: Billing practices should not disadvantage patients such that they are required to attend for testing on different days for administrative purposes nor should the changes disadvantage patients by increasing out of pocket expenditure.

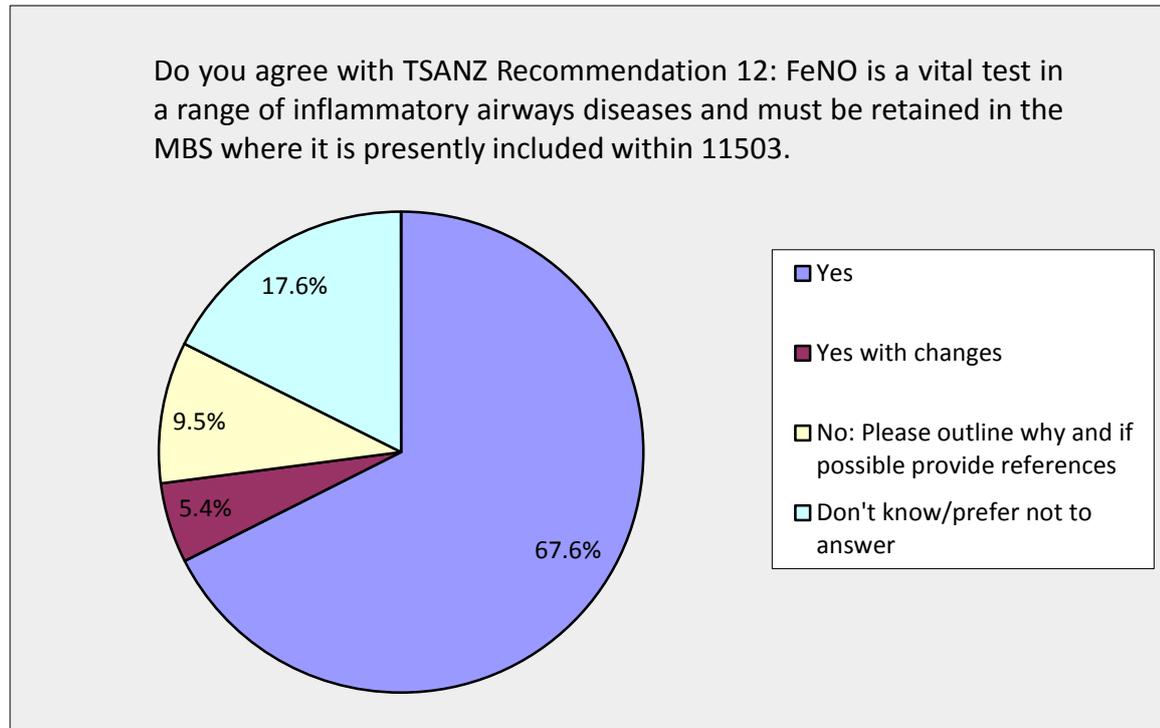
The member survey response (n=73) to this recommendation was as follows:



Clinical Committee Recommendation 2.3 – New item for laboratory based fractional exhaled nitric oxide (FeNO)

TSANZ Recommendation 12: FeNO is a vital test in a range of inflammatory airways diseases and must be retained in the MBS where it is presently included within 11503. TSANZ favours the option of including FeNO within 11503 when performed in conjunction with spirometry as described in 11512.

