COST RECOVERY IMPLEMENTATION STATEMENT

National Joint Replacement Registry

1 July 2019 to 30 June 2020

Cost recovery involves government entities charging individuals or non-government organisations some or all of the efficient costs of a specific government activity. This may include goods, services or regulation, or a combination of them. The Australian Government Cost Recovery Guidelines (the CRGs)\(^1\) set out the overarching framework under which government entities design, implement and review cost recovered activities.

\(^1\) The CRGs are available on the Department of Finance website Cost Recovery Guidelines
1. **INTRODUCTION**

1.1 **Purpose of the CRIS**
This Cost Recovery Implementation Statement (CRIS) provides information on how the Department of Health (the Department) manages cost recovery to provide Commonwealth funding to the Australian Orthopaedic Association (AOA) for its administration of the National Joint Replacement Registry (NJRR). It also reports financial and non-financial performance information and contains financial forecasts for the 2019-20 financial year.

The Department will maintain the CRIS until the activity or cost recovery for the activity has been discontinued.

1.2 **Description of the activity**
The purpose of the NJRR is to improve and maintain the quality of care for individuals receiving joint replacement surgery. Information on hip, knee, shoulder, elbow, wrist, ankle and spinal disc replacement is collected from all hospitals in Australia undertaking joint replacement surgery. This information is then used to inform surgeons, other health care professionals, governments, orthopaedic companies and the community.

The continual monitoring process inherent in the NJRR’s function has been beneficial to joint replacement surgery. The number of revision surgeries has declined significantly as a result of the increased use of the type and class of prostheses shown by NJRR data to have better outcomes; and a decline in use of certain prostheses types with less satisfactory performance data.

2. **POLICY AND STATUTORY AUTHORITY TO COST RECOVER**

2.1 **Government policy approval to cost recover the activity**
In the 2009-10 Budget, the Australian Government announced that expenses associated with maintaining the NJRR would be recovered from the manufacturers and importers of joint replacement prostheses (collectively referred to as sponsors).2

The NJRR provides valuable post-market surveillance of joint replacement prostheses, which benefits industry through improved consumer confidence in the safety and efficacy of joint replacement devices. The data produced by the NJRR informs the development of new prostheses, enabling manufacturers to draw on reliable performance information for existing devices and designs.

2.2 **Statutory authority to charge**
The *Private Health Insurance (National Joint Replacement Register Levy) Act 2009* (NJRR Levy Act) and the *Private Health Insurance (National Joint Replacement Register Levy) Rule 2015* (NJRR Levy Rule) established the mechanism to enable the costs of the NJRR to be recovered through a levy imposed on each joint replacement prosthesis sponsor for each relevant item on the Prostheses List according to its revenue as a proportion of all relevant revenue.

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3. COST RECOVERY MODEL

3.1 Outputs and business processes of the activity

The NJRR Levy ensures that funding is available to develop, maintain and administer the NJRR which includes but is not limited to the following activities:

- create quality demographic information on the practice of hip, knee, ankle, shoulder, wrist, elbow and spinal disc replacement surgery and provide relevant performance reports on these to clinicians and hospitals;
- develop and manage effective systems to monitor hip, knee, ankle, shoulder, wrist, elbow and spinal disc replacement prostheses outcomes both generally and in relation to specific surgical techniques;
- maintain a system to assess new implantable device technologies used following introduction into Australian clinical practice;
- maintain a system for tracking of implanted joint replacement prostheses and a system for regular reporting to the Prostheses List Advisory Committee (PLAC), the Therapeutic Goods Administration (TGA), clinicians, hospitals and medical device companies;
- monitor joint replacement prostheses which have been subject to recall;
- maintain and consider further development to the established audit systems for hospitals and surgeons;
- maintain an algorithm to identify any joint replacement prosthesis not performing to the level of others in its class and provide this advice to suppliers, TGA, PLAC and Clinical Advisory Groups (CAG);
- provide data to PLAC to help inform it in the clinical assessment of joint replacement products on, or seeking listing on, the Prostheses List;
- provide utilisation data to the Department from the NJRR based on billing code usage separated by private/public hospitals;
- produce the Annual and Supplementary Reports by the end of September each year, to be publicly available on the NJRR website;
- continue and maintain a formal reporting system between the NJRR and TGA for joint replacement prostheses identified as having possible safety issues;
- continue the collaborative approach with the Neurosurgical Society of Australasia to ensure quality of data and analysis in regards to spinal disc replacement; and
- provide reports on request to PLAC regarding joint replacement prostheses data and the performance of listed joint replacement prostheses, including, but not limited to:
  i. information on the usage of hip, knee, ankle, shoulder, wrist, elbow and spinal disc replacement prostheses twice during a year;
  ii. information on the relative effectiveness of joint replacement prostheses for which data is collected;
  iii. advice on clinical issues;
  iv. advice on NJRR notifications to the Therapeutic Goods Administration informing it of failed or faulty joint replacement prostheses; and
  v. continue to progress the secure database linkage with the Department’s prostheses list database.

