

# Health technology news

## Welcome



Welcome to the second edition of *Health technology news*. We all recognise there is a significant gap in the provision of information about new and emerging health technologies. *Health technology news* aims to share this information as widely as possible with the overall objective that patients in Victoria will ultimately have access to the best treatment available and state-of-the-art technology.

This edition of *Health technology news* brings you information about work the Department of Human Services is undertaking around improving processes to support decision-making around funding, implementation and evaluation of new and emerging health technologies. This issue includes a feature on Melbourne Health's Technologies and Clinical Practice Committee and an update on the work of the Health Policy Advisory Committee on Technology (HealthPACT), Australia's national horizon scanning body.

We hope you find the information presented informative and helpful. Future issues will present feature articles on specific health technologies and share the challenges faced by health services in local decision-making and implementation of health technologies. If there are burning issues you would like to see discussed in future editions, please let us know.

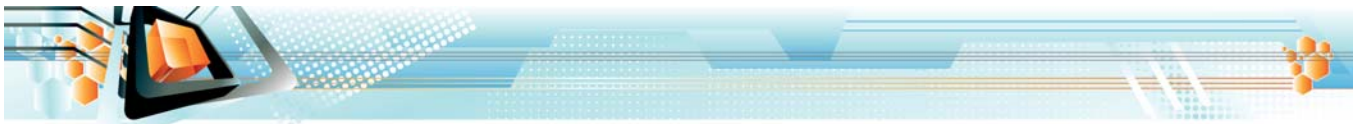
**Kylie Mayo**  
Manager, Clinical Networks and Service Development

*In Victoria, a health technology is defined as a prosthesis, implantable device, diagnostic test, medical procedure, surgical procedure, high cost pharmaceutical or capital medical equipment.*

## May 2009

### Inside this issue:

Welcome	1
Health Technology Strategy	2
Update on VPACT	2
Melbourne Health Technologies and Clinical Practice Committee	3
Sg2 Conference	4
Technologies funded in 2008-09	4
Highlights of health technology funded in 2008-09	5
Horizon scanning	5
Health Service New Technology Committee workshop	7
Health Service New Technology Committees	7
SHARE Program	7
Nationally Funded Centres update	7
Update on HTA agencies	7
Useful links	8
Contact details	8



## VPACT Committee members

<b>VPACT members</b>	<b>Affiliation</b>
<b>Ms Sophy Athan</b>	Consumer representative
<b>Dr Stephen Blamey</b>	Head of Upper GI/HPB & General Surgery Unit, Monash Medical Centre (MMC)
<b>Ms Liliana Bulfone</b>	Senior Research Fellow, School of Health and Service Development, Deakin University
<b>Professor Rob Carter</b>	Chair in Health and Human Services Economics, Deakin University
<b>Associate Professor Noel Cranswick</b>	Director of Australian Paediatric Research Unit, Royal Children's Hospital
<b>Associate Professor Paul Desmond</b>	Director, Department of Gastroenterology & Clinical Director, Specialist & Critical Care, St Vincent's Hospital
<b>Associate Professor Stacy Goergen</b>	Director of Research, Department of Diagnostic Imaging, MMC
<b>Dr Jennifer Johns</b>	Medical Director, Specialty Services CSU, Austin Hospital
<b>Ms Kylie Mayo</b>	Manager, Clinical Network & Service Development Section, Programs Branch, DHS
<b>Professor Ingrid Winship</b>	Executive Director of Research & Chair in Adult Clinical Genetics, Melbourne Health
<b>Associate Professor Richard Gerraty</b>	Director, Research Education & Stroke Service, The Alfred
<b>Professor John Zalcborg</b>	Chief Medical Officer & Director, Division of Haematology & Medical Oncology, Peter McCallum Cancer Centre

## Health Technology Strategy

The *Health Technology Strategy for Victoria* is currently being drafted. This *Strategy* aims to improve decision-making processes to ensure that issues concerning the safety and cost-effectiveness of health technologies are adequately considered before introducing them into Victoria's health care system. It also aims to support continuous monitoring and evaluation of current, new and emerging health technologies to inform their appropriate introduction, funding and ongoing use. It will also consider the removal of those health technologies that offer little or no health gain. Details will be provided to health services and through the Health Technology website in due course.

