



Feedback Survey

Application 1360.1 - Specialist dermatology services delivered by asynchronous store and forward technology (resubmission)

Thank you for taking the time to complete this feedback form on a draft protocol to consider the options by which a new intervention might be subsidised through the use of public funds. You are welcome to provide feedback from either a personal or group perspective for consideration by the Protocol Advisory Sub-Committee (PASC) of MSAC when the draft protocol is being reviewed.

The data collected will be used to inform the MSAC assessment process 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.

You may also wish to supplement your responses with further documentation or diagrams or other information to assist PASC in considering your feedback.

Responses will be provided to the MSAC, its subcommittees and the applicant with responses identified unless you specifically request deidentification.

While stakeholder feedback is used to inform the application process, you should be aware that your feedback may be used more broadly by the applicant.

Please reply to the HTA Team

Postal: MDP 851, GPO 9848 Canberra ACT 2601

Fax: 02 6289 5540

Phone 02 6289 7550

Email: HTA@health.gov.au

*Your feedback is requested by **13 November 2015** to enable the collation of responses to be provided to PASC to consider during its deliberations.*

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) _____
- What is the name of the organisation you work for (if applicable)? _____
4. What is your e-mail address? _____
5. Are you a:
 - a. General practitioner
 - b. Specialist
 - c. Researcher
 - d. Consumer
 - e. Care giver
 - f. Other (please specify) _____



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MEDICAL CONDITION (DISEASE):

Suspected skin cancer or inflammatory skin conditions.

PROPOSED INTERVENTION:

Specialist dermatology services delivered by asynchronous store and forward technology.

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?

- 5) What other benefits can you see from having this proposed intervention publicly funded on the Medicare Benefits Schedule (MBS)?



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INDICATION(S) FOR THE PROPOSED INTERVENTION AND CLINICAL CLAIM

Flowchart of current management and potential management with the proposed intervention for this medical condition can be found on page 14 to 15.

6) Do you agree or disagree with the eligible population for the proposed intervention as specified in the proposed management flowcharts?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Why or why not?

7) Do you agree or disagree with the comparator for the proposed intervention as specified in the current management flowchart?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Why or why not?

8) Do you agree or disagree with the clinical claim (outcomes) made for the proposed intervention?

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Why or why not?



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9) Have all associated interventions been adequately captured in the flowchart ?

- Yes
- No

If not, please move any misplaced interventions, remove any superfluous intervention, or suggest any missing interventions to indicate how they should be captured on the flowcharts. Please explain the rationale behind each of your modifications.

ADDITIONAL COMMENTS

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

11) 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

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