**MSAC application 1712.1**

**Level 2 sleep studies for the diagnosis and management of sleep disordered breathing in children and adolescents**

Following is a Word version of the MSAC Consultation Survey, in its entirety. The survey includes information and a sub-set of questions aimed at all respondents. In addition, it contains four sub-sets of questions directed at specific groups of respondents. A border has been added to pages that contain respondent specific questions to try and make it clear which questions are aimed at which type of respondent.

* Information and questions **for all respondents to complete** are on pages with no border.
* A sub-set of questions directed to consumers, carers, and other interested individuals is on pages with a yellow border.
* A sub-set of questions directed to health professionals and health academics is on pages with a blue border.
* A sub-set of questions directed to consumer organisations is on pages with a green border.
* A sub-set of questions directed to medical, health and other (non-consumer) organisations is on paper with a purple border.

Information prompts appear throughout the survey to assist respondents to consider what information they may want to give MSAC. These prompts are under the heading ‘**Examples of information MSAC may find helpful’.**  The prompts are examples only and not intended to limit input in any way.

If you are unable to complete the survey in the OHTA Hub, you may download this document, complete the relevant questions, including all compulsory questions, and email it to [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au). Input must be received before the closing date for consultation.

**Overview**

Consultation is open on applications for consideration by the **Medical Services Advisory Committee** (MSAC) and its subcommittees — the PICO Advisory Subcommittee (PASC) and Evaluation Subcommittee (ESC). Consultation input helps MSAC and its subcommittees to better understand how a proposed health service or technology fits in the Australian health care environment. It does this by providing MSAC with an insight into the potential effect of the proposed health service or technology on:

* the lives of people with the health condition, their carers, family, and friends
* clinical practice and
* the Australian health care system.

The MSAC considers applications for public funding of a wide range of health services and technologies, including:

* pathology tests, such as blood or urine tests
* diagnostic imaging procedures such as x-rays and CT scans
* prevention and early detection services, such as cancer screening or genetic testing
* medical and surgical procedures
* other services or technologies to support the diagnosis, prevention, treatment and monitoring of physical and mental health conditions.

The MSAC refers to these collectively as **health services or technologies.**

**How to provide input**

You can give input to MSAC by completing the online survey. To help your preparation, you can download a copy of the questions asked in the survey. To do this, click on the relevant Microsoft Word link below (under 'Related'). There are different questions for different types of respondents, but they all seek similar types of information. If you have trouble using the survey, you can complete the Microsoft Word version and email to [commentsMSAC@health.gov.au](mailto:commentsMSAC@health.gov.au).

To help people understand the proposed health service or technology, MSAC publishes a copy of the MSAC application form and related PICO set. You can find these documents by right clicking on the “MSAC application documents” link below (under ‘Related’) and selecting ‘open link in new tab’. This will open the application webpage in a new tab. You will find a copy of the MSAC application form and latest PICO document on the webpage. If the MSAC PICO Advisory Subcommittee has already considered the application, the most recent version of the PICO will be called a **PICO confirmation.** The ‘MSAC application documents’ link will not be accessible from the survey itself, so it is recommended you click on the link before you commence the survey.

A PICO is a framework that is used when evaluating health services or technologies. It is important because it tells us about who the technology is for, how it would be used, what is the alternative in Australia, and what effect it is intended to have. PICO stands for **P**opulation, **I**ntervention, **C**omparator and **O**utcome and describes:

* who would be able to use the proposed health service or technology (**Population**). For example, it will specify the health condition(s) and other features, such as patient age, disease stage etc.
* the proposed health service or technology and how it would be delivered (**Intervention**).
* how the health condition is currently managed in Australia (**Comparator**). If there is no way to manage the health condition, then this may say ‘no comparator’ or ‘best supportive care’.
* how the effect of the proposed health service or technology will be measured (**Outcome**). Outcomes can be immediate, such as reduced pain, or happen in the future, such as improved five-year survival rates. Outcomes can be felt by the person or the health system, or both. For example, reduced hospitalisations.

Reviewing the PICO for the application will mean you can answer more of the survey questions. You will still be able to answer some questions without reading the PICO document. If you are unsure what to say in your input, check out the drop-down menus under most questions. These give examples of information MSAC may find helpful. Not all examples will apply to all applications.