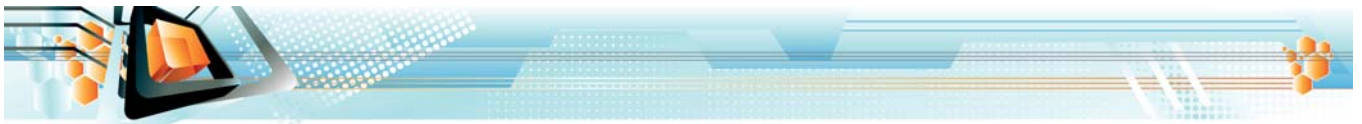
## Update on the Victorian Policy Advisory Committee on Clinical Practice and Technology (VPACT)

VPACT met on 14 April 2009 to consider submissions for the 2009-10 New Technology Program funding round. 13 proposals were received. Health services will be notified of the VPACT recommendations shortly.

A formal review of the roles and functions of VPACT was recently undertaken by Aspex Consulting. The review was conducted to:

- assess the appropriateness of the current Terms of Reference and governance arrangements of VPACT
- strengthen the ongoing effectiveness and capability of VPACT.

The report is being finalised and will inform the development of the Health Technology Strategy as well as strengthen the governance and capacity of VPACT. Improved monitoring of patient outcomes has also been a focus of this review. The report will be available on the department's Health Technology website shortly. Local New Technology Committee chairs will be informed once the report is available.



## Melbourne Health Technologies and Clinical Practice Committee

Melbourne Health Technologies and Clinical Practice Committee reviews and oversees all applications for the introduction of changes in clinical technologies and practices within Melbourne Health.

It handles six to eight formal applications per year. Two to three usually are of such magnitude and cost that they are then forwarded for consideration by DHS through the New Technology Program. It also regularly reviews its own activities since its processes are continuously developing.

A recurrent theme is the relationship with other committees within Melbourne Health. The committee therefore has overlapping membership with all relevant Melbourne Health committees. This includes clinical credentialing, finance, strategic planning, ethics, occupational health and safety, drugs and therapeutics, clinical, policies and procedures, clinical quality and risk, prosthetics. There is also regular communication between the chair, the director of clinical services and the director of corporate services to ensure alignment of processes. Often a phone call to DHS is also helpful.

Recognition of the need to go through this process has been slowly acknowledged and accepted by the medical fraternity, some of whom at the outset saw the process as unnecessarily bureaucratic. However once it was recognised that the committee was designed to facilitate change and that it greatly reduced the burden of change management on the clinicians, this has quickly improved.

An ongoing problem is the difficulty keeping applications to deadlines – particularly for the DHS New Technology Program funding submission round. To overcome this, Melbourne Health has initiated a process to request 'expressions of interest' mid-year, allowing six months to refine suitable applications. A further difficulty has been in collating ongoing audits and reports in a timely manner – a project in development, particularly as the reporting mechanisms differ with each technology.

Melbourne Health has benefitted enormously from the DHS New Technology Program – including support for double balloon endoscopy and HALO radiofrequency ablation for dysplastic Barrett's Mucosa (both in conjunction with St Vincent's hospital). The most complex and innovative of the new technologies was the ABO incompatible Renal transplant program (now also with Monash Medical Centre), since this had only been performed in a few centres worldwide and never in Australia. It required complex co-operation within the Royal Melbourne Hospital, and the use of expensive blood cell antibody absorbing columns imported from Sweden – columns which also had not been used in Australia before. Prediction of the number of procedures and costs was difficult, and the rapidly changing model of care required ongoing refinement.

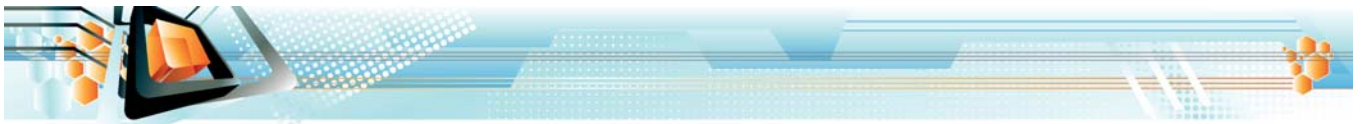
### *ABO Incompatible Renal Transplantation Team*



*wins a Minister's Award for Outstanding Achievement by a team in the 2008 Victorian Public Health Awards*

The benefit of this procedure to the Victorian community has been enormous. To date, 50 Australian patients were able to be given a kidney from a living donor with an incompatible blood group.

