The Department may, at its discretion, publish part or all of the info the submission. All personal contact details will be removed prior to on provided in your submission on the Department's website or in related docu ents. If information from your submission is published, the Department may identify you and/or your org d prior to publish

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hat is your name?

se select the type of individual(s) or organisation(s) you represent. Please select all that apply. - Selected Choice

at is the name of your organisation? - My organisation is called: - Text

Are you making feedback on behalf or your organisation?

Please select which chapter/s you would like to provide feedback on. You may provide feedback on as many or few chapters as you wish.
4. Health technology funding and purchasing approaches and managing uncertainty
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Please select the topics within the chapter(s) you would like to provide feedback on. 4. Health Technology funding and purchasing mechanisms and decisions 4.1. Approaches to funding or purchasing new health technologies

ons within this section: 4.1. Approaches to funding or purchasing new health technologies into acco

Overall, to what extent could the options (if implemented) address the issues that relate to them?

dress little or none of the issue(s)

ou would like to expand on your answer above you can do so below:

| It is encouraging that bridging funding for earlier access to therapies of likely HATV and HUCN is being considered. However, it is discouraging that the funding and governance structure of a special funding program is outside the remit of the current HTA review.

Government has in place excellent opportunities to fund development of innovative Australian medical device manufacturers. However, in the absence of bridging funding proposed in this review, Australian manufacturers must either seek further Government funding to support stralian roll-out and adoption, or first launch overseas where such bridging funding programs are in place. Unfortunately it often the latter that occurs, leading to overseas citizens experiencing the benefit of Australian innovation, while the Australian population waits.

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Recognising competition between new health technologies that deliver similar outcomes:

Alternative option 1: In conjunction with options for proportionate assessment of cost-minimisation submissions, require offers of a lower price for health technologies that provide no added benefit

uld these Options have a positive or negative impact on you (/your organisation)? - Recognising competiti

Alternative option 2: In conjunction with options for proportionate assessment of cost-minimisation submissions, incentivise offers of a lower price for health technologies that provide no added benefit

Don't know 105.3

erall would these Options have a positive or negative impact on you (/your organisation)? - Investigate further options to address budget impact implications of high-cost/high impact health techn

If implemented, or Don't know 105.4

ented, overall would these Options have a positive or negative impact on you (/your organisation)? - Pricing offer (PO) and negotiation guidance framework

105.5

If implemented, overall would these Options have a positive or negative impact on you (/your organisation)? - Post-listing re-assessment of health technologies Don't know

105 6

nted, overall would these Options have a positive or negative impact on you (//your organisation)? - Approaches for managing uncertainty - bridging funding coverage for earlier access to therapies of likely NATV and HUCN

If implement Don't know nented, overall would these Options have a positive or negative impact on you (/your organisation)? - Approaches for managing uncertainty - revised guidance on the uses of different managed entry tools

112

112
You would like to expand on your answer above you can do so below-Approaches for managing uncertainty - bridging funding coverage for earlier access to therapies of likely HATV and HUCN
The proposed program would benefit from additional consideration of the following:

1) Applicants should be allowed an opportunity to justify that their technology addresses a HUCN. A central body identifying areas of HUCN may not capture all opportunities in a priority list or via horizon scanning. Applicants, who include experts intimately involved in their area of clinical need, may identify opportunities that a central body would not.

2) It is my understanding that under HATV, therapies or therapeutic value would also include diagnostic devices. Clarification on this point would be appreciated.

3) The great majority of medicial device manufacturers in Australia seek first regulatory clearance from a comparable overseas regulator, which expedites TGA review. Therefore, parallel application to MSAC and TGA is of little benefit since the MSAC review would continue long after TGA review. It is recommended that the MSAC application is allowed at the time of application to a comparable overseas regulator, while maintaining that any MBS listing would require ARTG listing first.

4) I am unclear how capped reholdul apply to medical devices. The cost-benefit decision to purchase capital medical equipment is directly impacted by the availability of reimbursement. If a hospital purchases equipment dependent on receipt of the reimbursement, what would happen when the cap is met? How would they know?

mary, considering all the draft reform optic

How confident are you that the reform options (if implemented) will make health technology assessments better overall?

Not very confident 168

Hyou would like to expand on your answer above you can do so below:
The need for bridging funding coverage for earlier access to therapies of likely HATV and HUCN is immediate as Australia falls behind USA, Canada and Western European countries. Excluding such reform in this review delays implementation.

Under the subject 'æRecognising competition between new health technologies that deliver similar outcomes', there are two options that provide different alternative mechanisms to address the issues that relate to them.

To what extent could the below different alternative options (if implemented) address the issues that relate to them? - Alternative option 1: In conjunction with options for proportionate assessment of cost-minimisation submissions, require offers of a lower price for health technologies that provide no added benefit

To what extent could the be tive options (if implemented) address the issues that relate to them? - Alternative option 2: In conjunction with options for proportionate asses technologies that provide no added benefit.

Don't know