### Privacy and Consent

#### Privacy information

Your personal information is protected by law, including the *Privacy Act 1988* and the Australian Privacy Principles (APPs). Personal information is information or an opinion about an identified, or reasonably identifiable, individual. The Department of Health and Aged Care (the department) is collecting personal information from you via Citizen Space. We will collect this information at the time that you submit your survey. This survey is for the purpose of consulting on an MSAC application submitted to the Office of Health Technology Assessment. To protect privacy, **please do not include** personal information about another individual (third party) in your input. If you need to include information about another individual in your survey response, you will need to inform that individual of the contents of this notice and obtain their consent to the department collecting their personal information.

Some questions, such as your name and email address, are required. If you do not provide your personal information, you will not be able to submit the survey.

***How we will use your input***

The department routinely shares consultation input with MSAC and its subcommittees and with the applicant.

The department generally shares **input from groups/organisations** in full. If personal information of a third-party is included in the input, the department will redact this information before sharing. In respect of organisational input, we are unlikely to disclose your personal information to any overseas recipients but note that some applicants will have overseas affiliates.

The department shares **input from individuals** with MSAC and its subcommittees but will redact information that may enable the respondent or a third party to be identified. Input from individuals is only shared with the applicant in summary form. We will not disclose your personal information to any overseas recipients.

The department prepares a summary of consultation input and shares it with MSAC and its subcommittees and the applicant. This summary does not include personal information about individuals who provide input or third parties.

From time to time, the department may also share consultation input with:

* **Other Health Technology Assessment Committees**. For example, if an application is also being considered by the Pharmaceutical Benefits Advisory Committee or the Medical Devices and Human Tissue Advisory Committee, we may share MSAC consultation input with these committees or their sub-committees.
* **Health Technology Assessment (HTA) Groups**, to inform their reports to MSAC. The department contracts HTA Groups to prepare documents that help MSAC with its appraisal. If HTA Groups receive copies of consultation input, it is in the same form as that provided to MSAC.
* **Representatives from state and territory governments**, where the application is for a service to be delivered through public hospitals. If the department shares input with state and territory representatives, it is in the same form as that provided to the applicant.

The department may publish a summary of consultation input on the MSAC website as part of the PICO Confirmation and/or Public Summary Document for the application. The summaries in these documents contain no personal information about individuals or third parties. The summaries may include the names of organisations who give input and may attribute views/comments to these organisations. Organisations should not include information or opinions in their input that they would not wish to see in the public domain.

The department's privacy policy contains information about:

* how you can contact the department if you want to access or correct personal information that the department holds about you.
* how you can complain about a breach of the APPs or of a registered APP code that binds the department.
* how the department will deal with your complaint.

You can get a copy of the department's privacy policy by:

* contacting the department on telephone (02) 6289 1555 or free call 1800 020 103.
* sending an email to [**enquiries@health.gov.au**](mailto:enquiries@health.gov.au)
* downloading it from [department’s website](https://www.health.gov.au/resources/publications/privacy-policy).

If you wish to contact the department about a privacy-related matter, including questions about this notice, please contact the department’s Privacy Officer by one of the following methods:

**Post:** Privacy Officer

Department of Health and Aged Care

23 Furzer Street

WODEN ACT 2606

**Email:** [privacy@health.gov.au](mailto:privacy@health.gov.au)

**Consent**

I have read the above text on how the department will handle personal information included in my response to this MSAC consultation survey. I consent to the department collecting, using, and disclosing my personal information, including any sensitive information, as described above. *(Required)*

By submitting a response to this survey, I acknowledge that:

* I understand that copyright in the content of my survey response will vest in the Commonwealth of Australia.
* Where relevant, I have obtained the consent of any individuals whose personal information is included in my survey response, to the department collecting this information for the purposes outlined in this notice.
* I understand that the Department has complete discretion as to whether my response to this survey is included, in full or in part, in any published summaries (with personal information removed).

**Contact Details**

The Department requires this information so we can contact you if we need to clarify the information you give us. It also helps us to avoid collecting duplicate input from the same person.

### What is your name? *(Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

### What is your email address? *(Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*By entering your email address you will automatically receive an acknowledgement email when you submit your response.*

1. **What is your phone number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **What is your postcode? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Providing Input**

Please check the box below that best represents the main reason you have decided to give input to MSAC. We know that more than one of the descriptions may apply to some people. The survey has one set of questions for consumers, carers, and other individuals. There is a separate, but similar, set of questions for health professionals. Individuals will have the option to answer both sets of questions if they choose, regardless of which box they check.

There are also questions specific to those providing input on behalf of an organisation. Please select one of these options if you are:

* giving the views of a group or organisation (not just your own views) **and**
* the group or organisation has authorised you to submit its views.