This has the potential for huge savings to the Victorian and Australian health care system because long-term dialysis is not needed. This also includes the important benefit of greater quality of life and reduced mortality for these patients.



## Sg2 Conference

The Sg2 International Conference was held in Melbourne on 6 April 2009 and the theme was *Optimising Systems of Care in Australia*. Clinicians, health service management and DHS staff attended. A common theme was the emergence of innovation in optimising resource utilisation and more integrated care pathways for disease management.

Christopher Farr, Vice President of Sg2 discussed how new technologies could be adopted into health systems. Christopher emphasised the potential advantages of automated diagnostic and surgical systems. The use of telemedicine was also a key point in the presentation.

## Technologies funded in 2008-09

The New Technology Program is currently funding a total of 14 health technologies in 2008-09. They are summarised in the list (right).

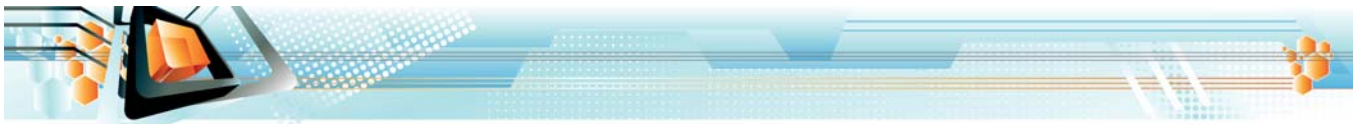


*Cytocare drug compounding robot at Peter MacCallum Cancer Centre*

The following technologies are being reviewed to ensure ongoing sustainability. DHS will commence discussions with health services about these shortly.

- Cardiac MRI
- Double balloon enteroscopy
- Fetal MRI
- Percutaneous sclerotherapy.

<i>New Technology item</i>	<i>Health service</i>
<b>MRI for diagnosis of cardiac pathology</b>	The Alfred
<b>Double Balloon Enteroscopy for idiopathic bowel bleeding</b>	St Vincent's Hospital/Royal Melbourne Hospital
<b>MRI for 2<sup>nd</sup> trimester fetal diagnosis</b>	Monash Medical Centre
<b>Bone anchored hearing aids for ear canal atresia and chronic middle/outer ear disease</b>	Royal Victorian Eye and Ear Hospital/The Alfred
<b>Paediatric dystonia for complex movement disorders</b>	Royal Children's Hospital
<b>Percutaneous sclerotherapy for peripheral AVMs</b>	Monash Medical Centre
<b>Endobronchial ultrasound-guided FNA for lung cancer staging</b>	Austin Hospital
<b>ABO incompatible kidney transplant for end stage kidney disease</b>	Royal Melbourne Hospital/Monash Medical Centre
<b>MRI-guided ultrasound for treatment of uterine fibroids</b>	Royal Women's Hospital
<b>320-slice CT for diagnosis and monitoring of coronary and congenital heart disease</b>	Monash Medical Centre
<b>Rapid determination of BRCA 1 &amp; 2 status</b>	Peter MacCallum Cancer Centre/Royal Melbourne Hospital
<b>LDL apheresis for homozygous FH</b>	Austin Hospital
<b>RF HALO Ablation for Barrett's oesophagus</b>	St Vincent's Hospital/Royal Melbourne Hospital
<b>Paediatric lung transplantation</b>	Royal Children's Hospital/The Alfred



## Highlights of health technology funded in 2008-09

### Bone Anchored Hearing Aid Program (BAHA) – RVEEH and The Alfred

Imagine being born.....

- without external ears or ear canals,
- or developing a form of skin tumour that involves removing your external ear and plugging the ear canal,
- or developing such chronic ear infections you cannot wear hearing aids.



