

PTA Review

The latest pathology technology news, views, and announcements

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Welcome to this edition of PTA Review. Often the third or fourth edition of any serial reviews see editors and copy writers lose interest or time, and the publication mysteriously vanishes. "Not this little black duck!" (to quote Daffy Duck and Looney Tunes). There is too much going on to stop now! We thank you, our readership, for staying the course along with us.

As we race towards the end of this year, I reflect on how tough it has been. Off the back of three COVID-19 pandemic years we hoped for an easier run, and it may have been for some. Many households and those in business, especially in healthcare, experienced a really difficult year. Business costs are escalating but reimbursements for pathology testing remain static. This puts extra strain on an already stressed pathology supply sector.

The good news is we are entering a new era of technology advancement. New biomarkers, genomic tests, points of care tests, and software devices offer the potential for Australia to move from a test and treat (sickness and activity based) healthcare model, to a predictive, preventative and personalised healthcare (wellness based) model. This evolution will increase Australia's healthcare sustainability, simultaneously improving outcomes and quality of life. This will not only benefit patients but society as a whole.

In this edition we focus on the first health economics report on the value of pathology technology. This report describes the value of pathology technology to patients, society, and the taxpayer (Government), using case studies of a handful of critical tests. Most importantly, the report explores the value of these tests from the patient perspective. We also gift you an interview with Philip Cunningham, doyen of infectious diseases testing in Australia. Our "Patient Spotlight" – Sarah Hens from the Pesky Placenta shares a harrowing story of deteriorating health that could have been a different story had a simple diagnostic tool been funded and made available. Plus, you can read more about the exciting speakers joining our Healthcare Congress in March 2024. We hope to see you there!

Chami, Madeline, Justin and I wish you and your loved ones a safe, happy, and relaxing summer break. We look forward to bringing you Edition Four in Q1 2024.

The First Health Economics Report into the Value of Pathology Technology.

Over 80 people, including patients, patient advocacy groups, members of parliament, and PTA member, joined us at Parliament House Canberra to participate in the launch of our first-ever health economics report into the value of pathology technology in healthcare. The event was held in partnership with HTANALYSTS, Krystal Barter's Humanise Health, and the inspirational patients and patient advocacy groups that spoke so compellingly.

Central to the outcome of this report is the staggering amount of direct value forgone in the healthcare system when we delay or don't fund medically important pathology tests and technology. This includes;

- \$15.2 M in benefits forgone by patients with suspected genetic disorders
- \$152.4 M in benefits for parents of children with suspected genetic conditions
- \$361.9 M in benefits forgone by the Government through reduced spending on treatments, medical appointments, tests, and reduced hospital stays
- \$50.6 M in benefits for patients with suspected heart failure through reduced productivity and out-of-pocket costs
- \$26.2 M in benefits forgone by friends/family of patients with suspected heart failure
- \$5.8 Billion in benefits forgone by the Government through reduced ED visits and subsequent hospitalisation, reduced testing, and increased tax revenue

The First Health Economics Report into the Value of Pathology Technology

The report developed the theme of a value fountain for pathology technology and testing. The fountain considers more than just the cost of testing – including the value of healthcare efficiency, resource optimisation, knowledge dissemination; the value of knowing, equity, hope, community, cure, prevention, life, responsiveness and personalisation of treatment. Clearly, the most tangible of these is a direct cost to the Government and the taxpayer. Equally clearly, the forgone value to the tax payer of not introducing and funding medically important tests and technology is substantial.

More rapid introduction and funding of medically important testing will lead to better patient outcomes at a lower total cost to the economy. It will also deliver less tangible values seen in the fountain – the community, family, and societal benefits.

The highlight of the launch was undoubtedly the patient panel discussion, expertly facilitated by experienced health journalist Sue Dunlevy (who kindly gave of her own time to participate). It was breathtaking to hear these brave patients share their journeys and the impact of technology - being available or not. From life saving continuous glucose monitoring to near fatal septicemia – because the vital tests were not available – these touching stories showed beyond doubt the impact our technology has on patient outcomes and wellbeing.

