AUSTRALASIAN SLEEP ASSOCIATION

PUBLIC FUNDING OF CPAP IN AUSTRALIA

The information in this document has been provided by members of the Australasian Sleep Association (ASA), who responded to a request for information from the ASA Secretariat. Its purpose is to provide information on Public Funding of CPAP to the Parliamentary Inquiry on Sleep Health Awareness in Australia. Please note that this information should be taken as advisory only; the validity and accuracy of the information below has not been checked and verified.

Australian Capital Territory

The ACT government has a territory-wide scheme that provides CPAP through the Domiciliary Oxygen and Respiratory Support Scheme (DORSS). Eligibility requirements include both financial and medical criteria.

CPAP machines are supplied to eligible pensioners and Health Care Card holders who have been diagnosed with OSA of significant severity and who have demonstrated ability to use the CPAP equipment through a self-funded trial of CPAP.

Waiting times to receive equipment, after eligibility has been confirmed:

CPAP - up to 2 weeks

NIV - up to one month

Many patients are unable to afford or access this scheme and remain untreated.

New South Wales

NSW offers a co-ordinated state based approach, administered through ENABLE NSW. The criteria for CPAP supply are strictly applied to target only the most severe group in greatest financial need. In practice, only patients on a pension or health care card with severe OSA can access an ENABLE machine, and there is a wait of at least 4 months to access supply of a machine. Many patients go without as they do not meet the criteria, but a few will self-fund. The machines can be accessed statewide, but the patient must be able to access testing and demonstrate adequate usage through a self-funded trial of treatment (hiring all the equipment, usually costs $100 - $200). Supply is not limited to major teaching hospitals, but in the end, because of the complexity of the application process, most applications are made through public hospital laboratories for ENABLE funded machines.

ENABLE NSW Criteria - taken from website: To be eligible for Enable NSW, applicants must: be a permanent resident of NSW; have a permanent or long-term disability (lasting more than 12 months); require the assistive technology for a condition that has stabilised; require the assistive technology to remain in a community setting; not be eligible for compensation or damages • not be eligible to receive assistive technology through any other government-funded program.

Providing assistance: The Home Respiratory Program (HRP) provides home oxygen equipment, Continuous Positive Airway Pressure (CPAP) and respiratory support

devices, ventilators and some respiratory consumable products. There are eligibility criteria for each respiratory product.

Steps for receiving assistance: (1) Assessment – Consumers are assessed by their physician and relevant tests are carried out. (2) Application – The consumer or their representative completes and submits an application form. (3) Equipment Request – An Equipment Request Form (ERF) is completed by a physician with the required qualification and experience in the prescription of the specific respiratory device. The ERF describes the consumer's clinical need for the equipment. (4) Review – Enable NSW reviews the information to assess whether the device can be provided within program guidelines. (5) Approval or Decline – The consumer and their prescriber are notified in writing of the outcome. (6) Purchase – As funding becomes available the device is purchased and supplied to the consumer.

Waiting periods: Waiting periods vary for equipment such as CPAP.

Consumer responsibilities: To be eligible for assistance through the HRP, consumers are required to: have ceased smoking for a minimum of four weeks; Comply with safety precautions for use of the equipment as indicated by the supplier; Comply with the prescribed therapy including hours of use; Purchase some accessories such as masks for CPAP devices; Return the device if no longer required or if the device is not being used as prescribed.

Co-payments: There is a co-payment for accessing assistance through the HRP. The co-payment for adults on a pension or low income and for children under 16 years is $100 in each year that assistance is provided. For adults on higher incomes the co-payment is 20% of the cost of the device.

Maintenance and repairs: EnableNSW is responsible for maintenance and reasonable repairs to supplied devices.

Many patients are unable to afford or access this scheme and remain untreated.

Northern Territory

There are no public hospital sleep laboratories and no public hospital sleep services. All patients have the OSA diagnosed while in hospital for another reason (eg lung disease) using an ambulatory device, or privately.

The Respiratory Appliances Loan Scheme (RALS) provides a CPAP pump to patients who meet the following criteria, *except* those who live in Central Australia and Alice Springs.

Eligibility Criteria:

1. Diagnosed with significant OSA ***and*** meet Clinical Criteria;
2. Hold a current Centrelink Pensioner Concession Card, Disability preventing to work or Health Care Card (Commonwealth Seniors Health Card or Seniors Business Card holders are not eligible);
3. Reside permanently in the Northern Territory;
4. Agree to rent a CPAP at his or her expense for a minimum of 4 to 6 weeks to ensure adherence; Agree to purchase his or her device consumable replacements including mask, headgear, filters and humidifiers; Use his or her CPAP adequately during the home treatment trial for a minimum of 4 weeks (minimum 4 hours/night). (Please note in certain circumstances patients requiring bi-level ventilation are exempted from the home trial due to high rental cost and potential seriousness of their medical condition.)
5. Not eligible for assistance through another funding source i.e. DVA or a private health fund

6. Applicants must complete a home treatment trial for at least 4 to 8 weeks and applicants must agree to purchase replacement consumables such as tubing, mask, headgear, chinstraps or humidifier chambers.