This would mean living in a world of silence and frustration, watching friends and family exasperated by the lack of communication and eventually even stop

attempting to talk to you.

This is the world of people who can be helped by Bone Anchored Hearing Aid (BAHA) surgery and device. This process involves surgically inserting a small titanium fixture into the mastoid bone behind the ear, which over some weeks integrates with the bone. When healed, an abutment is attached onto which the BAHA can be clipped. The BAHA hearing aid allows vibration of sound to the nerves of hearing, bypassing any external or middle ear pathology.

The DHS New Technology Program funding for BAHA which in tune has improved the lives of many patients who have been 'restored' to the world of normal hearing.

Table 1: Pre and post BAHA measures

	Patient 1	Patient 2	Patient 3	Patient 4	Patient 5
RIGHT PRE	43	60	64	69	101
LEFT PRE	>120	64	54	73	94
BAHA POST	17	14	18	19	18

*Audiology pre- and post- BAHA sound measurement*

## Horizon scanning

The Health Policy Advisory Committee on Technology (HealthPACT) is a sub-committee of the Australian Health Ministers' Advisory Council (AHMAC). It comprises representatives from:

- health departments in all States and Territories
- the New Zealand government
- the Medical Services Advisory Committee (MSAC)
- the New Zealand District Health Boards.

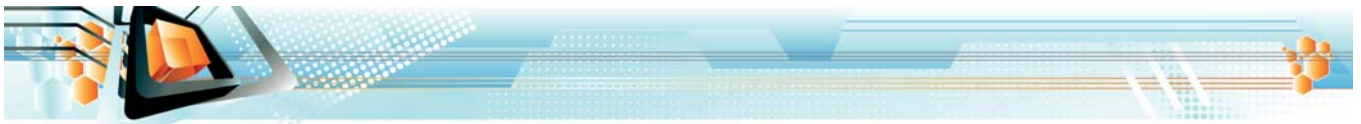
HealthPACT was established to identify new and emerging technologies that have the potential to impact on health care delivery in the next one to three years. The Australian Safety and Efficacy Register of New Interventional Procedures-Surgical (ASERNIP-S) and the University of Adelaide undertake horizon scanning activities for HealthPACT.

At its quarterly meetings HealthPACT reviews and considers:

- *Health technology activities* undertaken or underway in each jurisdiction.
- *Prioritising summaries*, which are summaries of new/emerging health technologies identified by the contracted agencies.
- *Horizon scanning reports and emerging technology bulletins*, which are detailed reports of a new/emerging health technology considered to have some significant impact on the health sector.

Outcomes for HealthPACT activities include:

- *Horizon scanning reports and emerging technology bulletins*: referred to appropriate agency/jurisdiction for information/consideration
- *Prioritising summaries*:
  - Monitor (i.e. review technology in, usually, 12 months)
  - Refer to relevant body/agency for information
  - Develop into a *Horizon scanning report* or *Emerging technology bulletin*
- Do not progress (i.e. insufficient information to make a recommendation).
- Quarterly bulletins: disseminated widely.



HealthPACT meets quarterly to consider health technologies identified by ASERNIP-S and the University of Adelaide. Quarterly bulletins are subsequently produced and forwarded to jurisdictions and then health service New Technology Committee Chairs. It is anticipated that Victorian health services and clinicians will contribute to horizon scanning activities from 2009.

At its last meeting in February 2009, HealthPACT considered the following health technologies:

### Horizon scanning reports

Health technology	Summary
<b>Embolec protection devices</b>	Disseminate to appropriate organisations, including relevant clinical networks within jurisdictions

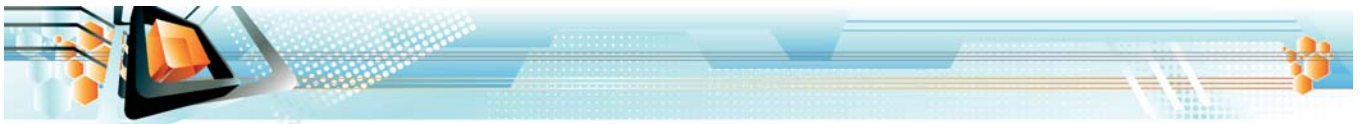
### Emerging Technology Bulletin

Health technology	Summary
<b>Microvault t-wave altermans test</b>	Forward to the Cardiac Society of Australia and New Zealand and to relevant clinical networks within jurisdictions
<b>New and emerging technologies for breast cancer detection</b>	Forward to the Commonwealth, which had requested HealthPACT prepare a report to inform the review of the BreastScreen Australia Program

Further details about horizon scanning and HealthPACT can be found at [www.horizonscanning.gov.au](http://www.horizonscanning.gov.au).