**Please select only one item***(Required)*

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|  | I have the health condition that this health service or technology is for. |
|  | I have the health condition that this health service or technology is for and have experience with the proposed health service or technology. |
|  | I am a parent, partner or another person caring for someone from the above two groups. |
|  | I am providing input on behalf of a consumer group or organisation. Consumer organisations are not-for-profit organisations representing the interests of healthcare consumers, their families, and carers. |
|  | I am a health professional or health academic working in the area. |
|  | I am providing input on behalf of a medical, health, or other (non-consumer) organisation. For example, input on behalf of a group of clinicians, research organisation, or professional college, or from an organisation that produces a similar service or technology. |
|  | I am an interested individual who does not fall into any of the above categories. |

1. **If you are providing input on behalf of a group or organisation, what is the name of the group or organisation and what is your role with the organisation?**

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**Questions for consumers, carers, and other interested individuals**

Please answer the survey questions in as much detail as you can. You do not need to complete the survey all at once. You can save it and come back later. But you must submit the survey before the consultation closing date.

Reviewing the Application Form and PICO set for the proposed health service or technology will help you to answer the questions. A link to these documents is provided under ‘Related’ at the bottom of the Overview page. You can access this link by using the back arrow on your browser until you reach the Overview page. Using the ‘back’ option at the bottom of the survey page will **not** take you to the required page. If the MSAC PICO Advisory Subcommittee has considered the application, the most recent version of the PICO will be called a **PICO confirmation.**

Towards the end of the survey, you can upload a file (up to 25 MB in size). You can use this to give MSAC other information that you think it may find helpful. If the information is available on a website, you do not need to upload it, just link to the information in your answers.

1. **Please outline your experience with the health condition that the proposed health service or technology relates to.**

**Examples of information MSAC may find helpful.**

* If you or someone you know or care for has experience of the health condition, how has this impacted your/their life? Try to be as specific as possible, including impacts on everyday activities, work, study, family, friends, mental and emotional health, social life, finances.

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1. **How is this health condition managed now?**

**Examples of information MSAC may find helpful.**

* How is the health conditionmanaged now? That is, how is the condition prevented, diagnosed, treated and/or monitored?
* How does current management affect people with the health condition? For example, impact on physical and/or mental health, financial effects, social impact etc. These may be positive or negative.
* Are there symptoms that are not controlled by current treatments?
* Does the way the condition is now managed raise any challenges? If so, how do they affect people with the condition (and others)? For example, side effects, costs, having to travel long distances to access diagnosis or treatment etc.

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1. **What do you see as the advantages of this proposed health service or technology?**

**Examples of information MSAC may find helpful.**

* What are the positive effects that you hope this health service or technology will have on the health condition? If you have experienced the proposed health service or technology, what was it like? What changed for you?
  + Be as specific as possible, for example, reduced pain, improved mobility, slowed disease progression, ability to make more informed choices etc.
* What effect do you hope this health service or technology will have on the lives of people with the health condition? For example:
  + Enabling you (or the person with the health condition if that is not you) to return to work, do activities without getting breathless or decrease the need for hospitalisation.
  + Reduced side effects, less need for regular monitoring, or fewer visits to the doctor, compared to current management.
* Are there advantages to the way the health service or technology is proposed to be delivered (if supported)? For example:
  + Where it is delivered (e.g., available locally so people do not have to travel long distances to access).
  + How it is delivered (for example, at home, GP clinic, telehealth, hospital).
  + Who can deliver it (for example, GP, other medical specialist, nurse, allied health practitioner, self-administered).
* Where the proposed health service or technology relates to genetic testing, what are the perceived benefits of testing and how may these impact the individual being tested and their family?

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1. **What do you see as the disadvantages of this proposed health service or technology?**

**Examples of information MSAC may find helpful.**

* Are you aware of any disadvantages in how the proposed health service or technology will be delivered? For example:
  + Is the group of patients who can access the health service or technology appropriate? These are described in the PICO.
  + Will you as a consumer or carer need to pay more because of this health service or technology? If so, why?
  + Will some groups of people have trouble accessing the service or technology? For example, First Nations People, people living in rural or remote areas, people from culturally diverse backgrounds, people with a disability, children?
* Are you aware of any potential challenges with the proposed health service or technology? For example, side effects, adverse events, or contributing to emotional or psychological distress? Do you consider these manageable?
* If you have used the proposed health service or technology, did you experience any effects that you consider to be disadvantages?
* Is there anything that would stop you (or the person with the health condition if that is not you) from using this proposed health service or technology?
* Where the proposed health service or technology relates to genetic testing, what are the perceived disadvantages of testing and how may these impact the individual being tested and their family?

