15 October 2012

The Hon Tanya Plibersek MP
Minister for Health and Ageing
Parliament House
Canberra 2601

Dear Minister

The AHHA has asked Professor John Deeble to provide independent advice on the Government's recent decision to cut funding for Hyperbaric Oxygen Therapy for non-diabetic problem wounds.

As a result of this investigation, I am now writing to request an urgent meeting with you to discuss the implications of this matter.

Professor Deeble's very strong opinion is that the decision is wrong in both principle and practice and inconsistent with both the published MSAC assessment of November 2011 and with Medicare principles.

Put briefly, it implies that HBOT treatment of non-diabetic problems wounds provides no benefit and should therefore not be funded at all. But the 2011 review did not find that. On the contrary, it found that:

"HBOT offers a viable, safe and non-invasive treatment to promote healing in patients where conventional treatment therapies have been found to be ineffective. Indeed there may be a good argument to introduce HBOT earlier in the treatment pathway to potentially significantly improve patients' clinical outcomes and quality of life, and avoid the more radical and invasive treatment strategies otherwise used for these conditions''. (p 13)

It found only that, using a very rigid interpretation of data quality:

"the overall body of evidence is currently insufficient to determine whether clinical management with HBOT is more effective than clinical management without HBOT". (p13)

That does NOT mean that it is less effective; only that, in strictly scientific terms, it is impossible to make any definitive comparison of relative effectiveness.

Clinical expert opinion is that:

"the overall evidence base for other treatment options for both indications of interest is relatively poor, including some treatments which currently receive MBS funding. Clinical expert opinion is that the evidence in support of the use of HBOT is at least as good as that available for alternative treatments and therapies". (p 81)

the voice of public healthcare

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Based on the existing treatment protocol (no access to HBOT until after 3 months of failed conventional treatment), the two options must therefore be treated as equally effective. There is no other conclusion. And it is not surprising. Relatively few medical services would pass such a test.

However, on the basis of some cost modeling which is, at best, dubious, a recommendation to cease Medicare funding has been made. We are currently checking that modeling, which was not based on the existing treatment protocol (described above).

The correct calculations could show that there is very little cost difference between the alternatives and may well show the HBOT option to be cheaper.

But whatever the results, the correct response is not to arbitrarily cease funding one treatment option altogether but to fund them both at the same least cost rate.

That would allow those patients who, by clinical judgment, would benefit most from HBOT treatment to continue to receive it. It would certainly not support the de-funding recommendation that has been made.

We now consider this matter to be very urgent and I seek a meeting with you as soon as possible to discuss these matters.

I would like to bring Professor Deeble with me.

Yours sincerely

Prue Power
Chief Executive
Australian Healthcare & Hospitals Association