## ASERNIP-S Submission to the Progress Report of the Productivity Commission study into the Impacts of Medical Technology in Australia – 29 June 2005

We believe that the current Productivity Commission Progress Report does not accurately reflect the field of health technology assessment in Australia at the present time. In Chapter 8 "Health technology assessment: procedures, devices and ICT", health technology assessment for procedures, prostheses and devices is reported to occur nationally under the Medical Services Advisory Committee (MSAC), the Therapeutic Goods Administration (TGA) and the Prostheses and Devices Committee (PDC), and at a state level by state and hospital advisory committees such as the South Australian Sub-Committee for New Technologies (SCNT). Private health insurers are also noted to undertake clinical effectiveness assessments for some medical devices and services.

However, there are a range of other organisations undertaking health technology assessments around Australia. The Australian Safety and Efficacy Register of New Interventional Procedures – Surgical (ASERNIP-S) is one such organisation which plays a unique role nationally and internationally in the assessment of new techniques and technologies in the surgical field, and we believe the current Productivity Commission Progress Report does not accurately reflect this. Although ASERNIP-S is mentioned in the report in Chapter 8 in relation to our involvement with the Australian and New Zealand Horizon Scanning Network (ANZHSC), in fact we play a much broader role in the assessment of new and emerging surgical techniques and technologies, both for the purposes of Medical Services Advisory Committee (MSAC) assessment and independently of MSAC as outlined on the following page.

We agree with the conclusions of the draft Report, that health technology assessment for procedures and devices could be more strongly conducted both at a national and an international level. One major area requiring funding is development of methodology for undertaking HTA, particularly where there is a paucity of higher level (randomised controlled trial) evidence as is common with surgical techniques and technologies. Development and refinement of HTA methodology would certainly assist in strengthening the conduct of HTA in this area.

We also note that there is generally a low level of funding for health technology assessment in Australia compared to that available internationally. Furthermore, established HTA organisations, such as ASERNIP-S, face significant uncertainty around the level and continuity of funding, particularly for assessments done outside the MSAC process and its funding stream.

## **ASERNIP-S Activities**

Since its establishment, ASERNIP-S has produced 39 systematic reviews of surgical techniques and technologies. All reports undergo internal and external peer review and from these reports publications are prepared for international and local peer reviewed journals. All hospitals in Australia are provided with summaries of our reviews upon completion and we receive many enquiries from both hospitals and surgeons regarding the introduction of new procedures. We have also developed other review products to meet the particular needs of our stakeholders. These include the accelerated systematic review, which is produced more rapidly than a standard systematic review to meet more urgent requests; and the technology overview, which can provide a picture of new technologies for use across a range of procedures e.g. the da Vinci Surgical Robotic System.

For each ASERNIP-S systematic review we produce summaries for consumers in easy to read language. We have also recently begun to produce consumer brochures for use in clinical practice settings and are currently evaluating their effectiveness. We have strong links with a number of consumer organisations and have two consumer representatives on our Management Committee.

Our horizon scanning programme New and Emerging Procedures – Surgical (NET-S) which began in 2000, has led the way in assessing surgical techniques and technologies that are 'on the horizon' of impacting on the Australian healthcare system. Although now incorporated in the ANZHSN, NET-S was the first national horizon scanning program established in Australia. Our horizon scanning activities are closely aligned with our systematic review activities; as the evidentiary basis for emerging techniques and technologies expands these may become suitable for systematic review.

In addition to the review work done under contract for the Medicare Benefits Branch of the Australian Government Department of Health and Ageing (including technology assessments for MSAC), we have expanded our remit to provide other means of assessment of new techniques and technologies. We manage a number of research audits arising from MSAC and ASERNIP-S systematic reviews, which indicated the need for additional local evidence to determine the value of particular new procedures for use in the Australian healthcare system. The audit function of ASERNIP-S is a key component of our approach to the assessment of new surgical procedures.

## **ASERNIP-S** outputs to date

39 systematic reviews (and five ongoing)

8 MSAC reviews, (and three ongoing)

23 prioritising summaries (and 10 ongoing)

46 horizon scanning reports (and two ongoing)

21 consumer summaries (and four ongoing)

37 peer reviewed publications (and eight submitted)