# MINUTES: DRAFT

**Meeting between Health Technology Task Force and part of the executive of the Spine Society:**
**Scarborough House**
**Atlantic Street,**
**Woden A.C.T. 2606**

**Wednesday 5th August, 14:00-15:30 hours**

In attendance:

Mr Tony Kingdon (First Assistant Secretary, Medical Benefits Division)
Dr Brian Richards (Executive Manager, Health Technology and Medical Services Group)
Julie Cutts, Director of Health Technology Task Force
Two others
Mr Peter McCombe (President, Spine Society of Australia)
Mr W. Sears (Treasurer, Spine Society of Australia)
Mr Owen Williamson (Chairman, Rules Committee, Spine Society of Australia)
Mr Graeme Brazenor (Secretary, Spine Society of Australia)

The meeting began with Mr McCombe drawing attention to the 4 X 4 table, looking at devices that were beneficial or not beneficial, and whether approved or not approved. He expounded on the Type I error being the erroneous admission of a harmful device; and a Type II being the exclusion of a device with actual benefit.

Mr Kingdon replied that he thought the big problem was that the medical evidence was assessed satisfactorily, but the devices were unable to pass the cost-effectiveness analysis. Mr McCombe quietly but persistently disagreed, and with the assistance of the rest of the Spine Society members brought Mr Kingdon and Dr Richards around to the view that MSAC's primary failure was in the analysis of the scientific information. Mr McCombe specifically referred to an analysis of MSAC decisions up until recent years, where the basis for most rejections was the lack of Class I evidence.

Discussion then moved to the lack of transparency of MSAC processes, in particular the selection of committee members and membership of the panels of experts. Further, Mr McCombe read from the conclusions of the MSAC on motion-preservation devices and pointed out that in the conclusions the devices had been "ticked" as non-harmful, probably of equivalent benefit, and cost-effective, and yet the devices have then been disallowed. This brought some general agreement that the MSAC processes were without strict guidelines and could be disordered.

Discussion then ensued as to the nature of evidence which could justifiably lead to rational decision-making with respect to new technology, and the Grade system was submitted by the Spine Society representatives, indicating that amongst its users was the World Health Organization and other august bodies. The point was made (repeatedly) that rational decision making could be undertaken in many instances when Class I evidence was not available. Repeated mentioning by the Spine Society of expert evidence and its value significantly brought forth no comment from Messrs Kingdon and Richards at any stage.

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The last part of the interview concerned registry-based adaptive trial of new technology and it was pointed out that this could easily be justified on a safety basis. It was pointed out that although the Spine Society came to this interview primarily interested in Type II errors (the exclusion of beneficial technology), there were also examples of Type I errors, and the drug-eluting coronary stent was brought up as a specific example of something which was originally introduced because it supposedly held the promise of shorter periods of anticoagulation for the recipients, whereas as the real situation which has subsequently emerged is that patients who have received drug-eluting stents are probably forced to remain on Clopidogrel (an anticoagulant) for the rest of their days, and mention was made of the severe hazard of any form of surgery for patients who are taking Clopidogrel.

At the end of the meeting Mr Kingdon stated that it had been of significant benefit.