### Prioritising summaries

Health technology	HealthPACT recommendation
<b>Continuous glucose monitoring for diabetes in pregnant women</b>	Monitor
<b>LIPochip DNA microarray for the detection of familial hypercholesterolaemia</b>	Monitor all emerging technologies for genetic screening of familial hypercholesterolaemia
<b>T-Stat system for the detection of tissue ischaemia</b>	Monitor
<b>EsophyX™ system for the treatment of symptomatic chronic gastro-oesophageal reflux disease in patients not-responsive to pharmacological therapy</b>	Monitor
<b>Dermagold™ Shock wave therapy to treat patients with soft tissue wounds</b>	Do not progress
<b>Transoral Robotic Surgery for patients requiring surgery for head and neck cancers</b>	Monitor, noting that all applications of the technology to be considered
<b>Percutaneous compression plate for minimally invasive treatment of patients with intertrochanteric hip fractures</b>	Do not progress
<b>Autofluorescence imaging for colonoscopic adenoma detection to increase detection/removal rate of adenoma during colonoscopy in patients at risk of adenoma or colorectal cancer</b>	Do not progress
<b>Totally endoscopic coronary artery bypass surgery for patients suffering from coronary artery disease</b>	Do not progress. Refer to outcome for Transoral Robotic Surgery above



## Health Service New Technology Committee Workshop

On 24 March 2009 a workshop was held at the Royal Australasian College of Surgeons for local health service New Technology Committee (NTC) representatives. The aim of the workshop was to bring NTC representatives together to discuss and identify issues, challenges and opportunities for local health service NTC's. Key issues raised included communication between health services, DHS and the New Technology Program funding submission process. DHS is considering options to improve these processes, which will include consultation with health services. The afternoon was very successful and highlighted the areas for improvement for health services and DHS.

## Health service New Technology Committees

Most health services have now convened New Technology Committees. The next step in building system capacity to make best use of new and emerging technologies is to bring the committees together so they can share their experience, knowledge and skills and look for areas of possible collaborations across organizations. For further information on membership of your local committee visit our website at [www.health.vic.gov.au/newtech](http://www.health.vic.gov.au/newtech).

## Sustainability in Healthcare by Allocating Resources Effectively (SHARE) Program

The SHARE program is officially underway at Southern Health with the establishment of a steering committee that meets monthly. The project will aim to develop an organisation-wide, evidence-based process of decision making and prioritization. This will be around the cessation or limitation of inefficient procedures or technologies that are still in use.

Southern Health is also working with DHS to host a workshop regarding disinvestment of ineffective/inefficient health technologies later in the year.

For further information, please contact Dr Claire Harris, Centre for Clinical Effectiveness, at [claire.harris@southernhealth.org.au](mailto:claire.harris@southernhealth.org.au).

## Nationally Funded Centres (NFC) update

The Paediatric Heart Transplant NFC Program at the Royal Children's Hospital was recently reviewed. Recommendations for continuing its NFC status and funding are currently being considered by the NFC Reference Group. The final report and outcomes of this consideration are expected to be made publicly available in late May 2009.

Three new surgical procedures are currently being reviewed to inform consideration around establishing new NFC programs: the Norwood procedure for Hypoplastic Left Heart Syndrome, Paediatric Lung Transplantation and Peritonectomy for pseudomyxoma peritonei and peritoneal mesothelioma. For further information regarding the NFC's, visit the website at

<http://www.msac.gov.au/internet/msac/publishing.nsf/Content/nationally-funded-centres-lp-1>

## Update on national and international HTA agency outputs

With this edition of *Health technology news*, we are providing updates of health technology assessments and reviews undertaken recently by agencies across Australia and elsewhere. The agency URL is listed below for you to investigate further.

