Australian Government

Medical Services Advisory Committee

Minutes from MSAC Executive Meeting, 1 February 2019

1580 - Cardiac ablation for atrial fibrillation

MSAC Executive advice to the Minister

The MSAC Executive advised that cardiac ablation catheters are likely to be cost-effective over a ten-year time horizon at a bundled price (incorporating ablation and mapping catheters and patches) of approximately $**redacted**.

Summary of consideration and rationale for MSAC Executive's advice

The MSAC Executive noted that cardiac ablation for atrial fibrillation (AF) was considered by MSAC at its November 2018 meeting. MSAC considered that cardiac ablation for AF was more clinically effective than medical treatment, but considered it to be cost-ineffective based on the evidence provided, noting that cost-effectiveness was most sensitive to catheter price. MSAC advised there should be further consideration following updated economic modelling using respecified outcomes and inputs (e.g. ten-year time horizon, repeat procedure rates based on MBS data, not including stroke reduction, and better determining the number and mix of catheters used per procedure).

The MSAC Executive noted the revised economic evaluation extended the timeframe from 12 months to five and ten years with a range of per procedure 'bundled prices' to explore the impact of the cost of cardiac ablation catheters on the modelled incremental cost-effectiveness ratio (ICER) compared with medical therapy.

The MSAC Executive considered that the ten-year time horizon to show the longer-term benefit of cardiac ablation was reasonable and that in the majority of cases only one ablation catheter and one mapping would be required. Therefore, the MSAC Executive accepted that cardiac ablation is likely to be cost-effective over a ten-year time horizon at a bundled price (incorporating ablation and mapping catheters) of approximately $**redacted**. The MSAC Executive considered that any request for an increase in the cost of the catheters would need to be justified with demonstrable improvement in patient health outcomes and/or safety. Similarly, any future applications for listing catheters with more advanced technology would need to consider improvement in health outcomes and take into account other cost savings (e.g. reduced procedure time) to health services arising from better technology in determining a price.

The MSAC Executive noted that the interim 4 year results of the CABANA trial showed no statistically significant difference between arms in the primary endpoint of the trial (the composite of all-cause mortality, disabling stroke, serious bleeding, or cardiac arrest) or individual components of the primary endpoint using an intention-to-treat (ITT) approach which raised some concerns about the longer term outcomes and noted that the cost-effectiveness may need review when results are finalised.

The MSAC again noted that there were no differences in clinical outcomes between cryoablation and radiofrequency ablation and hence no justification for differential pricing.

The MSAC Executive noted that the Medicare Benefits Schedule (MBS) item/s for this service would need to be amended to align with current clinical practice Guidelines and to ensure the service is limited to use in the appropriate patient population. The MSAC Executive requested the department draft amended MBS item descriptor/s and refer back to MSAC for consideration.