Improving access to pulmonary rehabilitation through Medicare Benefit Scheme subsidies

FREQUENTLY ASKED QUESTIONS

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ABOUT LUNG FOUNDATION AUSTRALIA’S  MEDICARE BENEFIT SCHEME APPLICATION

What is Lung Foundation asking for?
Lung Foundation has applied to Medical Services Advisory Committee (MSAC) for pulmonary rehabilitation (PR) programs and follow-up pulmonary maintenance exercise (PME) programs for patients with COPD and other chronic lung diseases to be subsidised on the Medicare Benefit Scheme (MBS).

What has Lung Foundation done so far to support the MBS application?
Lung Foundation Australia has applied to MSAC for pulmonary rehabilitation (PR) programs and follow-up pulmonary maintenance exercise (PME) programs for patients with COPD and other chronic lung diseases to be subsidised on the Medicare Benefit Scheme.

The application was lodged with MSAC in December 2014, the draft protocol has been reviewed by PASC and is expected to be open for public comment from 5 October 2015.

We have asked our stakeholders to support this by contacting their MPs and completing MSAC feedback survey.

What still needs to be done to secure MBS item numbers for pulmonary rehabilitation?
The draft PASC protocol is open for public comment from 5 October to 30 October 2015. This opportunity will allow stakeholders to voice their support for the application.

A decision will be made by the PASC committee taking into account the public support and protocol proposed by the LFA. If successful the application will be submitted for an Economic evaluation following which it will go back to MSAC to obtain approval of the item numbers.

Which stakeholders are supporting the MBS application?
Lung Foundation Australia is fortunate to have a long list of stakeholders supporting the MBS application including related organisations, NGOs, clinicians and most importantly patients.
HOW CAN I SUPPORT THIS CAUSE?

How can I support this cause?
There are a number of ways that the public, both individuals and organisations, can voice their support of this cause. These include:

- Completing a feedback survey on the protocol and submit it to the PASC committee. The form can be found at: http://www.m sac.gov.au/internet/msac/publishing.nsf/Content/surveys-lp
- Writing a letter to your local Member of Parliament describing your experiences of living with a chronic lung condition and asking them to support pulmonary rehabilitation and maintenance exercise programs
- Sharing this information with colleagues and/or patients and asking them to complete a feedback form or write to their local Member of Parliament.
- Providing your letter of support to the Lung Foundation Australia and we can submit these letters to the PASC committee.

ABOUT PULMONARY REHABILITATION

What is pulmonary rehabilitation (PR)?
Pulmonary rehabilitation is a comprehensive program for people with a chronic lung disease who have symptoms of breathlessness, and a decreased ability to perform the activities of daily living. Pulmonary rehabilitation programs have been shown to help people breathe easier, improve their quality of life and stay out of hospital. After completing pulmonary rehabilitation many patients find that they can resume activities that they had previously given up.

The program consists of an individual assessment followed by exercise training and education. Typically programs run for 8 weeks with two supervised sessions and one unsupervised session per week. Programs are delivered in a group setting but are individually tailored and designed to optimise physical and social wellbeing.

The exercise component focuses on increasing physical function, whilst the education component will assist in managing a patient’s condition, by providing knowledge in areas such as breathing techniques, using their medicines and energy conservation.

At the end of the program, there is a re-assessment and by this point, there will be an agreed plan in place of how they will be able to maintain the benefits gained during the program.

The benefits of pulmonary rehabilitation have been shown to last for 6-18 months, depending on the patient. Evidence also shows that continuing with a supervised pulmonary maintenance exercise program after completion of a pulmonary rehabilitation will extend the benefits of pulmonary rehabilitation.

What is a pulmonary maintenance exercise program (PME)?
This is an ongoing exercise maintenance program for patients who have completed pulmonary rehabilitation. It is a community based group exercise maintenance class and is conducted at least one hour weekly.

Pulmonary maintenance exercise programs are a strategy to enhance behaviour change and encourage long-term engagement in an exercise program.
Health professionals will teach and supervise appropriate exercises on how patients should pace themselves and how to coordinate their breathing with movements, in addition to providing other information. A physiotherapist or exercise physiologist will recommend the intensity, duration, frequency and type of exercise that should be done.

*Lungs in Action* is Lung Foundation Australia’s community based exercise maintenance program. These safe and social classes are run by specially trained instructors and take place in venues such as community halls, RSL clubs and gyms.

There are 183 locations across Australia offering pulmonary maintenance exercise programs.

**Who would benefit from Pulmonary Rehabilitation?**
In general, pulmonary rehabilitation programs are suitable for people who have a chronic lung disease and who are affected by breathlessness. This includes patients who have been diagnosed with COPD (including emphysema, chronic bronchitis and chronic asthma that is not fully reversible); bronchiectasis; interstitial lung diseases; and lung cancer.

Partners or caregivers are also encouraged to attend the education sessions.

Pulmonary rehabilitation 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 for patients who have been hospitalised with an acute exacerbation of their lung disease.

**How important is physical exercise for patients with chronic lung disease?**
People who have chronic lung conditions are often less active and can lose their fitness and muscle strength. By exercising regularly, a person’s fitness and muscle strength can be maintained or improved. Exercising for about half an hour, five days a week performing activities such as walking or stationary cycling, can improve the health of people with chronic lung conditions. As a result they will feel better and stay well.

Walking is one of the most important aspects of an exercise program for lung health and should be combined with some strength training for arms and legs.

