

**Senate Community Affairs Committee**

**ANSWERS TO ESTIMATES QUESTIONS ON NOTICE**

**HEALTH PORTFOLIO**

**Budget Estimates 2015 - 2016, 1 - 2 June 2015**

**Ref No:** SQ15-000651

**OUTCOME:** 7 - Health Infrastructure, Regulation, Safety and Quality

**Topic:** Birmingham Hip Resurfacing Implants

**Type of Question:** Hansard Page 62, 1 June 2015

**Senator:** Xenophon, Nick

**Question:**

Provide comment on complaints made by private health funds and their members stating that there would be considerable savings if there was some more rigor in terms of the types of devices that are approved and having lower rates of revision. Private health funds pay out money which causes increases in premiums because of the rates of revision.

**Answer:**

The Department of Health is in regular contact with both private health insurers and the manufacturers of implantable prostheses and takes the views of stakeholders into account in informing the Prostheses List arrangements.

For private health insurers to be required to pay benefits for a prosthesis, it must be included on the Prostheses List. In order to be included on the List, two years of published, peer reviewed clinical data with equivalent outcomes to other items on the List is required for all high risk joint replacement prostheses.

In addition, the Government funds the National Joint Replacement Registry (NJRR) to collect data on implantation and revision rates, complications and other outcomes for prosthetic joint replacement devices that have been surgically implanted, so as to define, improve and maintain the quality of care of individuals receiving joint replacement surgery.

The Therapeutic Goods Administration relies on the data from the NJRR when considering compliance action in relation to joint prostheses.