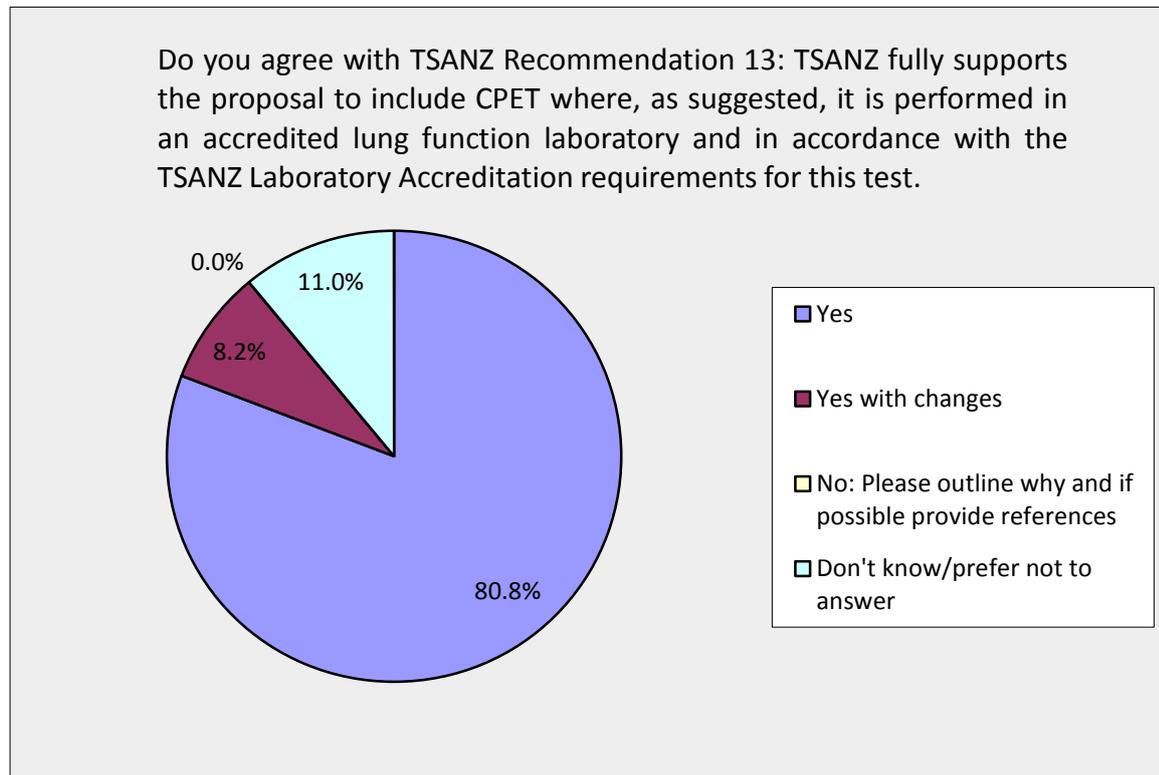
The member survey response (n=74) to this recommendation was as follows:



Clinical Committee Recommendation 2.4 – New item for cardio pulmonary exercise testing

TSANZ Recommendation 13: TSANZ fully supports the proposal to include CPET where, as suggested, it is performed in an accredited lung function laboratory and in accordance with the TSANZ Laboratory Accreditation requirements for this test. Further discussion on the fee is warranted as this is a complex and labour-intensive test.

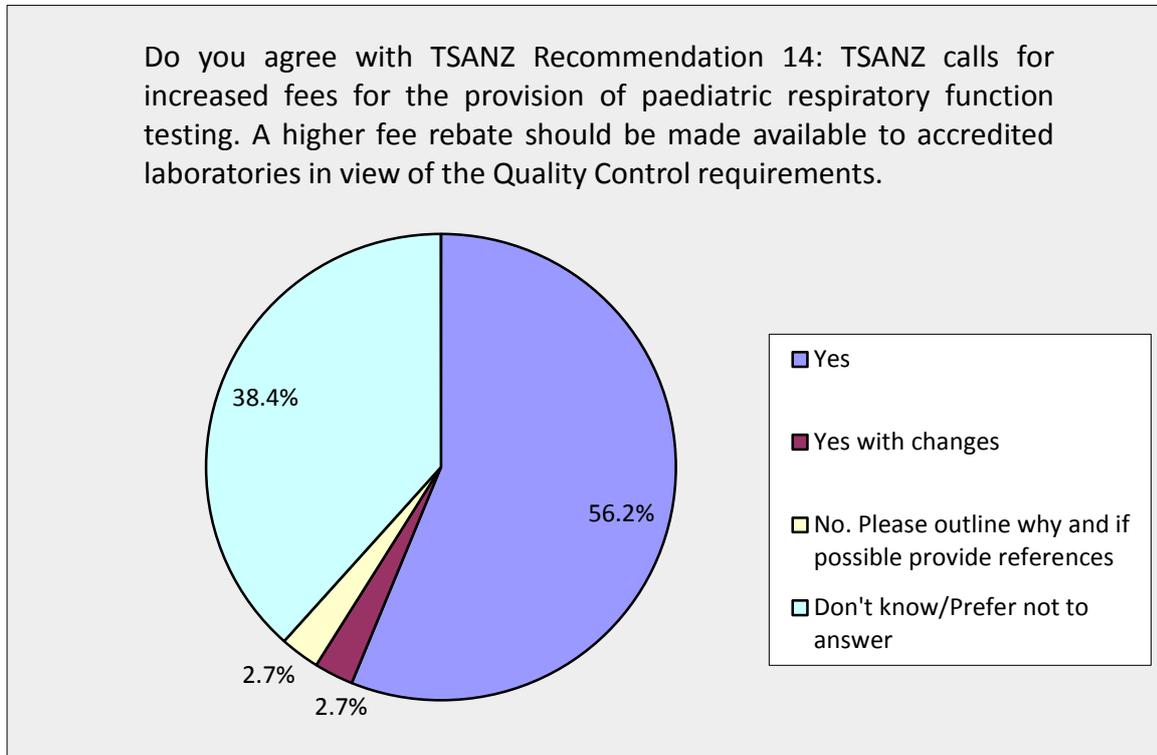
The member survey response (n=73) to this recommendation was as follows:



Paediatric Respiratory Function Testing

TSANZ Recommendation 14: TSANZ calls for increased fees for the provision of paediatric respiratory function testing. A higher fee rebate should be made available to accredited laboratories in view of the Quality Control requirements.

