

The Australian Government's Review of Positron Emission Tomography: an open door

WARE, FRANCIS AND READ (*page 627*) express some concerns about the processes used in the Australian government's decisions about funding for positron emission tomography (PET). We appreciate the Journal's invitation to comment. I will briefly describe the workings of the Medical Services Advisory Committee (MSAC), the particular processes that have been undertaken in respect of PET, and the recommendations and funding decisions that flowed from those processes.

MSAC advises the Minister for Health and Ageing on the strength of evidence pertaining to new and emerging medical technologies and procedures. In doing so, the committee considers safety, effectiveness and cost-effectiveness, and under what circumstances public funding should be supported.

MSAC consists of eminent surgeons, physicians, health economists and experts in epidemiology and medical research, as well as representatives of consumers and of the Australian Health Ministers' Advisory Council. In addition, for each technology under review, MSAC appoints experts in the relevant fields to supporting committees to help interpret the evidence. Since its inception in 1998, MSAC has established a reputation as one of the foremost sources of advice to government on new healthcare technologies.

The processes surrounding the consideration of PET, including MSAC's assessment, have been as follows:

- In 1999, PET first came to MSAC's attention through applications from the Peter MacCallum Cancer Institute (Melbourne) and the Wesley Hospital (Brisbane).

- In August 1999, the then Minister for Health and Aged Care asked the department to conduct a broader review of PET to determine its proper role in the Australian clinical setting. The review incorporated an assessment by MSAC of PET in six clinical indications, but also considered a range of other matters, including the distribution of services, and workforce and accreditation issues. The review was guided by a steering committee comprising representatives of the medical profession, state and territory governments, and consumers. It received submissions from professional associations, states, hospitals, technology suppliers and medical service providers.¹

- In May 2000, MSAC concluded that there was insufficient evidence to draw definitive conclusions about PET's clinical effectiveness and cost-effectiveness for the six indications.² However, it did recommend that interim funding be made available on condition that facilities collect data to inform longer-term decisions about the role of PET in Australian clinical practice.

- In August 2000, the Minister agreed to implement the recommendations of the broader review, incorporating MSAC's findings. This included a limited expansion of funded PET facilities through a tendering process.

- In May and August 2001, MSAC published further assessments of PET in respect of seven additional indications.^{3,4} MSAC again concluded that there was insufficient evidence to

warrant unrestricted Medicare funding, but that interim funding should be provided under certain conditions, including that data should be collected to aid further assessment.

- The PET tendering process was completed in September 2001.

- By April 2003, eight facilities were receiving Medicare funding to provide PET services: three in Victoria, two in New South Wales, and one each in South Australia, Western Australia and Queensland.

- Funded facilities are participating in a data collection and evaluation program, as recommended by the PET review. This is expected to be completed in 2006.

MSAC considered PET within the context of a broader review of the technology, but it applied its normal methods and evaluation criteria. The committee recommended funding for PET both in its initial report in 2000² and in subsequent reports in 2001.^{3,4} The Minister accepted that advice, and a wide range of PET services now attracts a Medicare benefit. This will continue until MSAC next reviews the technology.

In addition to offering Medicare benefits for PET services, the government is funding the collection of data by service providers to improve the evidence base relating to the use of PET in a wider range of indications. The government does not routinely fund such data collection, but has done so in this case in acknowledgement of the potential impacts of PET on patients and the Australian healthcare system.

Finally, one of the concerns that has been raised about the PET reviews is that the government did not follow the views of individuals who were involved in the processes. But that is by no means unusual. It is common for advisers appointed to MSAC supporting committees to bring a range of views to the table. Indeed, the supporting committees and MSAC itself are constructed to enable a diversity of perspectives to contribute to constructive and rigorous debate and decision making. MSAC's challenge is to marry the published evidence with a diverse range of opinions and come to a definitive conclusion. The examinations of PET have been no exception.

Having provided significant interim funding for PET, and substantial support for further data collection to build the evidence base, the Australian government has accepted MSAC's advice to leave the door open, and will consider further evidence of PET's safety, effectiveness and cost-effectiveness as it emerges in 2006.

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1. Report of the Review of Positron Emission Tomography. Canberra: Commonwealth of Australia, 2000. Available at: www.health.gov.au/haf/pet/petfinal.htm (accessed May 2004).
2. Medicare Services Advisory Committee. Positron emission tomography: technology assessment report. Canberra: Commonwealth of Australia, 2000. Available at: www.msac.gov.au/pdfs/msacref02.pdf (accessed May 2004).
3. Medical Services Advisory Committee. Positron emission tomography: assessment report [part 2(i)]. May 2001. Canberra: Commonwealth of Australia, 2002. Available at: www.msac.gov.au/pdfs/msacref10i.pdf (accessed May 2004).
4. Medical Services Advisory Committee. Positron emission tomography: assessment report [part 2(ii)]. August 2001. Canberra: Commonwealth of Australia, 2002. Available at: www.msac.gov.au/pdfs/msacref10ii.pdf (accessed May 2004). □