



**Australian Government**

**Medical Services Advisory Committee**

## **Public Summary Document**

**Report to the Medical Services Advisory Committee Executive on utilisation of new MBS items for remote monitoring for patients with implanted cardiac devices.**

**Medicare Benefits Schedule (MBS) items considered: 11719, 11720, 11725 and 11726.**

**Date of MSAC consideration: MSAC 62<sup>nd</sup> Meeting, 26-28 November 2014**

**Date of utilisation review: MSAC Executive Meeting, 18 October 2019**

### **1. Purpose**

The purpose of the report of October 2019 presented to the Medical Services Advisory Committee (MSAC) was to inform MSAC of the real world impacts on the outcomes of MSAC Application 1197.1. The MSAC uses this information to ensure that the new items resulting from this application are being utilised as intended. The report focused on the utilisation of the new items since implementation and is not intended to be a review of the clinical information covered during the application process.

### **2. MSAC Executive's advice**

MSAC executive considered utilisation data from 1 July 2015 until 30 June 2019. After consideration of utilisation data for new MBS items for remote monitoring for patients with implanted cardiac devices (pacemakers and defibrillators) the MSAC Executive recommended no further action. The remote monitoring MBS items included two new items for implanted pacemakers (MBS items 11719 and 11720) and two new items for implanted defibrillators (MBS items 11725 and 11726). Items 11719 and 11725 involve the remote monitoring review of data collected from either a pacemaker (item 11719) or a defibrillator (item 11725) by a cardiologist without the patient in attendance and is claimable only once per year. Items 11720 (pacemaker) and 11726 (defibrillator) involve patient attendance with the cardiologist in-office for testing and review of the device.

### 3. Predicted vs Actual Utilisation

ACTUAL: 11719	Year 1 2015-16	Year 2 2016-17	Year 3 2017-18	Year 4 2018-19
Total number of services per year	3939	7987	11,178	15,972

ACTUAL: 11720	Year 1 2015-16	Year 2 2016-17	Year 3 2017-18	Year 4 2018-19
Total number of services per year	252	717	868	675

ACTUAL: 11725	Year 1 2015-16	Year 2 2016-17	Year 3 2017-18	Year 4 2018-19
Total number of services per year	2,844	5,647	6,939	8,767

ACTUAL: 11726	Year 1 2015-16	Year 2 2016-17	Year 3 2017-18	Year 4 2018-19
Total number of services per year	242	575	582	461

The uptake of new remote monitoring MBS items was expected to be high. The predicted utilisation of the new items was expected to lead to a decrease in the use of existing MBS item 11727, for implanted defibrillator testing without remote monitoring. Following the introduction of the new remote monitoring MBS items, the utilisation of item 11727 decreased as the uptake of remote monitoring increased. In the first year following the introduction of remote monitoring there was an 8% decrease in use of item 11727. This decrease continued and by the fourth year use had reduced by 24%. The number of providers utilising these new items doubled from the first year, 133 to 258 providers in the fourth year.

It was noted that there was little to no uptake of the remote monitoring items in the Northern Territory (NT) and Australian Capital Territory (ACT), however it is possible that the NT data was captured within South Australia and the ACT data within New South Wales, because of the location of the specialists.

Co-claiming of the new items with a consultation performed by a cardiologist (MBS item 116) was the most common co-claimed item, which is as expected.

Since implementation of the remote monitoring items a decrease in the average fees charged to the patient was seen across three of the items (items 11719, 11720 and 11726). The reduction was greatest for the pacemaker testing item 11720, which saw a 30% reduction in average fees charged over the four year period.

### 4. Fees charged:

The new remote monitoring items fees show consistency across states and as the uptake and number of services increase the fees show a decrease in the average amount charged.

Bulk billing rates are greater than 90% for remote monitoring in NSW and Tasmania but remain considerably lower in SA, WA and Queensland. Bulk billing rates are more consistent across the testing with patient attendance items (11720 and 11726) with most states achieving above 60% except the ACT.

**Item 11719**

Item 11719	Year 1	Year 2	Year 3	Year 4	Average Total
	2015-16	2016-17	2017-18	2018-19	
Average fee charged per service	\$230.97	\$214.40	\$210.15	\$211.75	\$213.98
MBS Benefit (Paid at 85%)	\$56.85	\$56.85	\$56.85	\$56.85	

**Item 11720**

Item 11720	Year 1	Year 2	Year 3	Year 4	Average Total
	2015-16	2016-17	2017-18	2018-19	
Average fee charged per service	\$110.47	\$93.80	\$81.04	\$78.38	\$87.09
MBS Benefit (Paid at 85%)	\$56.85	\$56.85	\$56.85	\$56.85	

**Item 11725**

Item 11725	Year 1	Year 2	Year 3	Year 4	Average Total
	2015-16	2016-17	2017-18	2018-19	
Average fee charged per service	\$309.30	\$295.37	\$281.58	\$291.50	\$292.29
MBS Benefit (Paid at 85%)	\$161.10	\$161.10	\$161.10	\$161.10	

**Item 11726**

Item 11726	Year 1	Year 2	Year 3	Year 4	Average Total
	2015-16	2016-17	2017-18	2018-19	
Average fee charged per service	\$100.44	\$106.84	\$105.84	\$101.07	\$103.70
MBS Benefit (Paid at 85%)	\$80.55	\$80.55	\$80.55	\$80.55	

## **5. Background:**

Monitoring of patients with implanted cardiac devices (such as pacemakers and defibrillators) was conducted via attendances with cardiologists. Objectives of these attendances included optimising the device function and troubleshooting of patient or device related problems. This monitoring of patients was funded by the MBS under MBS items 11718, 11721 and 11727, in addition to the MBS item relating to a cardiologist consultation, eg. MBS item 116.

The new items (11719, 11720, 11725 and 11726) introduced the remote monitoring of patients with implanted cardiac devices involving the routine transmission of data by a transmitter (kept by a patient) from the patient's cardiac implantable electronic device (CIED) to a database at a service centre operated by the manufacturer of the CIED. It should be noted that although some remote monitoring systems can send alerts to the medical specialists when the patient is experiencing life-threatening cardiac events, it was not proposed that the system be intended to detect such emergencies. It was anticipated that cardiologists would routinely download a patient's data from the database (available through a protected website) held at the service centre and patients would attend an annual in-office check.

## **6. Further information on MSAC**

Further information is available on the MSAC Website at: [www.msac.gov.au](http://www.msac.gov.au)