

Medical Services Advisory Committee (MSAC) Application 1361.2 Transcatheter aortic valve implantation (TAVI) via transfemoral or transapical delivery

What is TAVI?

Patients suffering severe symptoms (such as shortness of breath and decreased ability to exercise) due to narrowing of the main artery exiting the heart (aortic stenosis) sometimes need to have their aortic valve replaced. Transcatheter aortic valve implantation (TAVI) is a procedure where the new aortic valve (a device) is inserted through a catheter (small tube) into the heart. The catheter is inserted through an artery in the groin (transfemoral), unless transfemoral delivery is not suitable.

Why was the application for MBS funding supported?

MSAC considered a range of clinical and economic reasons to support listing the procedure on the Medicare Benefits Schedule (MBS). The committee recommended that the procedure be listed because:

- it was found to be safe, clinically effective and cost-effective; and
- the procedure is as safe, more effective, less invasive and requires fewer resources than alternative treatment.

What alternatives are available?

TAVI is an alternative to traditional surgical aortic valve replacement (open heart surgery), for patients with severe aortic stenosis that have been assessed as being at too high a risk for open heart surgery. This could be because of the patient's age or the presence of other medical problems. If a patient is however, not eligible for traditional surgical valve replacement, or TAVI, another option is medical management alone.

What happens next?

The Australian Government has decided to follow MSAC's recommendation and the procedure is now funded by Medicare and listed as item 38495 on the MBS (www.mbsonline.gov.au). MBS rebates for the medical assessment of a patient's suitability for TAVI (a TAVI Case Conference) are also available and are listed as items 6080 and 6081.

What out-of-pockets expenses are involved?

Each service listed in the MBS has a unique item number along with a description of the service and the Medicare fee. The amount of rebate for the Medicare service differs depending on whether the service is provided in hospital (75% of the Medicare fee) or out of hospital (85% of the Medicare fee). Medicare benefits do not always cover the full costs of treatment. Doctors may bill patients above the Medicare rebate, and this leads to a gap between the Medicare benefits paid to the patient and doctors' fee. If a patient has private health insurance (for in hospital services only), this will cover some or all of this gap. Patients should ensure they are aware of all costs involved in their treatment, including out-of-pocket costs, before they receive it. For MBS services performed out-of-hospital, Medicare Safety Nets provide families and singles with an additional benefit, once an annual limit (or threshold) is reached. Further information about Medicare Safety Nets is at:

<https://www.humanservices.gov.au/individuals/services/medicare/medicare-safety-net>

Where can I find out more?

A full summary of MSAC's decision is at www.msac.gov.au

People should talk with their doctor if they have any concerns about their health. Every Australian citizen, and some other people, are entitled to free public hospital care under Medicare. Patients with private health insurance can retain the right to be treated as either public or private patients in public hospitals.