Many patients are unable to afford or access this scheme and are completely untreated

Queensland

The Queensland program has been operating since 1994. It is a state-wide program under the governance of the Queensland Health Sleep Disorders Program Executive - a committee of representatives from each of the Queensland Health Sleep facilities, including the paediatric facility at Queensland Children's Hospital. The program operates under state-wide eligibility guidelines to promote equity of access to equipment across the state. Patients must be holders of a concession card (a Queensland Pensioner Concession Card or Queensland Health Care Card or equivalent federal card) and must be under the direct case management of a Queensland Health Facility. The equipment remains under the ownership of Queensland Health (which in turn causes a number of problems as described below). Patients must complete a mandatory two-month rental period (at their own cost, generally $200 - $300) with average usage of equipment of at least four hours per night and must remain under the direct clinical management of a Queensland Health Sleep facility. The program does not cover "accessories" including masts, replacement tubing or heated humidification.

Problems with the program are:

(1) Failure to evolve to adequately cover more complex ventilation requirements.

The program provides bilevel ventilation and more complex ventilation, but those patients requiring NIV via Tracheostomy are ***not*** eligible for this program. As such the demand and equipment costs of the program have skyrocketed over the past 10 years, without any budget increase.

(2) Although the program aims to provide equity of access to equipment across the state, there is no equity of access to sleep facilities. Sleep facilities are based in Brisbane, Sunshine Coast, Gold Coast, Townsville and Cairns only. Patients residing outside of these areas must travel to one of these facilities to access care and equipment.

(3) There is substantial bureaucracy overseeing this program. Legislation mandates that all equipment requires electrical testing and tagging "out-of-the-box" despite the insignificantly small risk of harm due to out of box failure. In addition, legislation mandates that all loaned devices undergo electrical checking every five years or whenever the device is returned by the patient.

As a result, the costs of maintenance of equipment through Queensland Health Bio-technical support is approximately **one third** of the total budget. This also has led to budget pressure.

(4) There are no clear lines of reporting of this program as it does not fit well within the Hospital and Health Service (HSS) model of Queensland health. This model includes "state-wide services" such as the state-wide Spinal Injuries program. However, these programs are hosted by one specific HHS to provide the services rather than distributing of services across a number of different HHS. As such, the program is hosted by one Brisbane HHS without any clear lines of reporting. This severely restricts the ability to advocate for the program or patients, as no one within the government actually understands the program itself.

Many patients are unable to afford or access these schemes and remain untreated.

South Australia

South Australia has no coordinated State-based approach to CPAP or NIV funding and provision.

Funding for PAP therapy varies between Local Health Networks (LHNs), and even between hospitals within a single LHN, with significant disparities. SA is made up of 4 LHNs: Southern Adelaide LHN

(SALHN), Central Adelaide LHN (CALHN), Northern Adelaide LHN (NALHN) and Country Health SA LHN. Only 2 out of these 4 LHNs (i.e. SALHN and CALHN) provide a budget for sleep service and CPAP provision.

Sleep services within SALHN (Flinders Medical Centre/Noarlunga GP Plus Centre) and CALHN (Royal Adelaide Hospital and The Queen Elizabeth Hospital, TQEH) are allocated extremely limited budgets by their respective LHNs to provide CPAP equipment to selected patients who fulfil strict criteria which are determined by each hospital (Health Care Card and Pensioner Concession Card holders who meet specified OSA severity criteria and with significant medical co-morbidities). Patients who do not fulfil these criteria must fund their own equipment or, as often is the case, remain untreated. Even for those patients who are fortunate enough to obtain government-funded equipment, the cost of replacement consumables (e.g. filter, tubing, mask, humidifier chamber) after the initial allocation of equipment are not covered. There is no state-wide tender for CPAP equipment.

NAHLN and Country Health SA LHN have no budget whatsoever for diagnostic sleep services or CPAP provision, and residents from these LHNs rely on sleep service and CPAP provision from the other 2 LHNs (i.e. SALHN and CALHN), thus eating into their already limited budgets and lengthening waiting times.

Many patients are unable to afford or access this scheme and remain untreated.

