

New Technology/Clinical Practice The Victorian Program: 1997 - 2007



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New Technology/Clinical Practice The Victorian Program: 1997 – 2007 Overview



1996-97: funding for cardiac and vascular stents

1997-98: program commenced

2000-01: submission proforma introduced; increased focus on evidence; check of marketing status in Australia; systematic financial assessment; engagement of external consultant to assist with evidence assessment

2003-04: program suspended; funding for coated cardiac stents

2004-05: VPACT commenced

2007-08 & beyond: where to from here ?

New Technology/Clinical Practice The Victorian Program 1996 - 2003



Program Aim

- to enable the introduction of new treatments or clinical procedures where the costs are not covered by existing funding mechanisms
- to provide financial support for new clinical practices pending a decision on the appropriate funding mechanism

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Program Submission Criteria

- Procedure or practice was introduced during the past two years.
- Proven efficacy and demonstrated improvement in either (or both) clinical outcome or reduction in long-term health costs.
- Demonstrated significant costs not incorporated into the next financial years cost weights.
- Minimum cost for each submission - \$20,000.

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- **Program Funding Rules**
- only available for the conduct of the actual procedures or practices and not for research or evaluation studies
- equipment items not considered unless the devices was an integral component to the new procedure
- predominantly for WIES-based services, though other funding streams (eg VACS) not excluded
- one year only with part funding if successful applications exceed the total available funding
- unexpended program funds to metro hospitals proportionate to WIES allocation
- possible second year (roll-over) funding to allow for “casemix catch-up”
- after two years funding incorporated into usual mechanisms
- may be extended beyond two years, with strong evidence of insufficient adjustment to the cost weights

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Program Characteristics

- a focus on funding
- low funding threshold
- some attention to evidence of clinical effectiveness
- implementation of new technology / clinical practice service narrowly focused on hospitals rather than system / network

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Program Weaknesses

- Growth in numbers of submissions
- Many submissions for the same technology from different hospitals, sometimes within the same health network / service
- Different prices for the same technology
- Challenges with embedding funding into usual mechanisms
- Reactive rather than proactive approach
- Lack of system / service development focus
- Need to strengthen buy-in from health service management and clinicians

New Technology/Clinical Practice The Victorian Program 2004-05 to 2006-07



- VPACT - Victorian Policy Advisory Committee for Clinical Practice and Technology established.
- Key aims: proactive, system approach

New Technology/Clinical Practice The Victorian Program 2004-05 to 2006-07



VPACT role and function - to advise and make recommendations on:

- Assessment of clinical and cost effectiveness of new and existing technologies and clinical practices
- Applications for the establishment of Nationally Funded Centres
- Introduction and use of new technologies and clinical practices
- Evaluating and monitoring the introduction and use of new technologies and clinical practices in public health services
- Policies and procedures for best practice for introduction and use of new and existing technologies and clinical practices in public health services
- Mechanisms for early identification of new technologies and clinical practices with potential implications for public health services, and
- Dissemination of information on the introduction and use of new and existing technologies and clinical practices.

New Technology/Clinical Practice The Victorian Program 2004-05 to 2006-07



Guiding principles for VPACT:

- Health and safety for patients, clinicians and the community is paramount
- Broad-based stakeholder consultation
- Ethics procedures are in place to protect patients, clinicians and the community
- Appropriate institutional committees approve technology for use
- Evidence-based practice informs conditions and logistics for introduction
- Patient information and informed consent procedures are established
- Appropriate and credentialed and trained staff in place to assist with new technology introduction
- Risk management procedures are in place to reduce adverse events, and,
- There is no conflict of interest between a provider and technology supplier.

New Technology/Clinical Practice The Victorian Program 2004-05 to 2006-07



VPACT will **liaise** with the following:

- Committees in health services that consider the assessment and adoption of new technologies and clinical practices in their institutions
- HealthPACT and MSAC
- The National Institute for Clinical Studies
- Committees in other jurisdictions providing advice on introducing new technology and clinical practice, and
- Other Health Technology Assessment agencies nationally and internationally

New Technology/Clinical Practice The Victorian Program 2004-05 to 2006-07



VPACT Membership encompasses knowledge and expertise in:

- Health technology assessment
- Clinical care
- Health service delivery
- Health policy
- Quality and safety
- Evaluation of evidence
- Evidence-based practice
- Population health, and,
- Health economics

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Scope of technology and clinical practice

considered by VPACT - all types of clinical diagnostic or treatment interventions:

- medical and surgical procedures,
- diagnostic tests,
- implantable devices,
- Prostheses, and,
- high cost pharmaceuticals.

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VPACT Operations

- VPACT will meet up to 4 times per annum depending on the number and scope of issues and initiatives being addressed.
- Clinical experts may be invited to attend VPACT meetings and contribute to its activities.
- Applicants are not to canvas VPACT members and would not be invited to present to VPACT.
- Time-limited panels may be formed to oversight particular projects or assemble advice on a specific issue.
- External consultants may be contracted by the Department to undertake a review of new technology or clinical practice to inform VPACT consideration. VPACT will oversight this process.
- Agreed that 2 members would assess submissions prior to meetings
- Outcome of assessment: accept/reject/defer
- Funding not the role of VPACT however will comment on financial assessment
- If VPACT recommendation to implement a practice / technology agreed by DHS, funding negotiated with DHS

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Criteria informing **VPACT** decision-making:

- Clinical Need
- Current treatments
- Proposed new technology/clinical practice
- Patient population/numbers
- Evidence of safety, efficacy and clinical effectiveness
- Evidence of cost effectiveness
- Availability of expert guidance/guidelines/protocols
- Clinical feasibility
- Clinical training/competency
- Clinical infrastructure requirements
- Health service impact
- Health service estimates of expenditure, revenue, savings and cost effectiveness
- Clinical governance: monitoring and evaluation of activity, quality, safety and outcomes

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Submission Inclusion Criteria

- to be introduced into, or systematised in, the Victorian public health sector in the forthcoming financial year
- must be aligned with departmental and health service/hospital priorities
- must have a statewide application
- must be registered by the TGA for use in Australia
- must be of proven efficacy and have demonstrated improvement in clinical outcome and/or reduction in long term health costs
- demonstrated evidence of operator credentialing and competency for a new procedure or use of a new prosthesis or medical device
- total cost of implementing the technology/clinical practice across the state must be a minimum of \$250,000 p.a

Exclusions include service enhancements and equipment and IT unless it is required for implementation and not used for other clinical services.

New Technology/Clinical Practice The Victorian Program

2004-05 to 2006-07



The Scorecard

- submission process and proforma revised and strengthened
- guidance on establishing hospital committees to assess new technology / clinical practice developed
- more proactive focus

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However

- Key focus remains funding
- Challenges in the inclusion criteria that submission must have a statewide application
- Assessment of existing technologies yet to be undertaken
- VPACT's (DHS) role in monitoring the introduction and use of new technologies and clinical practices in public health services that do not come to VPACT to be determined
- Consideration of how early identification of new technologies and clinical practices with potential implications for public health services to be strengthened.
- Dissemination of information on introduction and use of new and existing technologies and clinical practices to be strengthened.

New Technology/Clinical Practice The Victorian Program 2007-08 and beyond



Final thoughts

- Increased focus:
 - on state-wide service / practice development in considering new technology / practice, and,
 - assessment of existing technology and practice
- What are the implications of these for service /system networks and referral pathways
- How can we (DHS/Services) work together more effectively and collaboratively

New Technology/Clinical Practice The Victorian Program 2007-08 and beyond



Final final thoughts