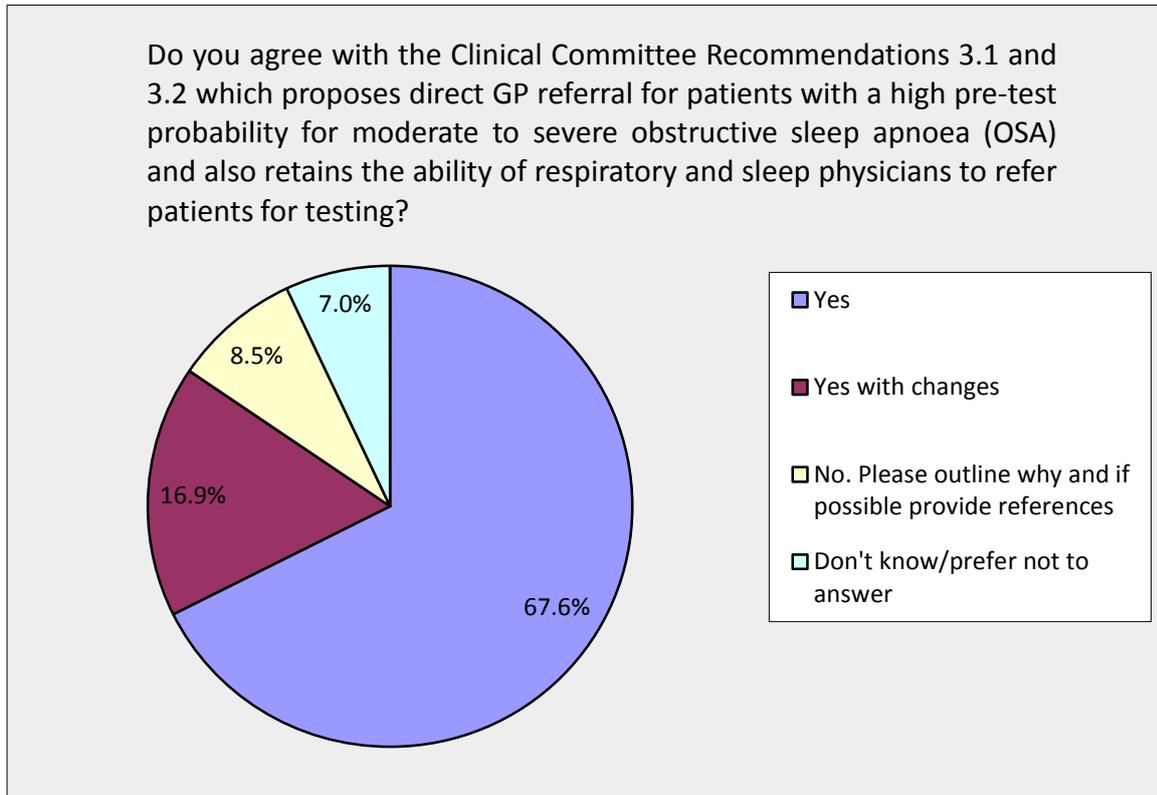
The member survey response (n=73) to this recommendation was as follows:



Clinical Committee Recommendations 3.1 and 3.2

Additional TSANZ Recommendation: The item descriptor should include words to the effect of "Prior to GP referral for a sleep study, consideration should be given to Respiratory and/or Sleep Physician consultation, even if it seems the patient's only problem is moderate or severe obstructive sleep apnoea."