Regular exercise can:
- Improve ability to do the activities needed for everyday tasks
- Reduce breathlessness
- Improve arm, body and leg muscle strength
- Clear mucus (or sputum) from the chest
- Improve balance
- Improve mood and make patients feel more in control
- Make patients more independent
- Assist in weight control
- Improve bone density
- Reduce the need for hospital admission
Is pulmonary rehabilitation evidence based?
Together with smoking cessation, pulmonary rehabilitation is one of the most evidence based interventions for people living with chronic lung disease. NHMRC Level I & II evidence, which is the highest levels of evidence, support the benefits:

- Reduces hospital admissions and length of stay
- Reduces re-admissions post exacerbation
- Reduces mortality
- Improves symptoms of anxiety and depression
- Increases quality of life and Functional Exercise Capacity

Who facilitates / provides pulmonary rehabilitation and pulmonary maintenance exercise programs?
Pulmonary Rehabilitation and pulmonary maintenance exercise programs are facilitated by specially trained health professionals, primarily physiotherapists and accredited exercise physiologists.

To deliver the pulmonary rehabilitation programs the health professional must have:
- Completed Lung Foundation Australia’s Pulmonary Rehabilitation training online (which is accredited through Australian Physiotherapy Association (APA) and Exercise and Sports Science Australia (ESSA) or another APA or ESSA accredited, evidence-based pulmonary rehabilitation training program or able to demonstrate experience delivering a pulmonary rehabilitation program for a minimum of three years within the auspice of a hospital and health service.
- Plus self-enrolment in mentoring via the Pulmonary Rehabilitation Network of the Lung Foundation Australia for the first twelve months of establishing a program
- Current Cardiopulmonary Resuscitation certificate
- Current registration with Australian Health Practitioner Regulation Agency
- Current public liability insurance and scope of practice to provide exercise training and testing in the community setting

To deliver pulmonary maintenance exercise
- As per the above credentialing or accredited Lungs in Action provider. Lungs in Action provider must be registered as either a physiotherapist or accredited exercise physiotherapist to be eligible for MBS item rebates, if secured.

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1 refer www.copdx.org.au for all evidence levels
THE CURRENT SITUATION

How many patients would benefit from pulmonary rehabilitation?
In Australia there is currently a patient population of approximately 750,000 who would benefit from pulmonary rehabilitation. Lung Foundation estimates the current number of programs available only service approximately 5% of these patients.

How many pulmonary rehabilitation programs are there currently in operation in Australia? Who has access to them?
There are approximately 260 locations across Australia offering pulmonary rehabilitation. Pulmonary rehabilitation is conducted mainly in the hospital and health service setting however it can be delivered safely and effectively in the community. Programs are limited mostly to urban and larger regional settings.

Pulmonary rehabilitation is currently provided in the following settings:
- **Hospital**
  - Independent Hospital Pricing Authority Tier 2 ABF funding
  - Focuses on the acute and complex patients with multiple high-risk co-morbidities, or those requiring access to oxygen and advanced resuscitation
  - This program restores people to a sufficient level of health so that they can safely participate in programs OUTSIDE the hospital environment (assuming the area has a service to refer to)
- **NGOs**
  - Home and Community Care (HACC) funding limitations (doesn’t allow for <65 years, ATSI <50 yrs)
  - Organisations such as Anglicare, Silver Chain etc
- **Private Providers (Physiotherapists, Exercise Physiologists)**
  - Currently no funding to support group exercise for respiratory disease within the MBS item numbers

How many pulmonary maintenance exercise programs are there currently in operation in Australia? Who has access to them?
- There are 183 locations across Australia offering pulmonary maintenance exercise programs.
- Pulmonary maintenance exercise programs are provided in the following settings:
  - Hospital and health services
  - Private hospitals
  - Private providers (via private health insurance)
  - NGOs
  - Lungs in Action programs
- In general, all patients who have completed pulmonary rehabilitation can attend maintenance exercise programs however, some programs have restricted access e.g. in-patient only; age restrictions; lung disease type restrictions; referral pathway restrictions; waiting list.

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2 Spruit et al 2013
3 Waterhouse et al 2010
What is the current treatment pathway?

In some cases, referral to a pulmonary rehabilitation program is restricted to those patients who have seen a respiratory physician. However, patients can be referred by a GP to a hospital program or Home and Community Care funded NGO program. Patients must be referred to pulmonary rehabilitation by a healthcare provider.

What reimbursement is currently in place for pulmonary rehabilitation?
There is currently no national funding mechanism for pulmonary rehabilitation in the community, despite evidence that pulmonary rehabilitation can be provided safely in a community setting with appropriately skilled physiotherapists and/or exercise physiologists.

What level of cost is currently associated with pulmonary rehabilitation?
- The majority of Hospital & Health Services/Community Health programs are completely free-of-charge to patients, however cost the government through IHPA
- Private health insurance payments range from $444 - $1200 for a pulmonary rehab program.

What level of cost is currently associated with pulmonary maintenance exercise programs?
- The average cost to patient per session of Lungs in Action (pulmonary maintenance exercise) = $9 (Lowest cost $3 – Highest $24)
  - Many of these programs are subsidized through local council grants, private health funds, university programs
- Some locations may only provide 1 x 6 week program each year, others provide only a review and home-exercise prescription.

What other treatment options are available to patients suffering from lung disease?
Chronic lung diseases, under the banner of chronic obstructive pulmonary disease (COPD), cause breathlessness. Pharmacological interventions have been shown to be effective to manage breathlessness, symptom management and exacerbation reduction in patients with chronic lung disease, however, the most effective evidence-based intervention is non-pharmacological.

How do patients with chronic lung disease impact the health system?
Patients with chronic lung disease are frequent visitors to the health system, which can be very costly, straining already overloaded hospital services. COPD is the second leading cause of preventable hospitalisation in Australia.