Name: Medical Technology Association of Australia

Submission date: 6/06/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am an industry or advocacy organisation, professional association or peak body

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Health

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   The participant did not respond to this question.

2. What are the reasons for your answer?

   The participant did not respond to this question.

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   The participant did not respond to this question.

4. What are the reasons for your answer?

   The participant did not respond to this question.

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   The participant did not respond to this question.

2. What are the benefits of pursuing greater collaborative commissioning?

   The participant did not respond to this question.

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   The participant did not respond to this question.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

While it is well understood that better prevention (primary, secondary, tertiary) is critical to a sustainable healthcare system in the future, the barriers to investment in prevention remain considerable. Measurement of success is one major challenge as there are many factors that can lead to the ultimate outcome of developing a condition and isolating each of these can be difficult. Nonetheless, an enormous amount of research has been undertaken to allow design of interventions. Related to this is the more significant problem of governments realising direct financial benefits of prevention investments. This is a problem not only because of the broad spread of factors, including normal ageing, that lead to health outcomes for, and service use by, individuals but also because of the long lead times that may be involved in realising financial gains from prevention and the fact that health services themselves may not be flexible enough to realise gains from e.g. lower hospital admissions, in any case. As significant as these are, these ladder up to the biggest problem in Australia which is the lack of any government or agency having final ownership for population health outcomes or even for sub-populations that may be very vulnerable to developing a system or service use. This is one of the downsides of a fragmented health system and a system still revolving around funding by episode or service. While there are heroic attempts being made in some areas to coordinate between Primary Care Networks and state and territory health districts, the system does not reward this or allow any agency to be held to account. This leads to a disincentive to invest which is compounded by the other issues noted.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

Technology is offering enormous opportunity to expand and improve prevention programs. It is often little appreciated that the funding of continuous glucose monitors and insulin pumps, in conjunction with diabetes services including diabetes nurse educators, is actually a large-scale secondary prevention program to prevent complications of diabetes. The addition of continuous glucose monitors and further software to closed loop insulin pumps has enabled much better self-care, remote care and in-person management. Likewise, the addition of remote monitoring capabilities to cardiac implantable electronic devices (such as pacemakers) combined with MBS items for cardiologists to review data is one of the few situations where management, and thereby secondary prevention, has been at least partly embedded into care. Smoking cessation remains a key example of primary prevention that incorporates the use of technology. For example the app MyQuitBuddy has been shown to improve motivation levels among smokers to quit. Likewise, the effective use by the National Bowel Cancer Screening Program of home test kits has led to a downward trend in mortality levels.

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

As highlighted in the response to Q12, the ultimate goal must be to overcome structural and funding barriers to allow specific healthcare providers to take ownership of their populations and be responsible for the outcomes in the region of responsibility. This needs to be tied to funding. The ‘owner’ may be different depending on the population involved. A general population that is generally well and may only need intervention and routine checkups will be very different to a population, such as the pre-diabetic or elderly population, who may be in need of much more active intervention. The most significant

populations are those living with a condition that that is prone to hospital admission and those recovering from a hospital admission. In these latter cases, the population is much smaller and the interventions, if funded, are much more likely to result in lower future healthcare costs. Well known examples include patients with congestive heart failure and respiratory conditions. From a technology standpoint, if patients are not to be saddled with the costs of digital tools that may support their management, then healthcare providers must be empowered to recommended and fund these technologies in the expectation of improved outcomes if they are underpinned by evidence.