

## GESA Position Statement

### Prostheses List Reform – with Reference to Endoscopic Haemostatic Clips

November 2021

The Gastroenterological Society of Australia (GESA) is Australia's peak professional membership organisation in the areas of gastroenterology and liver disease. We are committed to the highest standards of patient care across the public and private health sectors.

GESA has reviewed the Prostheses List (PL) Reforms – Consultation Paper N° 1 2021 and provided the following [response to the Department of Health](#) and to the [Federal Health Minister](#). This statement relates specifically to GESA's position on the removal of Endoscopic Haemostatic clips from the PL. However, GESA is also concerned about the negative impact the proposed removal of other items relevant to gastroenterology may have on patient care.

#### Background to the Prostheses List Reform

The Australian Government in the 2021-22 Federal Budget committed \$22 million over four years to improve the Prostheses List. Building on the previous reform activities, the Government has agreed to maintain the Prostheses List, albeit with significant changes.

#### Key Points:

##### 1. Endoscopic Haemostatic Clips and Closures:

The removal of Endoscopic Haemostatic/Closure Clips has the potential for a significant, detrimental impact on the care of patients requiring endoscopic procedures. Endoscopic Haemostatic/Closure Clips (currently within Product Subgroup 03.08.03.03) meet the inclusion criteria for Part A and do not fulfill the exemption criteria below. Hence, we strongly believe that these items should remain on the PL.

The benefits in the use of Endoscopic Haemostatic/Closure Clips have been clearly established in:

1. The treatment of life-threatening gastrointestinal bleeding throughout the gastrointestinal tract
2. The prevention of life-threatening gastrointestinal bleeding associated with endoscopic removal of lesions in the gastrointestinal tract
3. Closure of mucosal and submucosal defects associated with endoscopic removal of large lesions
4. Closure of full-thickness gastrointestinal perforations.

GESA is concerned that the removal of Endoscopic Haemostatic/Closure Clips from Part A of the PL will have significant consequences which would negatively impact patient clinical care:

1. Reduce access to haemostatic devices in private hospitals and endoscopy day procedure centres which are standard of care in treating life-threatening scenarios, thereby increasing the risk of adverse events, poor patient outcomes and hospitalisation
2. Limit the clinician's access to the most appropriate Endoscopic Haemostatic/Closure Clips due to cost driven product substitution
3. Result in the shift of patients requiring removal of large colorectal polyps, who may require use of multiple closure devices, from the private to the stressed public hospital system
4. Potentially result in an unnecessary shift of patients to the public hospital system for emergency medical care
5. Lead to the implementation of fees to recover costs that will result in out-of-pocket charges to privately insured patients
6. Will reduce hospitals' financial reserves limiting future expenditure on new technology resulting in slippage from our current status of providing cutting edge gastrointestinal care.

**Proposed Action:**

1. Immediate correction in the definition and scope criteria of Endoscopic Haemostatic/Closure Clips; these oughts to remain, as per the details above, on the General Miscellaneous category (Part A) and thereby remain on the PL.
2. Consideration of reference range pricing for Endoscopic Haemostatic/Closure Clips.
3. Direct engagement with GESA regarding devices impacting gastrointestinal endoscopy care

Our emphasis and purpose of this position is to maintain excellence in endoscopic care and outcomes and ensure efficient pricing for the Australian public.

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