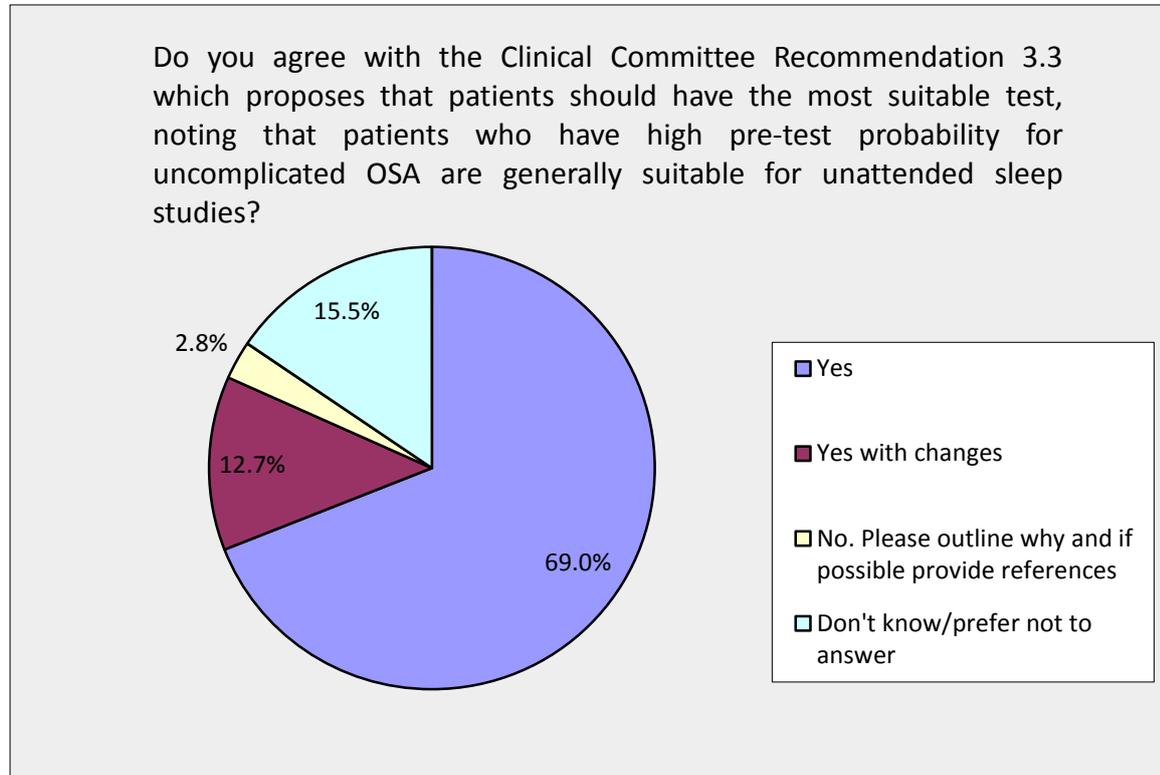
The member survey response (n=71) to this recommendation was as follows:



Clinical Committee Recommendation 3.3 – Triage changes

TSANZ supports the recommendations with changes which take account of member feedback.

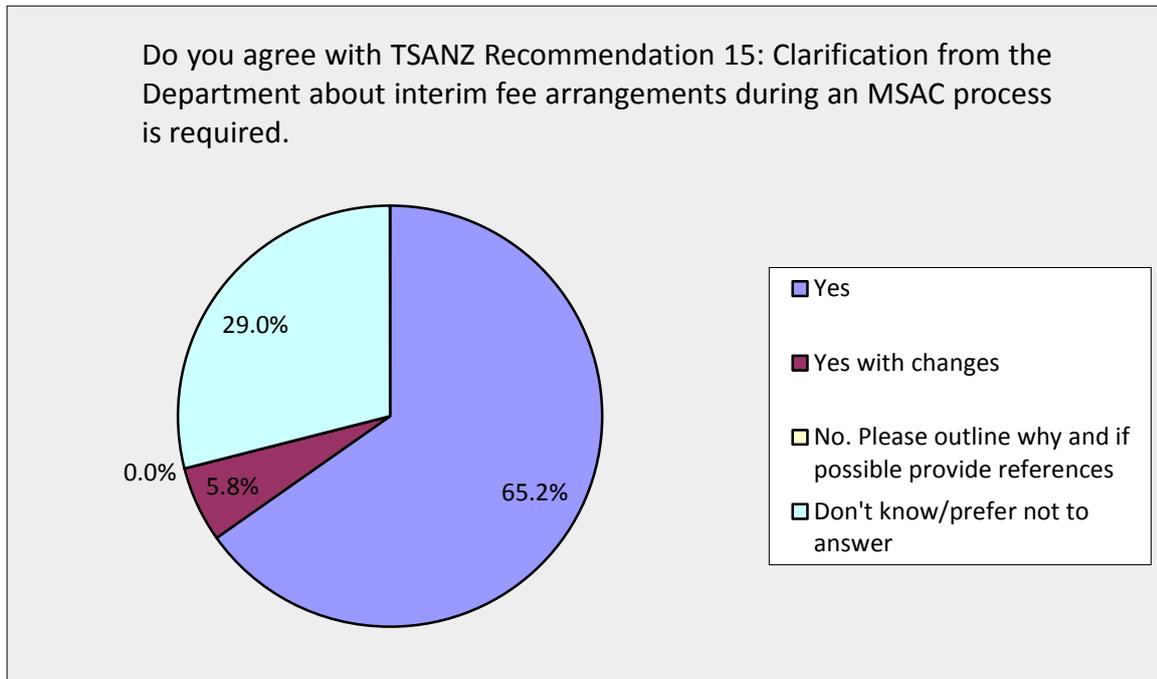
The member survey response (n=71) to this recommendation was as follows:



Clinical Committee Recommendation 3.4 – Implementation of APAP titration and Vigilance Testing

TSANZ Recommendation 15: Clarification from the Department about interim fee arrangements during an MSAC process is requested.