3.2 Costs of the NJRR

The sum of all levies collected from relevant prostheses sponsors is intended to be commensurate with the costs of Commonwealth funding provided to the AOA to administer
and manage the NJRR. Under an extension of the current grant agreement, and negotiating a new grant agreement, the 2019-20 funding will be $2,376,000.

The funding provided by the Commonwealth under the funding agreement includes funding for AOA personnel, activities undertaken by subcontracted providers, information technology and equipment support, the costs associated with the activities of the NJRR in collecting data on joint replacement prostheses in accordance with the funding agreement, and administrative costs. The NJRR operates on a not-for-profit basis.

The costs to maintain the NJRR are summarised in Table 1 below. These costs will be recovered in 2019-20 from sponsors. Further information on past costs recovered are summarised in section 7A of this document.

**Table 1 - Summary of costs to be recovered for the administration of the NJRR**

<table>
<thead>
<tr>
<th></th>
<th>2019-20 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Data services</td>
<td>1,656</td>
</tr>
<tr>
<td>Other personnel</td>
<td>500</td>
</tr>
<tr>
<td>Other costs and equipment</td>
<td>220</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,376</strong></td>
</tr>
</tbody>
</table>

The formula for determining the rate of levy on each sponsor is set out in the NJRR Rule.3

The levy is imposed on each NJRR levy day (levy day), which is specified in the NJRR Levy Rules. A levy may also be imposed on a day determined by the Minister for Health, by legislative instrument, as a supplementary NJRR levy day (supplementary levy day). There can be no more than four levy days in a financial year and the Minister cannot specify more than two supplementary levy days in a financial year. Accordingly, the NJRR Levy restricts the number of times a levy may be imposed to a maximum of six levies in a financial year. Section 8(2) of the NJRR Levy Act provides that different rates may be set for different kinds of joint replacement prostheses. The rate may be set at zero but must not exceed $5,000 for a financial year.

### 3.3 Design of cost recovery charges

The NJRR Levy Rules specify that one levy day will occur each year on 31 October. The NJRR Levy Rules also specify that the census day on which the rate of levy to be imposed is calculated is 30 September. No supplementary levy days have been determined. Invoices are delivered to sponsors following levy days.

The volume of data maintained by the NJRR has increased the value of the data to all stakeholders, including surgeons, sponsors, regulators and the international community.

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4. **RISK ASSESSMENT**

A Charging Risk Assessment was undertaken in June 2019. The outcome of this risk assessment was an overall risk rating of ‘low’.

5. **STAKEHOLDER ENGAGEMENT**

The key stakeholders relevant to the imposition of the NJRR levy are the sponsors of prosthetic devices listed on the Prostheses List that will be subject to the levy. At the September 2018 levy, there were 40 such sponsors.

The levy arrangements result in additional costs to sponsors of joint replacement prostheses. These costs may be passed on to purchasers of devices including public hospitals and consumers receiving private services. Although the levy results in extra costs for sponsors, they obtain substantial benefits from the continued operation of the NJRR, including commercial benefits.

Other stakeholders who derive benefits from the NJRR include surgeons who perform joint replacement surgery, patients, public and private hospitals, the TGA, private health insurers and the PLAC.

The Department regularly meets with stakeholders and will continue to do so to ensure that this program and the Prostheses List continue to serve the needs of stakeholders.

**NJRR Consultative Committee**

In 2010, the Department established the NJRR Consultative Committee (the Committee), which is chaired by the Commonwealth. The purpose of the Committee is to provide a forum for industry, government and consumer representatives to provide guidance on the overall strategic direction of the functions and operations of the NJRR. The Committee has a broad range of objectives, including providing guidance on the strategic direction of the NJRR, and issues that affect the core activities of the NJRR.

The Committee provides stakeholders with the opportunity to raise concerns directly with the Commonwealth and NJRR so that these matters can be addressed promptly where appropriate.

The current funding agreement between the Department and the AOA expires 30 June 2019. Any future funding agreements will require development of a new CRIS, which will be informed by stakeholder consultation.

