

Medical Services Advisory Committee (MSAC) Application 1347.1: Transcatheter occlusion of the left atrial appendage (LAA) for patients with non- valvular atrial fibrillation (NVAF)

What is Transcatheter LAA occlusion?

Non-valvular atrial fibrillation is an abnormal and irregular heartbeat in patients without cardiac valve disease. A blood clot can form when blood becomes pooled due to the irregular heartbeat. The left atrial appendage is the part of the heart where most clots come from in these patients. If clots dislodge from the heart they can travel through arteries and may become stuck, blocking blood supply resulting in problems such as stroke.

Transcatheter occlusion is a procedure where a device is placed in the left atrial appendage to close it so that clots can no longer form and dislodge. A catheter (thin tube) with the device inside is inserted in the groin and guided through a vein into the heart where the device is placed, closing off the LAA.

Why was the application for MBS funding supported?

MSAC considered a range of clinical and economic reasons to support listing the procedure on the Medicare Benefits Schedule (MBS). The committee recommended that the procedure be listed because:

- the procedure is considered reasonably safe, clinically effective and cost effective; and
- for some patients at risk of stroke, the procedure provides an alternative option for patients who cannot take anticoagulation medication (tablets that help prevent blood clots).

What alternatives are available?

This procedure is an alternative to conventional medical treatment for patients who cannot take any of the oral medications used to treat non-valvular atrial fibrillation.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the procedure is now funded by Medicare and listed as item 38276 on the MBS (www.mbsonline.gov.au).

What out-of-pockets expenses are involved?

Each service listed in the MBS has a unique item number along with a description of the service and the Medicare fee. The amount of rebate for the Medicare service differs depending on whether the service is provided in hospital (75% of the Medicare fee) or out of hospital (85% of the Medicare fee). Medicare benefits do not always cover the full costs of treatment. Doctors may bill patients above the Medicare rebate, and this leads to a gap between the Medicare benefits paid to the patient and doctors' fee. If a patient has private health insurance (for in hospital services only), this will cover some or all of this gap. Patients should ensure they are aware of all costs involved in their treatment, including out-of-pocket costs, before they receive it. For MBS services performed out-of-hospital, Medicare Safety Nets provide families and singles with an additional benefit, once an annual limit (or threshold) is reached. Further information about Medicare Safety Nets is at:

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Where can I find out more?

A full summary of MSAC's decision is at www.msac.gov.au

People should talk with their doctor if they have any concerns about their health. Every Australian citizen, and some other people, are entitled to free public hospital care under Medicare. Patients with private health insurance can retain the right to be treated as either public or private patients in public hospitals.