MSAC ([www.msac.gov.au](http://www.msac.gov.au))

Sacral Nerve Stimulation for Urinary Indications  
PET for Head and Neck Cancer

CADTH ([www.cadth.ca](http://www.cadth.ca))

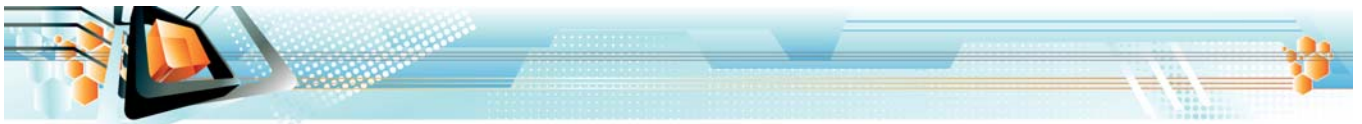
Recombinant Activated Factor VII in Treatment of Hemorrhage Unrelated to Hemophilia:  
A Systematic Review and Economic Evaluation

Drugs for Pulmonary Arterial Hypertension:  
A Systematic Review of the Clinical-Effectiveness of Combination Therapy

Octaplas Compared with Fresh Frozen Plasma to Reduce the Risk of Transmitting Lipid-Enveloped Viruses: An Economic Analysis and Budget Impact Analysis

Anti-TNF- $\alpha$  Drugs for Refractory Inflammatory Bowel Disease: Clinical- and Cost-Effectiveness Analyses

Erythropoiesis-Stimulating Agents for Anemia of Cancer or of Chemotherapy



## Useful links

### *Australia*

- Australia and New Zealand Horizon Scanning Network  
[www.horizonscanning.gov.au](http://www.horizonscanning.gov.au)
- Australian Safety and Efficiency Register of New Interventional Procedures – Surgical (Royal Australasian College of Surgeons)  
[www.surgeons.org/asernip-s/](http://www.surgeons.org/asernip-s/)
- Medical Services Advisory Committee  
[www.msac.gov.au](http://www.msac.gov.au)
- Adelaide Health Technology Assessment  
[www.adelaide.edu.au/ahta](http://www.adelaide.edu.au/ahta)

### *Europe*

- National Institute for Health and Clinical Excellence (UK) [www.nice.org.uk](http://www.nice.org.uk)
- National Institute for Health Research Health Technology Assessment programme (UK) [www.ncchta.org](http://www.ncchta.org)
- EuroScan (European Consortium)  
[www.euroscan.bham.ac.uk](http://www.euroscan.bham.ac.uk)
- Cochrane Library  
[www.thecochranelibrary.org](http://www.thecochranelibrary.org)

### *North America*

- Canadian Agency for Drugs and Technologies in Health  
[www.cadth.ca/index.php/en/home](http://www.cadth.ca/index.php/en/home)
- Health Technology Assessment International (HTAi) [www.htai.org](http://www.htai.org)
- Evidence-based Practice Centres / Agency for Healthcare Research and Quality  
[www.ahrq.gov/clinic/techix.htm](http://www.ahrq.gov/clinic/techix.htm)
- BlueCross BlueShield Technology Evaluation Center  
<http://www.bcbs.com/blueresources/tec>

## Accessibility

If you would like to receive this publication in an accessible format, please phone (03) 9096 1327 using the National Relay Service 13 36 77 if required, or email [shaun.brown@dhs.vic.gov.au](mailto:shaun.brown@dhs.vic.gov.au).

This document is also available in PDF format on the internet at [www.health.vic.gov.au/newtech](http://www.health.vic.gov.au/newtech).

## Contact details

For information and advice about the New Technology Program, Health Technology Strategy or other related areas, please contact one of the following in the department's Genetics & Health Technology Unit:

### **Dr Paul Fennessy**

Manager  
Phone: 9096 2142  
Mobile: 0429 019 289

### **Dr Diana Lepore**

Senior Project Officer  
Phone: 9096 1296

### **Ms Luisa Chaves**

Project Officer  
Phone: 9096 1410