*An adverse event is an unintended and sometimes harmful occurrence associated with the use of a medicine, vaccine, medical procedure, or medical device. A side effect is a (usually undesirable) secondary effect that occurs in addition to the desired therapeutic effect of a drug, medical procedure, or technology.*

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1. **Are there any other services that you believe need to be used before, with, or after this proposed health service or technology?**

*For example, counselling, dietician, pathology etc.*

No

Yes/maybe. Please tell us below what the services are, why they are needed, and whether they are readily available.

I do not have a view.

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1. **Do you support public funding for the health service or technology, as it is proposed to be delivered?**

*If a health service or technology is publicly funded, this means it should be cheaper for health consumers to access. Please choose the most appropriate answer and tell us your reasons for choosing it below. The way in which the health service or technology is proposed to be delivered is described in the PICO.*

Do not support

Support

Unsure/Other

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**Choose Your Next Steps**

*Please select only one item*

Complete a similar set of questions aimed at health professionals.

Go to the end of the survey.

# Questions for Health Professionals

Please answer the following survey questions in as much detail as you can. You do not need to complete the survey all at once. You can save it and come back later. But you must submit the survey before the consultation closing date.

Reviewing the Application Form and PICO set for the proposed health service or technology will help you to answer the questions. A link to these documents is provided under ‘Related’ at the bottom of the Overview page. You can access this link by using the back arrow on your browser until you reach the Overview page. Using the ‘back’ option at the bottom of the survey page **will not** take you to the required page. If the MSAC PICO Advisory Subcommittee has considered the application, the most recent version of the PICO will be called a **PICO confirmation.**

Towards the end of the survey, you can upload a file (up to 25 MB in size). You can use this to give MSAC other information that you think it may find helpful. If the information is available on a website, you do not need to upload it, just link to the information in your answers.

1. **What is your experience with the proposed health service or technology, or with the related health condition?**

**Examples of information MSAC may find helpful.**

Describe your role and experience and how these relate to the health condition, or to the proposed health service or technology.

* If you participate in the management of the health condition:
  + What is your understanding of how the health condition affects patients and their families?
  + How is the health condition currently managed?
  + How will the proposed health service or technology change things for clinicians and patients?
* Are management options effective? Are there any associated risks, side effects, or adverse outcomes?
  + In your experience, what are patients’ attitudes towards these risks, side effects or adverse outcomes?

*Management can be at a systems or individual patient level. For the purposes of this survey, it can include involvement at any point across the continuum, from prevention to palliation.*

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1. **Is the proposed eligible population(s) for the health service or technology appropriate?**

**Examples of information MSAC may find helpful.**

* Are the proposed eligibility criteria (if applicable) appropriate?
* Are there groups who could benefit from the proposed health service or technology, but who are not included in the eligible population?
* Is the proposed population too broad? That is, does it include groups who would not benefit from the proposed health service or technology?
* Are there key differences between the proposed eligible Australian population for the health service or technology and participants in studies or other evidence relied on in the application?
* Will the proposed eligibility criteria impact (positively or negatively) people who are known to face health inequalities? For example, First Nations people or people with a disability?

*The proposed populations/eligibility criteria are described in the 'population' section of the PICO.*

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1. **Is the proposed approach to delivery of the health service or technology appropriate?**

**Examples of information MSAC may find helpful.**

* Is the proposed delivery of the health service or technology feasible and consistent with Australian clinical practice?
* Are there services not mentioned in the application that need to be used before, with, or after this proposed health service or technology? For example, counselling, dietician, pathology etc.?
* Are any proposed limitations appropriate? For example, limitations on:
  + who can deliver the service
  + the number of times a patient may use the proposed health service or technology in a defined period.
* Does the proposed delivery of the health service or technology raise any access and equity issues? If yes:
  + How do these compare to current management?
  + How might these issues be addressed?

*The proposed approach to delivery is set out in the 'intervention' section of the PICO.*

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1. **Does the comparator(s) set out in the application accurately reflect Australian clinical practice?**

**Examples of information MSAC may find helpful.**

* Does the comparator in the application reflect how the condition is now managed in Australia? That is, does it reflect 'standard practice'?
* Is the comparator applicable in all areas and for all populations? For example, rural and remote areas, First Nations people?
* Is the way in which the health condition is now managed (comparator) more, less, or as effective in practice to how the applicant has described it?