The launch of our health economics report is the first phase of a much broader patient advocacy campaign that kicks off in the new year at our PTA-Congress March 11 – 13. The campaign will raise the voices of patients, clinicians, and advocacy organisations calling on government to elevate the role of diagnostics in our healthcare system. Activities will culminate at the May budget, by which time we expect to see very positive signals from government recognising the importance of pathology technology.

The Call to Action

The most important call to action is for the formation of a Diagnostics Expert Advisory Group (DEAG) consisting of a broad cross-section of the health ecosystem to advise Government on a National Diagnostics Strategy and Roadmap. The DEAG could also guide action on closing the gaps in healthcare through targeted use of pathology technology, identify high medical value diagnostics tests and technology for fast track introduction, and target high-value local innovations for accelerated commercialisation (amongst other objectives).

Many thanks to Colman Taylor and Aiya Taylor from HTANALYSTS, Krystal Barter from Humanise Health, the wonderful patients and advocacy groups who shared time and experience, Senator Anne Ruston - Shadow Health Minister, Dr Mike Freelander MP - Chair of the HoR Health Committee, Dr Monique Ryan MP, and Jerome Laxale MP for kindly participating in the presentations and panel discussions on the launch day.

You can pick up a copy of our health economics report with this [link to our website](#).



PTA INNOVATION DAY - CANBERRA

The launch of our Health Economics Report was held in Parliament House Canberra on 27th November, in conjunction with our PTA Innovation Day. Members brought examples of the amazing pathology technology available to patients and our healthcare system. This year, the technology ranged from software that makes laboratory workflow more efficient to compact but powerful technology for analysing patient samples almost anywhere on the planet.



Every year, we vary the format; our third Canberra Innovation Day featured a patient panel discussion and presentations by key parliamentarians. It also offered MPs, their staffers, and the invited guests an opportunity to view and learn a little about the technology that drives our pathology and diagnostics sector. We were also fortunate to have members of the Commonwealth Department of Health and Aged Care, SA Health Pathology, the RCPA, AIMS, MTAA, Medicines Australia (and more) join us.

Despite limitations on the size of the room we were able to secure in Parliament House, the event was a success, and we look forward to “invading” Canberra again for an even bigger and better PTA Innovation Day in 2024.

Join the Conversation

Delivery of healthcare equitably, economically, and at scale in all jurisdictions requires communication and collaboration across a breadth of stakeholders. PTA-C/24 is an important opportunity to bring these stakeholders together to address some of the big health system challenges we face:

- Access & Equity – does your postcode dictate your healthcare outcome?
- Multi-omics and technology evolution – how do we integrate rapidly evolving technology to benefit all?
- Saving lives, the economy, and the planet – what role does technology play in addressing global challenges?

Representing the pathology technology sector of Australia, the members of Pathology Technology Australia (PTA) are supporting this event by way of sponsorship and industry exhibitions, providing a platform for a broad range of voices to engage. While many industry-supported events focus on tactical topics related to a specific discipline, PTA-C/24 aims to work through a strategic approach and explore technology-driven solutions to the three key topics. Agenda contributors and delegates will include service providers, health professionals, State and Federal MPs, patient advocates, First Nations representatives, healthcare decision-makers, consumer groups, health economists, and health bureaucrats, including TGA, MSAC, and more.

Adopting a drill down format - plenary lecture to set the scene, panel discussion to showcase component parts, and breakout workshops encouraging delegates to add their expertise – the congress will result in recommendations to drive the policy and infrastructure of our healthcare system towards much-needed evolution to improve healthcare delivery.

The agenda and speakers are growing daily, with confirmed speakers including:

- Dr Gordon Reid MP, Member for Robertson and ED Physician
- Prof David Thomas, medical oncologist and CEO of Omico
- Martin Canova, Executive Director Strategy & Transformation, NSW Health
- Dr Rob Grenfell, Rural GP and Chief Strategy & Regions, Grampians Health
- Dr Colman Taylor, Health Economist and CVO of HTANALYSTS
- Deidre Mackechnie, CEO of the Australian Patient Advocacy Alliance
- Prof Louise Cullen, ED Physician and Pre-Eminent Staff Specialist, Royal Brisbane Hospital
- Dr Kym Mina, Genomic Pathologist and Director Genomics, Healius Pathology

PTA-C/24 will be held in Sydney on March 12 and 13, 2024, with a kick-off event on the evening of the 11th, including a networking mixer. Details of the congress can be found with [this link](#), where you will see the full program, sponsorship opportunities and the registration page to join the discussion.



