



Improving Access to Pulmonary Rehabilitation through MBS Rebate

Federal Budget 2015-2016

Submitted by
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5 February 2015

Widening access to pulmonary rehabilitation through MBS rebate

Introduction

This submission seeks funding to support the delivery of pulmonary rehabilitation and follow-up pulmonary maintenance exercise programs. Pulmonary Rehabilitation has high level evidence for effectiveness in improving patients' quality of life and reducing health care costs, mainly through reduced hospital admissions and length of hospital stay. Currently pulmonary rehabilitation is conducted in the hospital and health service setting, However, only a small proportion of patients can access these programs. To improve patient access to pulmonary rehabilitation and to reduce overall health care costs, additional provision of pulmonary rehabilitation in the community, provided by private providers, is vital. Such provision of pulmonary rehabilitation could be achieved with a subsidy through MBS item numbers. An application for a MBS rebate has been lodged with MSAC in December 2014 for consideration at the April 2015 meeting.

In anticipation of a successful outcome of this meeting and favourable MSAC recommendation, Lung Foundation Australia requests budget consideration of this important, evidence-based intervention.

Executive Summary

Pulmonary rehabilitation has the highest level of evidence for health benefits for those with chronic lung disease (including chronic obstructive pulmonary disease or COPD, bronchiectasis, interstitial lung diseases and lung cancer). Pulmonary rehabilitation improves quality of life, increases exercise capacity, and reduces symptoms, mortality, hospitalisations/readmissions and in-patient bed days.

The benefits of pulmonary rehabilitation have been shown to last for 6-18 months, depending on the patient. Evidence also shows that after completion of a pulmonary rehabilitation program, continuing with a supervised maintenance exercise program at least once per week, or unsupervised home exercise with regular review will extend the benefits of the pulmonary rehabilitation program. [Ringbaek et al, 2010] [Spencer et al, 2010]

Currently access to pulmonary rehabilitation is limited. There are approximately 200 pulmonary rehabilitation programs available throughout all of Australia to service a potential patient population of approximately 750,000 [Toelle et al, 2013]. The existing programs are delivered almost exclusively in a hospital setting, although pulmonary rehabilitation can be delivered safely and effectively in the community. [Spruit et al 2013] [Waterhouse et al 2010]. Programs are also limited to urban and larger regional settings. One of the most important barriers to wider access to pulmonary rehabilitation is the lack of funding mechanism that would support its delivery in the community.

The Lung Foundation, in its application to MSAC, proposes a series of new MBS item numbers to address this gap.

About Lung Foundation Australia

Lung Foundation Australia is a national not-for-profit organization that aims to make lung health a priority for all in Australia. This is achieved by working with patients, carers and clinicians to:

- Promote lung health
- Raise awareness of lung disease and symptoms of lung disease to facilitate early diagnosis
- Promote evidence-based management of lung disease through the translation of guidelines across a variety of clinical and patient settings
- Advocate on behalf of those with lung disease
- Support research

Impact of chronic lung disease

Chronic lung conditions in which pulmonary rehabilitation has been shown to be effective include: chronic obstructive pulmonary disease (COPD) (which is an umbrella term for emphysema, chronic bronchitis and chronic asthma with a component of an irreversible airway obstruction); bronchiectasis; and interstitial lung diseases.

Chronic lung diseases are a major contributor to disability, premature mortality and health care utilization in Australia [AIHW].

Patients with chronic lung diseases experience significant disability as a result of their symptoms, particularly breathlessness. As the diseases progress, patients have increasing difficulty in performing simple activities of daily living, e.g. showering, dressing etc. and are more likely to be admitted to hospital

Pulmonary rehabilitation and ongoing pulmonary maintenance exercise have been shown to benefit patients with chronic lung disease.

Pulmonary rehabilitation and pulmonary maintenance: The evidence

Pulmonary rehabilitation is designed for all patients with a chronic lung disease where the limiting factor is breathlessness, but is especially important for those who require a structured approach to their care to manage their symptoms, improve functional exercise capacity and quality of life. Due to the known benefits for preventing hospital readmissions, pulmonary rehabilitation is recommended (and in some states, mandated) following discharge of patients who have been hospitalised with an acute exacerbation of their lung disease. The evidence to support pulmonary rehabilitation and follow-up maintenance exercise is summarised below.