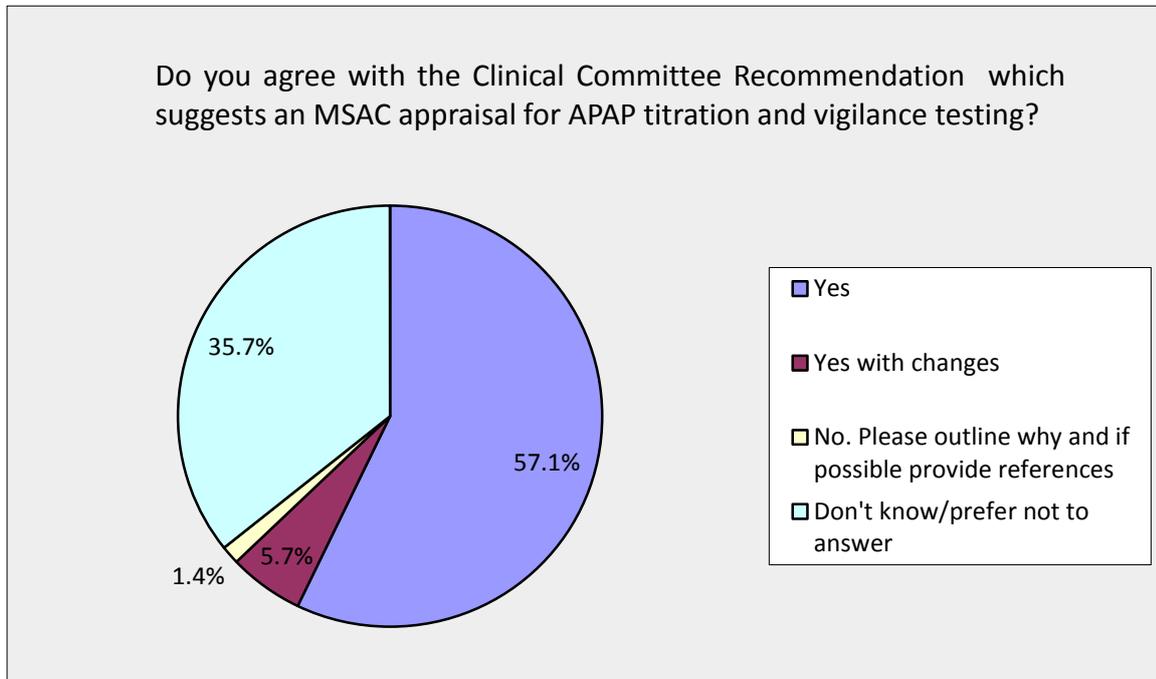
The member survey response (n=69) to this recommendation was as follows:



Clinical Committee Recommendation 3.5 Limits on Diagnostic and Treatment Initiation Studies

TSANZ Recommendation 16: Clarification on how specialists may access additional studies, and under what conditions, is required in the guidance notes/rules.