*A description of the comparator(s) for the application is available in the 'comparator' section of the PICO.*

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1. **Do you want to comment on the outcomes set out in the application?**

**Examples of information MSAC may find helpful.**

* Is there a reasonable level of certainty around the proposed outcomes?
* Do you have any concerns about whether the proposed outcomes will be maintained over time?
* Are there other potential outcomes that are not mentioned in the PICO? For example, patient or system level outcomes.

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1. **Are there advantages and/or disadvantages of the proposed health service or technology that you have not addressed elsewhere?**

**Examples of information MSAC may find helpful.**

* If you have experience providing the proposed health service or technology, what do you see as the advantages and disadvantages. How does it compare to 'standard practice'?
* Are there barriers to accessing the proposed health service or technology? If yes, how do these compare to accessing existing management options?

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1. **Where the application is for an item on the Medicare Benefits Schedule (MBS), do you want to comment on the proposed item descriptor(s)?**

**Examples of information MSAC may find helpful.**

* Does the proposed descriptor(s) capture all the necessary limitations on access or use? For example:
  + types of practitioners or training requirements
  + patient access criteria
  + limitations on the number of times a patient can access the item in a defined period.
* Does the proposed item descriptor(s) cross-reference all relevant MBS item numbers?

*The proposed* MBS *item descriptor* is *generally set out in the* MSAC *application form, which* is *available on the* MSAC *website.*

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1. **Where the application is for an item on the Medicare Benefits Schedule (MBS), do you support the proposed fee for the health service or technology?**

**Examples of information MSAC may find helpful.**

* Is the proposed fee in line with any similar health services or technologies?
* Are there other potential costs, such as patient out-of-pocket costs or health system costs?

*The proposed MBS fee for service is generally set out in the application form, which is available on the MSAC website.*

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1. **If MSAC supported the proposed health service or technology, would you want to see it implemented? For example, in your practice/clinic/hospital/area? If yes, what would need to happen for this to occur? If no, why not?**

**Examples of information MSAC may find helpful.**

* Do you see any barriers to the successful implementation of the proposed health service or technology? For example, high up-front costs.
  + How might any barriers be addressed?
* Are there factors that would facilitate implementation? If yes, what are they?
* Are there things that would need to be put in place to support implementation of the proposed health service or technology. For example, training programs.
* Would there be a need to monitor the use of the health service or technology? For example, data capture through a clinical registry or other means?

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1. **Do you support public funding for the health service or technology, as it is proposed to be delivered?**

* Please choose the most appropriate answer and tell us your reasons for choosing it below.
* Do not support
* Support
* Unsure/Other

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**Choose Your Next Steps**

* Complete a similar set of questions aimed at people who have, or care for someone with, the health condition.
* Go to the end of the survey

## **Questions for Consumer Organisations**

MSAC recognises that consumer organisations may range from small volunteer organisations with a focus on peer support, to large, well-resourced organisations. The survey questions reflect this. All questions (and associated prompts) may not be applicable to every consumer organisation.

Please answer the survey questions that you can in as much detail as possible. You do not need to complete the survey all at once. You can save it and come back later. But you must submit the survey before the consultation closing date.

Reviewing the Application Form and PICO set for the proposed health service or technology will help you to answer the questions. A link to these documents is provided under ‘Related’ at the bottom of the Overview page. You can access this link by using the back arrow on your browser until you reach the Overview page. Using the ‘back’ option at the bottom of the survey page **will not** take you to the required page. If the MSAC PICO Advisory Subcommittee has considered the application, the most recent version of the PICO will be called a **PICO confirmation.**

Towards the end of the survey, you can upload a file (up to 25 MB in size). You can use this to give MSAC other information that you think it may find helpful. If the information is available on a website, you do not need to upload it, just link to the information in your answers.

1. **What is the organisation's experience with the proposed health service or technology, or with the related health condition?**

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1. **How does the health condition that the proposed health service or technology relates to affect individuals, families, and carers?**

**Examples of information MSAC may find helpful.**

* What, if any, impact does the health condition have on everyday activities? For example, the ability to:
  + perform daily activities such as bathing, dressing, and eating?
  + attend school, TAFE, university, or other forms of education?
  + participate in work, sport, or social activities?
* What, if any, effect does the health condition have on the mental and emotional health of individuals, their families, and carers?

