Consultation Survey on MSAC Application 1758

Expansion of MBS item numbers 12320 & 12322 for bone mineral density testing to include patients aged 60-69 years

MSAC welcomes feedback on MSAC applications for public funding from individuals, organisations representing health professionals or consumers and/or carers, and from other stakeholders. Please use this template to prepare your feedback. You may also attach additional information if you consider it may be useful in informing MSAC and its subcommittees.

Sharing consultation feedback

Submitted consultation feedback will be shared with the Applicant and with MSAC and its sub-committees.

- The applicant will receive a summary of comments from individuals, with the individual's name and other identifying information removed.
- MSAC and its sub-committees will receive both the summary and copies of the comments, with the name of the individual and other identifying information removed.
- Consultation feedback from groups or organisations will be provided in a complete form to both the Applicant and to MSAC and its sub-committees.

Please do not include information in your feedback that you do not want shared as outlined above. In addition, to protect privacy, do not include identifying personal (e.g. name) or sensitive (e.g. medical history) information about third parties, such as medical professionals or friends/relatives.

How consultation feedback is used

MSAC and its sub-committees consider consultation feedback when appraising an application, including to better understand the potential impact of the proposed medical technology/service on consumers, carers, and health professionals. A summary of consultation feedback will be included in the Public Summary Document (PSD) published on the MSAC website once MSAC has completed its appraisal. The PSD may also cite feedback from groups/organisations, including the name of the organisation. As such, organisations should not include information or opinions in their feedback that they would not wish to see in the public domain.

<u>Consultation deadlines</u>. Please ensure that feedback is submitted by the pre-PASC or pre-MSAC consultation deadline for this application. Consultation deadlines for each PASC and MSAC meeting are listed in the PASC and MSAC and ESC calendars available on the <u>MSAC website</u>. They are also published in the MSAC Bulletin. Feedback received after the respective deadlines may not be considered.

For further information on the MSAC consultation process please refer to the MSAC Website or contact the Consumer Evidence and Engagement Unit on email: <u>commentsMSAC@health.gov.au</u>. Thank you for taking the time to provide your feedback. Please return your completed survey to:

Email: commentsMSAC@health.gov.au

Mail: MSAC Secretariat, MDP 960, GPO Box 9848, ACT 2601

PART 1 – PERSONAL AND ORGANISATIONAL INFORMATION

1. Respondent details

Name:

Email:

Phone No:

2. Is the feedback being provided on an individual basis or by a collective group?

Individual
Collective Group

If an individual, specify the name of the organisation you work for

If a collective group, specify the name of the group

3. How would you best identify yourself?

General Practitioner
Specialist
Researcher
Consumer
Care giver
Other

If other, please specify

PART 2 – CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

4. Diagnosis of osteoporosis requires an assessment of bone mineral density (BMD). Medicare Benefits Schedule (MBS) items 12320 and 12322 currently provide for bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, in patients aged 70 years of age and over. Bone densitometry measures a patient's bone mineral density (BMD) and compares the patient's BMD with the average BMD of young healthy adults (called a T-score). Patients with osteoporosis are defined as those with a T-score of -2.5 or lower.

Patients aged 70 years or older with osteoporosis (BMD T-score of -2.5 or less) and without a history of minimal trauma fracture, can access osteoporosis medications listed on the Pharmaceutical Benefits Scheme (PBS) for primary prevention of fractures. The Pharmaceutical Benefits Advisory Committee (PBAC) deferred making a recommendation to amend the current age restriction for PBS listed osteoporosis medicines for primary prevention of fracture to include patients aged 60 to 69 years, pending a review of the MBS implications, to ensure that the bone densitometry MBS items could be aligned with the PBAC recommendations. See PBAC outcome for Osteoporosis Therapy Restrictions Review and Public Summary Document for Risedronic Acid (November 2022).

MSAC application 1758 will assess the cost-effectiveness and total cost of amending the current age restriction for MBS items 12320 and 12322 to include patients aged 60 to 69 years to align with proposals to amend the age restriction for PBS listed osteoporosis medicines for primary prevention of fracture.

Describe your experience with the medical condition (disease) osteoporosis **and/or the medical service** bone densitometry (MBS items 12320 and 12322).

5. What do you see as the benefit(s) of amending the current age restriction for MBS items 12320 and 12322 for bone densitometry to include patients aged 60 to 69 years, in particular for the person involved and/or their family and carers?

6. What do you see as the disadvantage(s) of amending the current age restriction for MBS items 12320 and 12322 for bone densitometry to include patients aged 60 to 69 years, in particular for the person involved and/or their family and carers?

7. What other benefits can you see from amending the current age restriction for MBS items 12320 and 12322 for bone densitometry to include patients aged 60 to 69 years?

8. What other services do you believe need to be delivered before or after BMD testing, eg Dietician, Pathology etc?

PART 3 – INDICATION(S) FOR THE PROPOSED MEDICAL SERVICE AND CLINICAL CLAIM

9. Do you agree or disagree with the proposal to amend the eligible population(s) for bone densitometry assessment under MBS items 12320 and 12322 to include patients aged 60 to 69 years?



Specify why or why not:

10. Do you agree or disagree that the comparator(s) to the proposed medical service, in the proposed population (i.e. patients aged 60 to 69 years), is no testing and standard medical management?



Please explain:

PART 4 – COST INFORMATION FOR THE PROPOSED MEDICAL SERVICE

4 | Feedback Survey on the Application Form and/or PICO Confirmation (New and Amended Requests for Public Funding)

11.	The proposal to amend the age restriction for MBS items 12320 and 12322 would be reflected in the
	item descriptor as shown below using blue text. Do you agree with the proposed amendments shown
	in blue text to the MBS item service descriptors?

Bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:

(a) the patient is 60 70 years of age or over, and

(b) either:

- (i) the patient has not previously had bone densitometry; or
- (ii) the t-score for the patient's bone mineral density is -1.5 or more;
- other than a service associated with a service to which item 12306, 12312, 12315, 12321

or 12322 applies

For any particular patient, once only in a 5 year period

MBS 12322 item descriptor

Bone densitometry, using dual energy X-ray absorptiometry or quantitative computed tomography, involving the measurement of 2 or more sites (including interpretation and reporting) for measurement of bone mineral density, if:

(a) the patient is 60 70 years of age or over; and

(b) the t-score for the patient's bone mineral density is less than -1.5 but more than -2.5; other than a service associated with a service to which item 12306, 12312, 12315, 12320 or 12321

applies

For any particular patient, once only in a 2 year period

___ Strongly Agree ___ Agree

Disagree

Strongly Disagree

Specify why or why not:

12. Do you agree with maintaining the current claiming frequency for MBS item 123203 and 123222 if the eligible population is amended to include patients aged 60-69 years of age?



Specify why or why not:

PART 5 – ADDITIONAL COMMENTS

13. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed medical service?

14. Do you have any comments on this feedback survey? Please provide comments or suggestions on how this process could be improved.

Again, thank you for taking the time to provide valuable feedback.