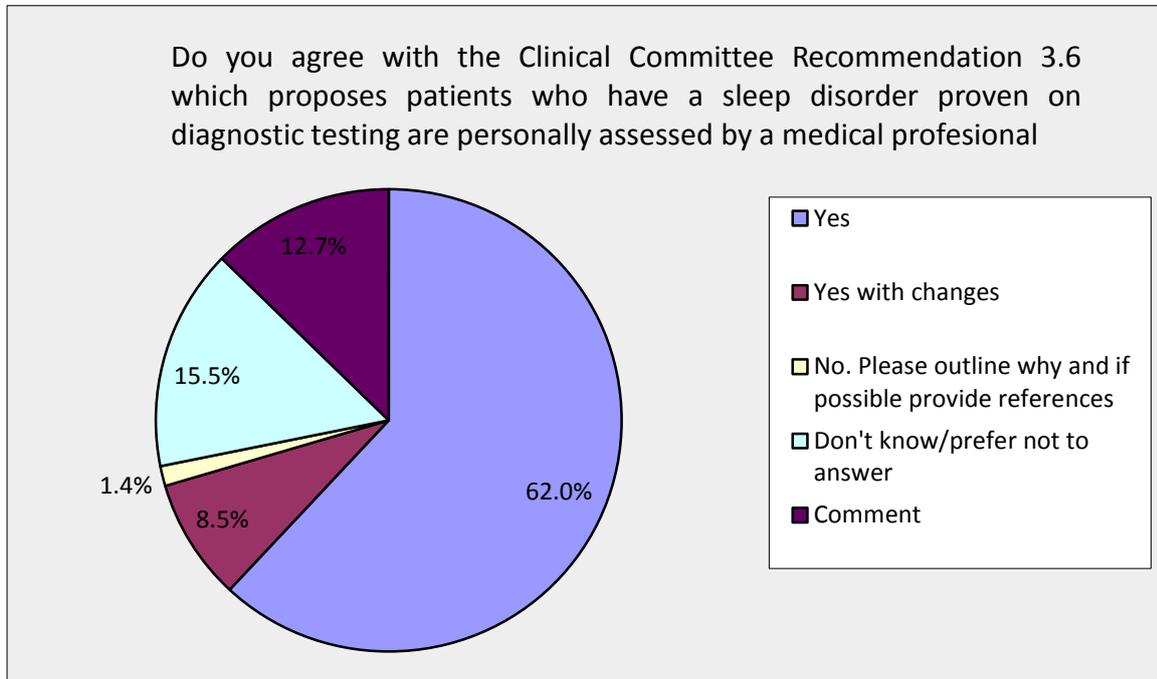
The member survey response (n=70) to this recommendation was as follows:



Clinical Committee Recommendation 3.6 – professional and appropriate management

Additional TSANZ Recommendation: The definition of an “appropriate medical professional” requires clarification.

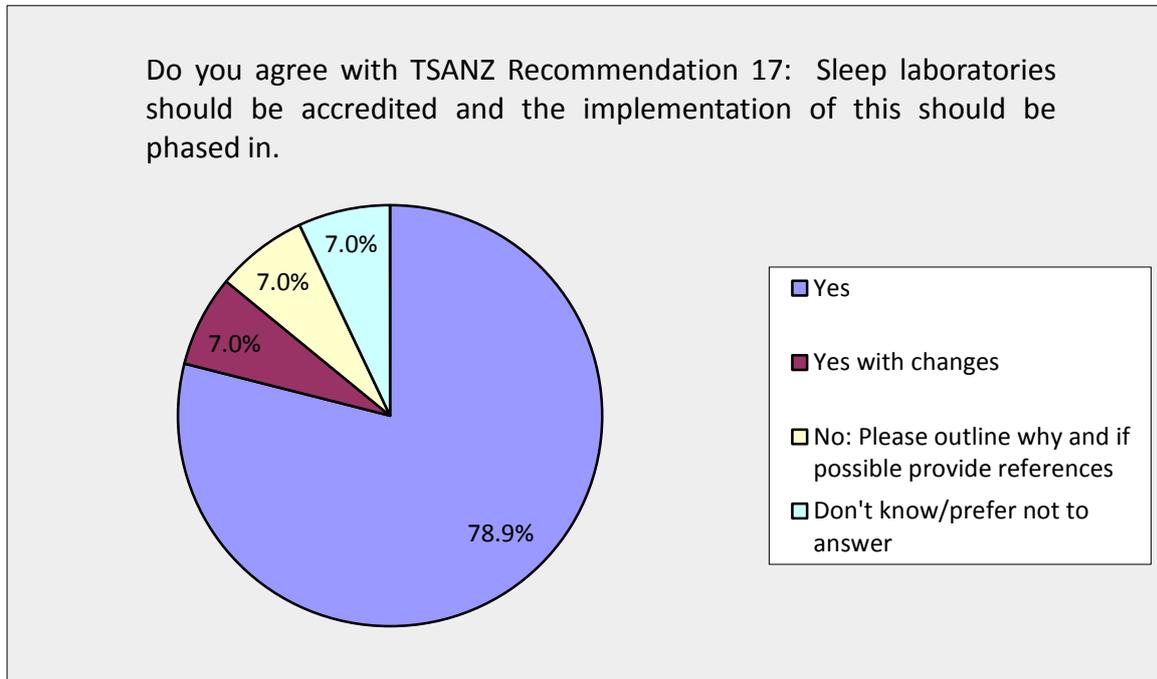
The member survey response (n=71) to this recommendation was as follows:



Clinical Committee Recommendation 3.7 – adhere to Australian clinical guidelines

TSANZ Recommendation 17: Sleep laboratories should be accredited and the implementation of this should be phased in.