1. *Pulmonary Rehabilitation and maintenance are superior to usual medical care.* The amount of evidence supporting each of these statements is provided below. to improve the following outcomes based on the evidence provided below (Refer Appendix One for full listing):
 - Improved Quality of Life - Level 1, 19 randomised controlled trials (RCTs)
 - Reduced breathlessness: Level 1, 17 RCTs
 - Reduced fatigue: Level 1, 14 RCTs
 - Increased exercise tolerance/functional exercise capacity: Level 1, 33 RCTs
 - Reduced anxiety and depression: Level 1, 3 RCTs
 - Reduced mortality: Level 1, 3 RCTs

- Reduced hospital admissions: Level 1, 5 RCTs
- Cost effectiveness: Level 2, 1 RCT in COPD and 1 RCT in interstitial lung disease

2. Levels of evidence supporting pulmonary rehabilitation differ across the chronic lung diseases for the following health outcomes (Refer Appendix One for full listing):

- Improved Quality of Life
 - COPD: Level 1, 13 RCTs
 - Bronchiectasis: Level 1, 3 RCTs
 - Interstitial Lung Diseases: Level 1, 3 RCTs
- Reduced mortality:
 - COPD, after acute exacerbation: Level 1, 3 RCTs
- Reduced hospital admissions and bed days:
 - COPD, after acute exacerbation: Level 1, 5 RCTs
- Improved exercise capacity
 - COPD: Level 1, 16 RCTs
 - Bronchiectasis: Level 1, 3 RCTs
 - Interstitial Lung Diseases: Level 1, 5 RCTs
 - Lung Cancer: Level 1, 3 RCTs
 - Cystic Fibrosis: Level 1, 6 RCTs
- Reduced frequency of exacerbations
 - Bronchiectasis: Level 2, 1 RCT
- Cost effectiveness:
 - COPD: Level 2, 1 RCT
 - Interstitial Lung Diseases: Level 2, 1 RCT

Pulmonary rehabilitation that is undertaken within 28 days post-discharge after being hospitalised with a COPD exacerbation improves functional exercise capacity, improves symptoms and reduces the chance of an unplanned readmission by 27%. [Puhan et al, 2011] [NH&MRC evidence level 1]

The benefits of pulmonary rehabilitation have been shown to last for 6-18months, depending on the patient. Evidence also shows that after completion of pulmonary rehabilitation program continuing with a supervised maintenance exercise program at least once per week, or unsupervised home exercise with regular review will extend the benefits of the pulmonary rehabilitation program. [Ringbaek et al, 2010]. [Spencer et al, 2010]

Access to pulmonary rehabilitation in Australia

Access to pulmonary rehabilitation is currently inadequate – there are some 200 pulmonary rehabilitation programs available throughout all of Australia. These programs are restricted to hospital-based programs in urban and larger regional centres. The Lung Foundation estimates that fewer than 5 per cent of patients with COPD who could benefit currently have access to pulmonary rehabilitation. In many cases, referral to a pulmonary rehabilitation program is restricted to those patients who have seen a respiratory physician. Yet the majority of patients with COPD are treated predominantly by general practitioners (GPs).

There is currently no national funding mechanism for pulmonary rehabilitation in the community, despite the fact that pulmonary rehabilitation can be provided safely in a community setting.

There are also many hospital programs where demand for rehabilitation outstrips the ability to deliver, with resultant lengthy waiting lists.

Solution: MBS item number for pulmonary rehabilitation and pulmonary maintenance exercise

In its application to MSAC, Lung Foundation Australia recommends the following set of four new MBS item numbers be created.

Pulmonary Rehabilitation Item Numbers

1. New respiratory general practitioner management plan (GPMP) item number:

- to enable GPs to refer directly to a pulmonary rehabilitation program, without the need to additionally complete a team care arrangement (TCA)
- still allow the GP to use the usual GPMP (Item 721) for management of other co-morbidities that can be common in this patient group

2. Two (2) new Allied Health MBS Item numbers:

2a One-on-one (45min) consultation item number (suggested price \$65 each) to enable two (2) one-on-one assessments:

- o Initial pre-assessment. The assessment will include but will not be limited to: taking a history; testing of functional exercise capacity (six-minute walk test); assessments of health status (Quality of Life questionnaires) and psychosocial assessment questionnaires; planning an exercise program.
- o Final post-assessment to measure patient outcomes. This assessment will include retesting functional exercise capacity; reassessment of health status (Quality of Life questionnaires) and psychosocial reassessment.

2b Group 1 hr Pulmonary Rehabilitation exercise item number (suggested price \$25) to enable 16 x 1hr sessions and to permit smaller group sizes (maximum 8 participants) due to complexity of patients' lung diseases. Sessions should be offered 2x per week in order to deliver an effective rehabilitation dose {Spruit et al 2013}.