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1. **How is the health condition that the proposed health service or technology relates to currently managed in Australia? That is, prevented, diagnosed, treated and/or monitored?**

**Examples of information MSAC may find helpful.**

* How is the health condition currently managed? Is the 'comparator' described in the PICO accurate?
* Who provides current management options? For example, GPs, other specialists, allied health workers, specialist clinics etc.
* Is the way in which the health condition is now managed (comparator) more, less, or as effective in practice to how the applicant has described it?
* Do existing management options present any access and equity issues? For example, are they available in rural and remote areas, do out-of-pocket costs present barriers to access?
* Does management of the health condition raise challenges? For example, side effects, costs, inability to manage some symptoms, adverse events etc.?
  + If yes, how does this affect individuals, their families, and carers?

*The 'comparator' section of the PICO describes current management to which the proposed service or technology is being compared.*

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1. **Is the population(s) for the proposed health service or technology appropriate?**

**Examples of information MSAC may find helpful.**

* Are the proposed eligibility criteria appropriate?
* Are there groups who could benefit from the proposed health service or technology, but who are not included in the eligible population?
* Is the proposed population too broad? That is, does it include groups who would not benefit from the proposed health service or technology?
* Are there key differences between the proposed eligible Australian population and the participants in studies or other evidence relied on in the application?

*The proposed populations/eligibility criteria are described in the 'population' section of the PICO.*

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## **Is the proposed approach to delivery of the health service or technology appropriate?**

**Examples of information MSAC may find helpful.**

* Does the organisation see any problems with the way in which the health service or technology is proposed to be delivered (if supported)? For example, where it can be delivered, who it can be delivered by?
* Does the proposed delivery of the health service or technology raise any access and equity issues? If so:
  + How do these compare to current management?
  + How might these issues be addressed?
* Are there services not mentioned in the application that need to be used before, with, or after the proposed health service or technology? For example, counselling, dietician, pathology etc.?
  + If yes, what type of services and why are they required? Are these services readily available?
* If the proposed health service or technology relates to an item on the Medicare Benefits Schedule, does the organisation:
  + have a view on the proposed fee for the service or technology?
  + have a view on other potential costs, like patient out-of-pocket costs or health system costs?
  + agree with the item descriptor?

*The proposed approach to delivery is set out in the 'intervention' section of the PICO. Information on proposed* MBS *fees is generally available in the* MSAC *Application.*

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## **What is the expected effect of the proposed health service or technology (if supported) on the lives of people with the health condition, their families, and carers?**

**Examples of information MSAC may find helpful.**

* What effect does the organisation believe this health service or technology will have on:
  + the health condition?
  + the experience of individuals with the health condition, their families, and/or carers?

Please be as specific as possible, for example, relief of specific symptoms, slowed disease progression, ability to make more informed choices etc.

* Does the organisation agree with the outcomes set out in the PICO?
  + Is there a reasonable level of certainty around the proposed outcomes?
  + Does the organisation have any concerns about whether the proposed outcomes will be maintained over time?
* Are there other potential outcomes that are not mentioned in the application/PICO? For example, patient or system level outcomes.
* Where the proposed service or technology relates to genetic testing, what are the perceived benefits and disadvantages of testing and how may these impact the individuals being tested and their families?

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1. **Are there disadvantages to the proposed health service or technology, if supported and implemented as proposed?**

**Examples of information MSAC may find helpful.**

* Is the organisation aware of any potential disadvantages of the proposed health service or technology that you have not already commented on elsewhere? For example, side effects, adverse events, or contributing to emotional or psychological distress?
  + Do you consider these manageable?
* Does the organisation see any barriers to the successful implementation of the proposed health service or technology (if supported)?
  + How might any barriers be addressed?

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# Does the organisation support public funding for the health service or technology, as it is proposed to be delivered?

* Please choose the most appropriate answer and tell us your reasons for choosing it below.
* Do not support
* Support
* Unsure/Other

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# Next Steps

Thank you for providing input for an organisation, you are almost done. Click 'continue' to finalise and submit the survey.

## **Questions for Medical, Health and Other Organisations (non-consumer)**

Please answer the survey questions in as much detail as you can. You do not need to complete the survey all at once. You can save it and come back later. But you must submit the survey before the consultation closing date.