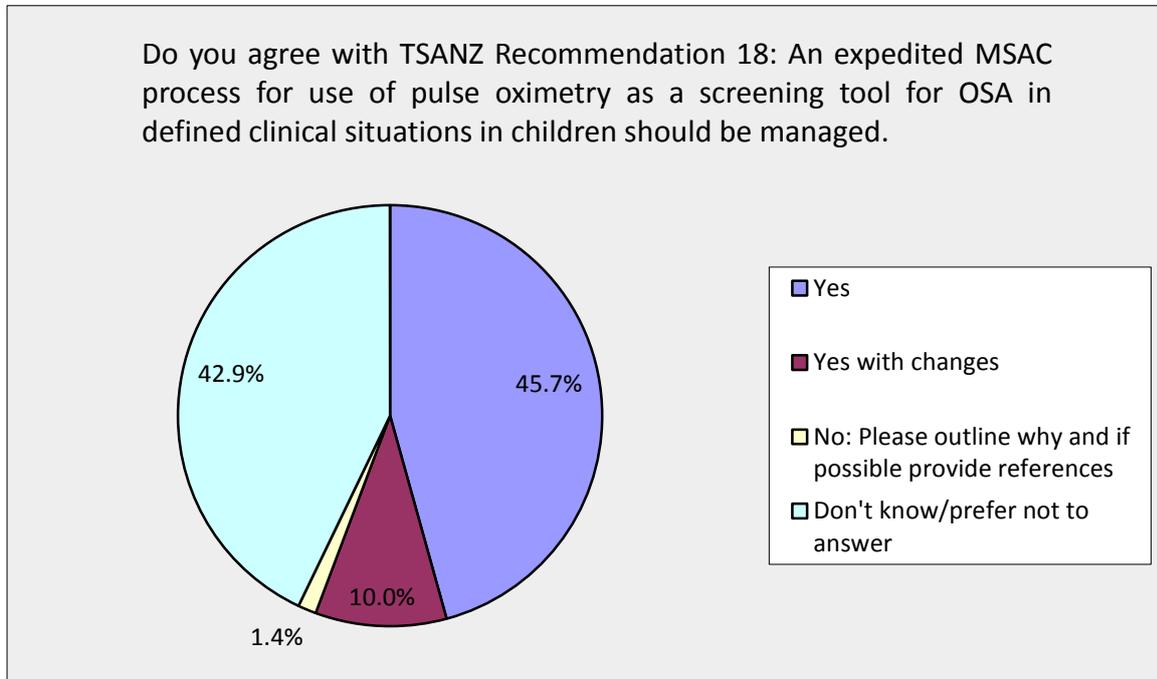
The member survey response (n=70) to this recommendation was as follows:



Paediatric Sleep Assessment

TSANZ Recommendation 18: An expedited MSAC process for use of pulse oximetry as a screening tool for OSA in defined clinical situations in children should be managed.

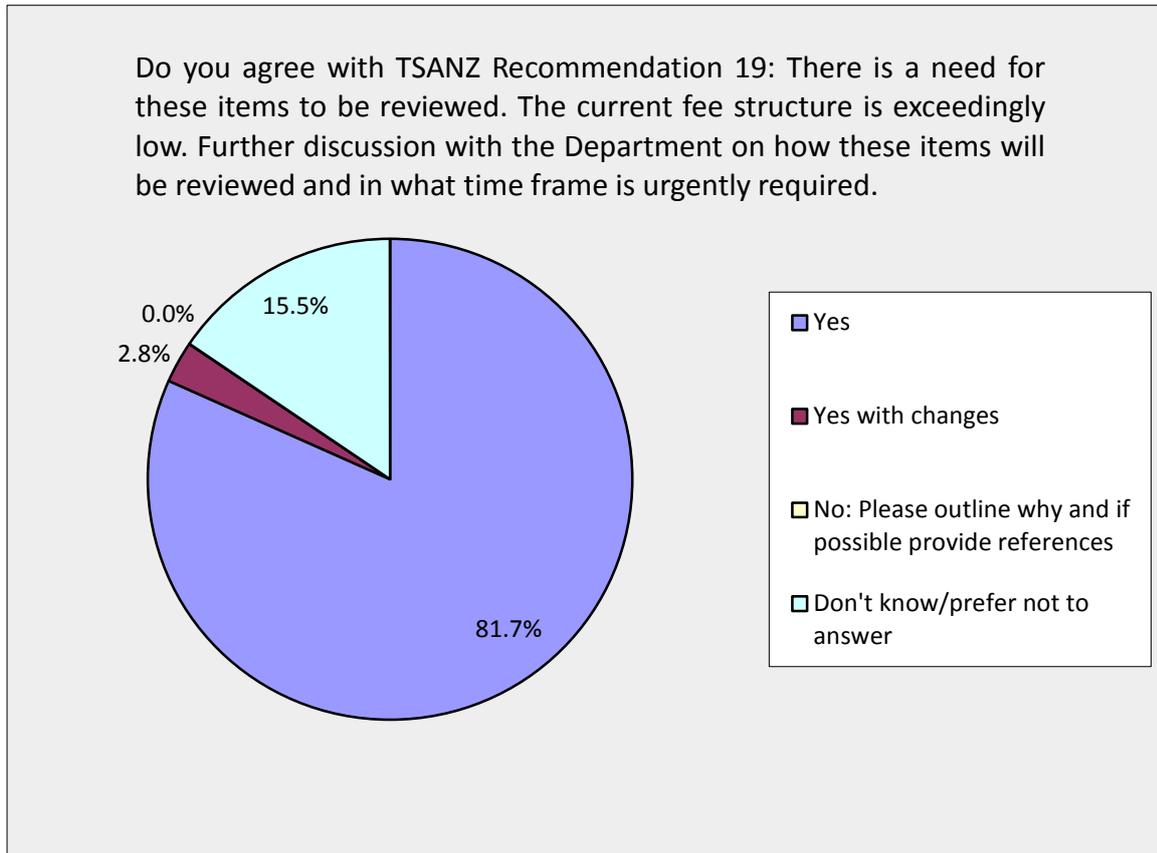
The member survey response (n=70) to this recommendation was as follows:



