

hyperbarichealth wound centres

Senate Enquiry

3 November 2012

Dear Senators,

MSAC 1054.1: Removal of MBS Item 13015

I would like to present the negative personal impact of this decision. I feel as though my work for the past 15 years has been challenged. Yet no one has come to my clinic and looked at all of the pictures and talked to the patients I treat. An effective tool has now been removed from my arsenal and I have to tell new patients I have got little more to offer than the doctors they have already seen.

I have worked fulltime in problem wound management since I set up the first hyperbaric problem wound clinic in 1998. Doctors working in wound care are rare; I could not afford to do so without HBO₂. I have had to deal with a large variety of wounds. Frequently I can heal them with dressings and compression. I believe I have been judicious in the use of HBO₂ keeping it for the difficult cases. I have seen some amazing results and also had failures.

It is easy to say studies need to be performed but they are incredibly difficult to do properly. In a private clinic environment research funds are not easily accessible. The wounds themselves are very heterogeneous and don't lend themselves well to stratification. They are multifactorial and behave in a variety of ways.

Medical Services Advisory Committee has made mistakes leading to a flawed assessment of the overall situation.

1. If they are going to remove an existing service they should provide some evidence of inappropriate practice or overservicing.
2. They were too strict in their assessment of the evidence. We provided a wound register showing 70% success across Hyperbaric units in Australia.
3. They failed to account for the fact that we tackle the wounds that have already failed standard treatment. There are no comparative studies for this situation.
4. They applied a financial model that looked at too short a time frame. HBO₂ is a costly intervention; that is why we reserve it for the problem wounds that are not healing. We still believe that we came close to parity in their equation.
5. We were not given any credit for the removal of costs once an ulcer healed. Take the patient pictured below. Should I not get ten years of credit? For that is how long this man had suffered, having visited many of the best clinics in Melbourne.
6. They failed to give sufficient Quality of Life credit for healing chronic ulcers. I have had grateful patients in tears of joy at our success.

hyperbarichealth wound centres



Right Foot, 24 June 2010

23 September 2010, 60 HBO₂

MSAC calculated the cost of usual care failure (Table 41) as \$40K. If we extrapolate for 5 years after treatment is finished there are huge savings:

- Assume of 100 patients only 30 heal with usual care, leaving 70 unhealed. (Remember the patients recruited to the ANZHMG study had their ulcers for an average of 16 months and to say 30% would heal with standard care is generous.)
- So 70x40K = \$2.8 million/yr = \$14million
- HBO₂ heals 70, leaving 30 unhealed
- 30x40K = \$1.2 million/yr = \$6million
- **A SAVING OF \$8 MILLION over five years for every 100 patients treated with HBO₂**

The conclusions MSAC should have made are:

1. Safety: HBO₂ is safe and well tolerated; not disputed in three MSAC reviews
2. Efficacy: 70% of patients with an ulcer of 16 month average duration were healed in a prospective register of Hyperbaric Units in Australia.
3. Cost effectiveness: HBO₂ is warranted both in financial and quality of life terms.

Allow me to continue the good work that I do. I have doctors and nurses working with me who have all seen the benefits. Their livelihood (and mine) is now threatened by this decision. The Government should be promoting more clinics like mine, not closing them.

Yours sincerely,

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