Reviewing the Application Form and PICO set for the proposed health service or technology will help you to answer the questions. A link to these documents is provided under ‘Related’ at the bottom of the Overview page. You can access this link by using the back arrow on your browser until you reach the Overview page. Using the ‘back’ option at the bottom of the survey page will **not** take you to the required page. If the MSAC PICO Advisory Subcommittee has considered the application, the most recent version of the PICO will be called a **PICO confirmation.**

Towards the end of the survey, you can upload a file (up to 25 MB in size). You can use this to give MSAC other information that you think it may find helpful. If the information is available on a website, you do not need to upload it, just link to the information in your answers.

1. **What is the organisation's experience with the proposed health service or technology, or with the related health condition?**

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1. **Is the proposed population(s) for the health service or technology appropriate?**

**Examples of information MSAC may find helpful.**

* Are the proposed eligibility criteria appropriate?
* Are there groups who could benefit from the proposed health service or technology, but who are not included in the eligible population?
* Is the proposed population too broad? That is, does it include groups who would not benefit from the proposed health service or technology?
* Are there key differences between the proposed eligible Australian population and the participants in studies or other evidence relied on in the application?
* Will the proposed eligibility criteria impact (positively or negatively) people who are known to face health inequalities. For example, First Nations people or people with a disability?

*The proposed population(s) / eligibility criteria are described in the 'population' section of the PICO.*

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1. **Is the proposed approach to delivery of the health service or technology appropriate?**

**Examples of information MSAC may find helpful.**

* Is the proposed delivery of the health service or technology feasible and consistent with Australian clinical practice?
* Are any proposed limitations appropriate? For example, limitations on:
  + who can deliver the service
  + the number of times a patient may use the proposed health service or technology in a defined period.
* Does the proposed delivery of the health service or technology raise any access and equity issues? If so:
  + How do these compare to current management?
  + How might these issues be resolved?
* Are there services not mentioned in the application that need to be used before, with, or after the proposed health service or technology? For example, counselling, dietician, pathology etc.?
  + If yes, what type of services and why are they required? Are these services readily available?
* Does the proposed approach to delivery create any other barriers? For example, barriers to access for people who are known to face health inequalities, such as First Nations people or people with a disability.

*The proposed approach to delivery is set out in the 'intervention' section of the PICO.*

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1. **Does the comparator(s) set out in the application accurately reflect Australian clinical practice?**

**Examples of information MSAC may find helpful.**

* Does the comparator(s) in the PICO accurately reflect how the health condition is currently managed in Australia?
* Does the clinical management pathway for the comparator(s) capture current practice?
* Is the comparator applicable in all areas and for all populations? For example, rural and remote areas, First Nations people?
* Is the comparator(s) more, less, or as effective in practice to how the applicant has described it?
* Does the current management of the health condition in Australia raise access or equity issues?
  + If yes, how do these affect individuals with the health condition, their families, and carers?

*A description of the comparator(s) for the application is available in the 'comparator' section of the PICO.*

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1. **Does the organisation agree with the outcomes as set out in the PICO?**

**Examples of information MSAC may find helpful.**

* Is there a reasonable level of certainty around the proposed outcomes?
* Does the organisation have any concerns about whether the proposed outcomes will be maintained over time?
* Are there other potential outcomes that are not mentioned in the application? For example, patient or system level outcomes.

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1. **Where the application is for an item on the Medicare Benefits Schedule, does the organisation want to comment on the proposed item descriptor(s)?**

**Examples of information MSAC may find helpful.**

* Does the proposed descriptor(s) capture any limitations on access or use? For example:
  + types of practitioners or training requirements
  + patient access criteria
  + limitations on the number of times a patient can access the item in a defined period.
* Does the proposed item descriptor(s) cross-reference all relevant MBS item numbers?

The proposed MBS item descriptor is generally set out in the MSAC application form, which is available on the MSAC website.

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1. **Where the application is for an item on the Medicare Benefits Schedule (MBS), does the organisation support the proposed fee for the health service or technology?**

**Examples of information MSAC may find helpful.**

* Is the proposed fee in line with any similar health services or technologies?
* Does the organisation have a view on other potential costs, such as patient out-of-pocket costs or health system costs?

*The proposed MBS fee for service is generally set out in the application form, which is available on the MSAC website.*

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1. **If MSAC supported the proposed health service or technology, would the organisation want to see it implemented? If yes, what would have to happen for this to occur? If no, why not?**

**Examples of information MSAC may find helpful.**

* Does the organisation see any barriers to the successful implementation of the proposed health service or technology? For example, high up-front costs.
  + How might any barriers be addressed?
* Are there factors that would facilitate implementation? If yes, what are they?
* Are there things that would need to be put in place to support the implementation of the proposed health service or technology? For example, training programs.
* Would there be a need to monitor the use of the health service or technology? For example, data capture through a clinical registry or other means?