Longer term pulmonary maintenance exercise item numbers:

3. New Respiratory GPMP Review Item number (similar to 732)

4. New Group exercise maintenance item number (1hr) at a reduced cost (\$10) to enable attendance at one session per week for a total of 16 sessions for those patients who have completed initial pulmonary rehabilitation and have: severe disease; frequent exacerbations; low-socioeconomic status; and/or multi-morbidity. This is important in order to extend the benefits of the pulmonary rehabilitation program into the second year. All 16 sessions to be completed within six months of referral to maintenance exercise

Eligibility:

Patients would be eligible for Pulmonary Rehabilitation (2 x one-on-one assessments plus 16 x 1hr exercise sessions over 8 weeks) every 2 years or following any hospitalisation for an acute exacerbation, or if a major change in clinical condition.

Pulmonary Maintenance exercise (16 x 1hr sessions; once per week) – annually for those with severe disease, frequent exacerbations, low-socioeconomic status and/or multi-morbidity.

Proposed fee for pulmonary rehabilitation and pulmonary maintenance exercise

Pulmonary rehabilitation intervention:

- New Respiratory GPMP item number (\$144.25) (if using current pricing) to enable GPs to refer directly to a pulmonary rehabilitation program, without the need to additionally complete a TCA
- 2 x One-on-one (45min) consultation item number (\$65 / session) to enable:
Initial pre-assessment: The assessment will include but will not be limited to: taking a medical history; testing of functional exercise capacity (six-minute walk test); assessments of health status (Quality of Life questionnaires) and psychosocial assessment questionnaires; planning an exercise program.

Final post-assessment to measure patient outcomes: This assessment will include retesting functional exercise capacity; reassessments of health status (Quality of Life questionnaires) and psychosocial reassessment
- 16 x Group 1hr exercise item number (\$25 per session per person) to permit smaller group sizes due to complexity of patients (maximum 8 participants).

Total cost of one cycle of pulmonary rehabilitation = \$530/patient

PLUS pulmonary maintenance exercise program:

- 5.** New Respiratory GPMP Review Item number (similar to 732)
- Group maintenance exercise item number (1hr) at a reduced cost (\$10) to enable attendance at one session per week for a total of 16 sessions for those patients with: severe disease; frequent exacerbations; low-socioeconomic status; and/or multi-morbidity. This is important in order to extend the benefits of the pulmonary rehabilitation program into the second year. All 16 sessions to be completed within six months of referral.

Total cost of one pulmonary maintenance exercise program cycle = \$160/patient

Credentialing

To ensure the delivery of quality and evidence-based programs, credentialing of providers is an important aspect of the model. The required system of accreditation already exists as outlined below.

Pulmonary rehabilitation provider credentialing

A pulmonary rehabilitation program provider will be registered as either a physiotherapist or an accredited exercise physiologist. In some circumstances a registered nurse may also be a provider if they have a physiotherapy or exercise physiology qualification. Each provider must have:

- Current cardiopulmonary resuscitation (CPR) certificate
- Current registration with the Australian Health Practitioner Regulation Agency
- Current public liability insurance and scope of practice to provide exercise training and testing in the community setting
- Lung Foundation Australia accreditation** as a provider of Pulmonary Rehabilitation OR another Australian Physiotherapy Association or Exercise & Sports Science Australia accredited, evidence-based pulmonary rehabilitation training program OR where they are able to demonstrate experience delivering a pulmonary rehabilitation program for a minimum of 3 years within a hospital or health service.

**Accreditation is achieved through successful completion of the Lung Foundation Australia pulmonary rehabilitation training online program (which is accredited through Exercise and Sports Science Australia and Australian Physiotherapy Association) PLUS – self-enrolment in mentoring via the Pulmonary Rehabilitation Network of the Lung Foundation Australia for the first 12 months of establishing a program.

Pulmonary maintenance exercise credentialing

As per above pulmonary rehabilitation provider credentialing OR accredited *Lungs in Action* provider. A *Lungs in Action* provider must be registered as either a physiotherapist or accredited exercise physiologist.

Conclusion

Pulmonary rehabilitation is an evidence-based intervention that has been shown to improve patient outcomes, reduce hospital utilization and be cost-effective. Hospital and health service programs and community-based programs are both necessary.

The recommended model of MBS rebates has been developed in consultation with clinical experts and existing providers.

MBS rebates will facilitate the establishment of new pulmonary rehabilitation programs in the community, thus taking the pressure off hospital programs, and provide a mechanism for these important programs to be established for the first time in regional and rural settings.

Recommendation

Lung Foundation Australia recommends that the Commonwealth, in anticipation of a successful outcome to the Lung Foundation's application for new MBS item numbers for the delivery of pulmonary rehabilitation and pulmonary maintenance exercise programs:

- **Agree** to fund pulmonary rehabilitation.
- **Work** with Lung Foundation Australia and its clinical experts to refine the proposed model to ensure the safe and effective implementation and communication of the new MBS item numbers



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