Tasmania

All health care card holders receive government subsidised CPAP equipment with a complete set of consumables inclusive of mask at first prescription. The patients pay an ongoing annual $50 'rental' fee and are responsible for the costs of replacement masks/tubing etc. Often, humidifier chambers are replaced free of charge during an annual CPAP service of supplied machines by the privately contracted provider (currently Air Liquide) with the cost transferred to the Tasmanian Health Service.

This funding is not limited by clinical definitions of severity or capped at a given total. Rather, the number of diagnostic sleep studies for HCC holders is severely limited e.g., 180/year in Southern Tasmania - which effectively 'caps' the number of machines receiving assisted ventilation.

With respect to bilevel and ASV devices, these are provided through the same scheme with the same conditions ie $50 rental fee and patient pays for replacement mask, for all Tasmanian patients with chronic respiratory failure irrespective of HCC or insurance status. Patients with central sleep apnoea who need CPAP are able to access it only if they have HCC/concessional status.

Many patients are unable to afford or access treatment, so are completely untreated.

Victoria

In Victoria, the system for CPAP funding is fragmented and highly variable, depending on where the patient is located. It is provided through individual public hospitals/health service networks and there is no co-ordinated state-wide approach or consistency. The distribution of funding is based on a scheme that was introduced in a few select hospitals on a trial basis in the early 2000s. Money was provided to individual sleep services to provide CPAP to patients who are financially disadvantaged. After a few years, this money was then allocated as an annual lump sum to the individual hospital, to be used to provide these services, at the complete discretion of the hospital, with any criteria that they applied. Consequently, hospitals which had large sleep services at this time have more funding than those which had small sleep services, whether or not these services have expanded or declined. Furthermore, hospitals which did not have sleep services at the time the program commenced, have no funding at all for CPAP. Therefore people living in some metropolitan areas (and almost all rural areas) have either no or very limited access to funding for CPAP. The funding level has not increased in the past 10 years, so

even in hospital networks that do have funding, this is available only for those who are the most financially disadvantaged, generally health care card holders with moderate or severe obstructive sleep apnoea. In addition, there are often other criteria applied to ensure that the CPAP is provided only to a small proportion of those who need it, but are unable to afford to buy it themselves. Waiting lists also apply given that demand exceeds the amount of funding available, the length of which varies from hospital to hospital.

Therefore, the vast majority of patients who are prescribed CPAP self-fund the device and associated equipment such as masks,tubing, filters etc. The funding for CPAP in Victoria is inequitable and completely insufficient to meet demand.

For those with respiratory failure, NIV and bilevel devices are provided through a different State Government-funded program, which provides the pumps and associated equipment free of charge for any patient needing it throughout the state. The provision of this equipment is centralised through the Victoria Respiratory Support Service, located at the Austin Hospital.

Many patients are unable to afford or access the CPAP scheme and remain untreated.

Western Australia

Sir Charles Gairdner Hospital, one of the largest tertiary public hospitals in WA, provides government funded CPAP for patients with health care cards or pension card holders, if they qualify as follows:

1. at least moderately severe OSA (AHI>15/hr); and
2. demonstrated satisfactory use (average at least 4 hours per night), at their own expense; and
3. benefit (either a reduction in Epworth or clinician indicating clinical benefit was obtained) during a CPAP trial.

Many patients are unable to afford or access this scheme and remain untreated.

Summary

The information above, although incomplete, provides an overview of the difficulties that many patients have with accessing treatment for their important medical conditions - obstructive sleep apnoea and respiratory failure.

It is very clear that the delivery of support services is fragmented, inconsistent and completely inadequate. There are a few common themes:

1. Support is provided only to those with a Health Care Card. Those who are simply not able to afford the $1500+ cost of CPAP, mask and other accessories are provided with no assistance.

2. Even if the patient is deemed eligible for supply of a CPAP pump, they have to demonstrate adherence by funding the hire of a pump and mask for 1 month. This is simply not possible for many patients who are struggling to make ends meet on a pension and who have other medical costs.

3. Within a State, some HCC holders are able to access a funded pump, others are not.

Glossary

CPAP: Continuous Positive Airway Pressure. This consists of a pump which pumps air under pressure into the upper airway, delivered either by a nose mask (covers the nose) or a full face mask that covers both nose and mouth.

NonInvasive Ventilation (NIV): Breathing assistance without a throat tube being inserted.

Usually this is positive pressure delivered by either a mask on the face or via a tracheostomy (hole in the airway that connects through to the skin).

Bilevel Ventilation: Positive pressure that is set to vary when the patient breathes in (inspiration) and when the patient breathes out (expiration).

PAP: Positive Airways Pressure, a term that includes CPAP, NIV and bilevel ventilation.