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1. **Does the organisation support public funding for the health service or technology, as it is proposed to be delivered?**

Please choose the most appropriate answer and tell us your reasons for choosing it below.

Do not support

Support

Unsure/Other

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**Next Steps**

Thank you for providing input for an organisation, you are almost done. Click 'continue' to finalise and submit the survey.

**For all respondents**

1. **Is there anything that you have not mentioned elsewhere that you would like to tell us about?** (Optional)

If you would like to provide additional information you may enter it into the text box below. You may also upload a file.

*If you are submitting on behalf of an organisation, MSAC would be interested in understanding:*

* *Whether members had an opportunity to input their views and, if so, how.*
* *If the views expressed were endorsed by the organisation and, if so, how.*

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**If you would like to upload a file for this survey, you can do so below.** (Optional)

Please note we do not accept:

* petitions
* duplicate submissions from the same author
* form letters (multiple copies of the same statements from different people) or any material that is inappropriate in language or tone.

Please ensure your file is under 25 MB in size. The preferred file types are PDF or Microsoft Word, however MSAC will accept other file types (for example, .jpg, .png, .mp3, and .mp4 etc).

MSAC accepts recorded consultation input (video or audio), provided the input is no longer than   
 10 minutes in duration. If the file is larger than 25 MB, please email [**commentsMSAC@health.gov.au**](mailto:commentsMSAC@health.gov.au)attaching either:

* the recording file or
* a link to the recording file hosted on an accessible platform such as YouTube or Vimeo (MSAC is unable to view videos placed on TikTok) and/or
* a transcript of the recording.

If you have any difficulties submitting this form, contact [**commentsMSAC@health.gov.au**](mailto:commentsMSAC@health.gov.au)for help.

1. **How did you hear about this survey?** (Optional)

*Please select all that apply*

From the Medical Services Advisory Committee (for example, MSAC website or bulletin).

From a support group or other consumer organisation.

From a treating doctor or other health care provider.

From a professional organisation, such as a medical or nursing college.

From the applicant or from an industry body.

From a clinical trial.

From friends or family.

From a colleague.

Other (please specify below).

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1. **Do you have any suggestions on ways to improve this survey?** (Optional)

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**Statement of interests**

This section asks you to tell MSAC about any interests that you, or a close family member, may have in the MSAC application. Or, if you are giving the views of an organisation, any interests that the organisation may have in the MSAC application. These interests can be **personal, financial,** or **professional.**

Telling MSAC about your interests allows MSAC to better understand the context of your comments. It will help MSAC if you are as accurate, honest, and detailed as possible when completing this statement of interests.

Some examples of a **personal interest** are where you or a close family member (or the organisation and/or the members it represents):

* have a health condition that may benefit from the proposed health service or technology.
* have strong personal or religious beliefs about the proposed health service or technology.
* have a close personal or professional relationship with someone linked to the applicant.
* participated in a clinical trial for the proposed health service or technology.

A **financial interest** may include involvement with companies or other organisations involved in preparing the MSAC application. Or with companies or other organisations that develop, manufacture, market or distribute the health service or technology. Some examples include where you or a close family member, or the organisation you represent:

* work for, hold shares in, or have a contract with an organisation or company linked to the application.
* hold board or committee membership or another office in an organisation or company linked to the application.
* may, in future, receive financial benefits through delivering or prescribing the proposed health service or technology. Or, if you are submitting the views of an organisation, the organisation or its members may receive financial benefit.
* have received a grant or other benefits, such as conference attendance, travel etc., from an organisation or company linked to the application.

Some examples of a **professional interest** are where you or a close family member, or the organisation you represent:

* helped to develop the health service. For example, being involved in designing or implementing clinical trials related to the application.
* are involved in developing, manufacturing, marketing, or distributing similar or competing health-related technologies.
* make a public statement about an organisation or company linked to the application, or about the proposed health service or technology.
* act as an unpaid adviser to an organisation or company linked to the application.

**Declaration of Interest Statement**

Please tell MSAC about any interests you, or if giving the views of an organisation, the organisation, have in the MSAC application you are commenting on. Mark each box that applies and provide details in the text box provided.(Required)

Please select all that apply

No interests

Financial interests (describe below)

Professional interests (describe below)

Personal interests (describe below)

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