Application 1390- Epicutaneous patch testing for investigation of allergic dermatitis – Revision of MBS items (12012-12021).

*Thank you for taking the time to complete this feedback form on the draft protocol Application 1390- Epicutaneous patch testing for investigation of allergic dermatitis – Revision of MBS items (12012-12021) to consider the options by which an intervention might be subsidised through the use of public funds.*

*The data collected will be used to inform the Department of Health’s Medical Specialists Services Branch to ensure that when proposed healthcare interventions are assessed for public funding in Australia, they are patient focused and seek to achieve best value.*

*This feedback form should take 10-12 minutes to complete.*

*Please reply to the HTA Team*

*Postal: MDP 853 GPO 9848 Canberra ACT 2601*

*Fax: 02 6289 3561*

*Phone 02 6289 7550*

*Email:* [*HTA@health.gov.au*](mailto:HTA@health.gov.au)

*Your feedback is requested by* ***15 November 2014****.*

#### PERSONAL AND ORGANISATIONAL INFORMATION

1. What is your name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

❑ Individual

❑ Collective group. Specify name of group (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the name of the organisation you work for (if applicable)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What is your e-mail address? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are you a:

1. General practitioner
2. Specialist
3. Researcher
4. Consumer
5. Care giver
6. Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### MEDICAL CONDITION (DISEASE)

Epicutaneous patch testing is an established tool to diagnose allergic contact dermatitis. It involves exposing patients who have a clinical history consistent with contact dermatitis to likely allergens in order to reproduce their skin reaction in a standardised testing procedure. Patch testing differs from skin sensitivity testing (MBS items 12000/12003), which is used to evaluate immediate hypersensitivity reactions, most commonly used in the investigation of patients with asthma, hay fever and food allergies by allergists.

#### PROPOSED INTERVENTION

An application for a review of Medicare funded patch testing items was received in April 2014 from the Australasian College of Dermatologists. The purpose of the application is to amend both the structure and fees of the existing MBS items to better reflect current clinical practice including the time and cost of providing the service. Patch testing currently attracts Medicare rebates through four items (12012 through to 12021).

#### CLINICAL NEED AND PUBLIC HEALTH SIGNIFICANCE

1. Describe your experience with the medical condition (disease) and/or proposed intervention relating to the draft protocol?
2. What do you see as the benefits of this proposed intervention for the person involved and/or their family and carers?
3. What do you see as the disadvantages of this proposed intervention for the person involved and/or their family and carers?
4. How do you think a person’s life and that of their family and/or carers can be improved by this proposed intervention?

#### ADDITIONAL COMMENTS

1. Do you have any additional comments on the proposed intervention and/or medical condition (disease) relating to the proposed intervention?
2. Do you have any comments on this feedback form and process? Please provide comments or suggestions on how this process could be improved.

***Thank you again for taking the time to provide your valuable feedback.***

*If you experience any problems completing this on-line survey please contact the HTA Team*

*Phone 02 6289 7550*

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*Fax: 02 6289 3561*

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