Clinical Committee Recommendation 4.1 – changes to diagnostic and therapeutic procedures

TSANZ Recommendation 19: There is a need for these items to be reviewed. The current fee structure is exceedingly low. Further discussion with the Department on how these items will be reviewed, and in what time frame, is urgently required.

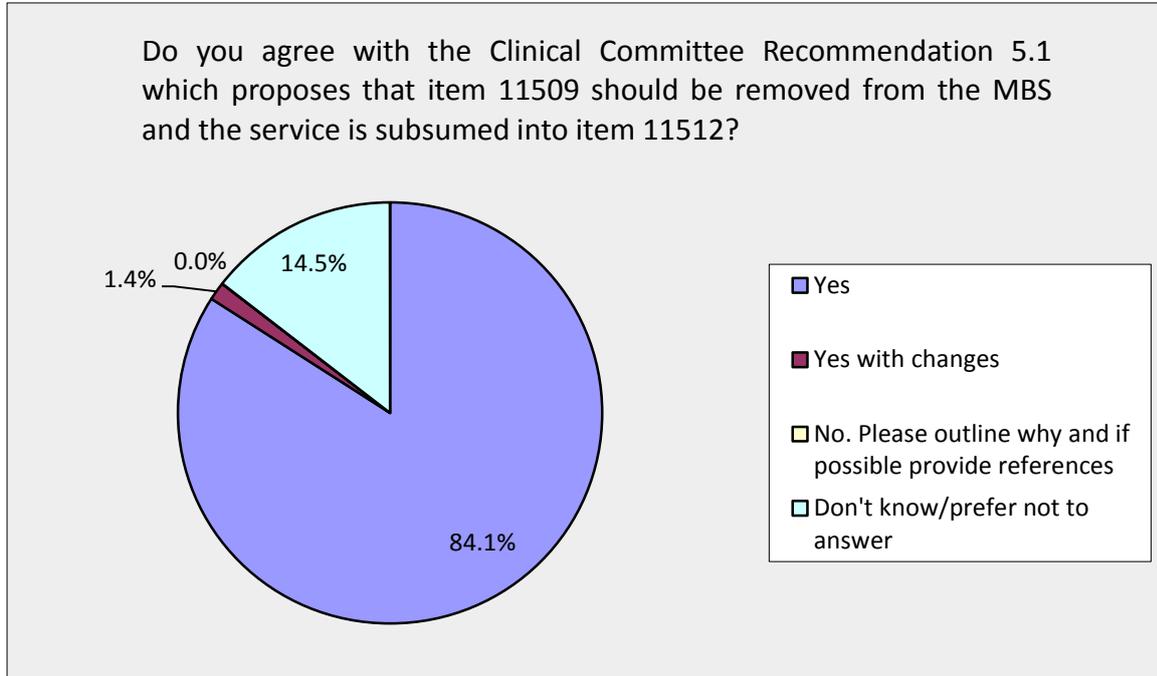
The member survey response (n=71) to this recommendation was as follows:



Obsolete Items

TSANZ supports the recommendations.

The member survey response (n=69) to this recommendation was as follows:



Submission Approval

This submission has been reviewed and approved by the Board of the Thoracic Society of Australia and New Zealand.

For further information please contact the CEO Ms Tanya Buchanan at the Thoracic Society of Australia and New Zealand Ltd (TSANZ)

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