6. **FINANCIAL ESTIMATES**

<table>
<thead>
<tr>
<th>Administration and management of the NJRR</th>
<th>2018-19 $’000</th>
<th>2019-20 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses = X</td>
<td>2,376</td>
<td>2,376</td>
</tr>
<tr>
<td>Revenue = Y</td>
<td>2,376</td>
<td>2,376</td>
</tr>
<tr>
<td>Balance = Y − X</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative balance</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

NB: The current Funding Agreement between the Department of Health and the AOA expires on 30 June 2019. An interim extension to this contract is to be approved until September 2019. During
2019-20 a new contract for the provision of this service will be negotiated and the outcome will be advised in an update to this CRIS. Therefore no forward estimates have been provided beyond 30 June 2020.

7A. **FINANCIAL PERFORMANCE**

Table 3 – History of NJRR levy revenue and funding provided to the AOA for the administration and management of the NJRR

<table>
<thead>
<tr>
<th></th>
<th>2014-15 $’000</th>
<th>2015-16 $’000</th>
<th>2016-17 $’000</th>
<th>2017-18 $’000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenses = X</td>
<td>2,162</td>
<td>2,243</td>
<td>2,286</td>
<td>2,329</td>
</tr>
<tr>
<td>Revenue = Y</td>
<td>2,162</td>
<td>2,238</td>
<td>2,286</td>
<td>2,329</td>
</tr>
<tr>
<td>Balance = Y – X</td>
<td>0</td>
<td>(5)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Cumulative balance</td>
<td>0</td>
<td>(5)</td>
<td>(5)</td>
<td>(5)</td>
</tr>
</tbody>
</table>

7B. **NON-FINANCIAL PERFORMANCE**

The AOA is required to produce the following documents in order to execute its performance requirements:

**Performance Reports**

A comprehensive review of the operation of the core activities of the NJRR in the reporting period;

**Activity Work Plan**

Detailing the activities planned for the NJRR for the coming financial year.

**Annual Report**

A report which details the performance of the NJRR for the previous financial year.

It will include:

- Information on the methodology used by the NJRR, particularly in relation to its data collection and management protocols;
- All notifications made to orthopaedic companies, clinicians and the TGA on products that the AOANJRR has identified as having possible safety issues; and
- Comprehensive data on joint replacements covered by the NJRR, including demographics, usage, revision and mortality rates, using data on joint replacement procedures performed from the commencement of data collection to the end of the previous calendar year.

**Final Report**

- A comprehensive review of the operation of the core activities of the NJRR in the reporting period;
- An evaluation of the performance, benefits and outcomes of the entire Activity;
- A discussion of any issues, problems or delays; and
- The extent to which the Activity achieved the Aim of the Activity and the Program’s Objectives as specified in this Schedule.

**Other Reports**
8. **KEY DATES AND EVENTS**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Information to be included and requirements</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Agreement</td>
<td>New funding agreement to be finalised</td>
<td>30 September 2019</td>
</tr>
<tr>
<td>Other Reports</td>
<td>AOANJRR Annual Report 2019 (published) - for the period 1 January 2018 to 31 December 2018</td>
<td>30 September 2019</td>
</tr>
<tr>
<td>Final Report</td>
<td>For the period 1 July 2018 to 30 June 2019</td>
<td>30 September 2019</td>
</tr>
<tr>
<td>Census</td>
<td>Levy applied and invoices raised</td>
<td>31 October 2019</td>
</tr>
<tr>
<td>CRIS update</td>
<td>Update with actual financial results for 2018-19</td>
<td>30 November 2019</td>
</tr>
<tr>
<td>Review</td>
<td>Review of NJRR</td>
<td>30 April 2020</td>
</tr>
</tbody>
</table>

The AOANJRR Consultative Committee is scheduled to meet four times per year. The date of meetings will be confirmed each year.

9. **CRIS APPROVAL AND CHANGE REGISTER**

<table>
<thead>
<tr>
<th>Date of CRIS change</th>
<th>CRIS change</th>
<th>Approver</th>
<th>Basis for change</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2019</td>
<td>Update of CRIS for 2019 -20</td>
<td>First Assistant Secretary, Department of Health</td>
<td>Update of financial estimates, key dates and events.</td>
</tr>
<tr>
<td>June 2019</td>
<td>Update of CRIS for 2018 -19</td>
<td>First Assistant Secretary, Department of Health</td>
<td>Update of financial results for 2017-18, financial estimates, key dates and events.</td>
</tr>
<tr>
<td>February 2018</td>
<td>Update of 2016-17 financial performance</td>
<td>Secretary, Department of Health</td>
<td>Update of financial results for 2016-17.</td>
</tr>
<tr>
<td>16 December 2016</td>
<td>Certification of the CRIS</td>
<td>Secretary, Department of Health</td>
<td>New cost recovered activity</td>
</tr>
<tr>
<td>18 April 2016</td>
<td>Agreement to the CRIS</td>
<td>Minister for Health</td>
<td>New cost recovered activity</td>
</tr>
</tbody>
</table>