CLOCKWISE: DR COLMAN TAYLOR, PROF DAVID THOMAS, DEIDRE MACKECHECHNIE, DR ROB GRENFELL, PROF LOUISE CULLEN, DR KYM MINA.

Patients in the spotlight



Sarah Hens from the Pesky Placenta

Patients, families, and communities bear the brunt of delayed access to pathology technology. Their voices echo throughout our recently launched health economic report “Unleashing the Hidden Potential: Reframing Pathology Technology’s Role in Australian Healthcare” [link to report]. The stories and case studies in the report shed light on the complex funding and approval pathways that impact access to tests and technology.

Sarah, a social worker full of anticipation and joy at her first pregnancy, shares her harrowing story that began with the shadow of a high blood pressure reading. Regular appointments with her obstetrician and brief hospital stays became routine, yet the true nature of her condition remained elusive. Assurances from her obstetrician echoed at every visit, downplaying the possibility of pre-eclampsia (PE), a condition marked by high blood pressure in the mother, leading to potentially serious health outcomes for the mother and baby. Sarah's only symptom was elevated blood pressure, without the telltale sign of protein in her urine. However, as her pregnancy progressed, so did the silent progression of her undiagnosed and potentially dangerous condition.

Later, headaches, blurry vision, swelling, right shoulder pain, and carpal tunnel syndrome became unwelcome symptoms. Despite these distress signals, Sarah continued to trust her medical team. It wasn't until her intuition led her to the hospital at 34 weeks and the true gravity of her situation unfolded—that she did indeed have PE. What followed was a rollercoaster of emotions and medical interventions. Sarah's blood pressure proved challenging to manage, shifting the focus from sending her home to ensuring her baby's safety. As her fear of the unpredictable complications of PE intensified, she faced the reality that her baby needed more time in utero.

The pivotal moment came with a routine check by a midwife—Sarah’s condition had deteriorated. The red emergency button was pressed, and suddenly, Sarah was surrounded by a whirlwind of medical professionals in a prelude to an emergency C-section. A stark contrast to the peaceful anticipation of a natural birth.

Patients in the spotlight (cont)



Sarah Hens from the Pesky Placenta

Sarah's son entered the world through emergency surgery, and both mother and baby spent a week in the Special Care Unit. The road to recovery was both physical and emotional. Sarah discovered solace in stories from others who had endured traumatic births, and now, she shares her journey to help those worldwide who have faced the challenges of pre-eclampsia through her work with The Pesky Placenta Society [[link](#)].

"Preeclampsia is still considered an immediate risk and danger for six weeks after birth, but its impact on my brain and my body would last much longer than that... I walked away from [his] birth a different person to the one I was before."

In sharing Sarah's story, it becomes evident that Australia should strive to offer the gold standard of care to all during pregnancy. There is a simple diagnostic tool that was approved by the TGA in 2011 yet remains unfunded and thus rarely used. The sFlt-1 / PlGF ratio (PE ratio test) automates the identification of PE to support caregivers in providing proactive care to those at high and moderate risk. Earlier detection of at-risk populations allows for more targeted care, streamlining the finite resources of our healthcare system to manage better and arrest the development of cascading health outcomes. Delayed access to the PE ratio test, a simple yet impactful diagnostic tool, denied Sarah and countless others the chance for earlier intervention and better outcomes.

The lack of reimbursement for PE ratio test underscores a missed opportunity for Australian healthcare. An accelerated access funding model directed through the action of an Expert Diagnostic Advisory Group could prevent years of increased risk and associated health challenges for mothers and children. It's time for Australia to prioritise the well-being of expectant mothers and their unborn children and to elevate the role diagnostics can play in patient care, ensuring a healthier start for families nationwide.

For a comprehensive understanding of the issues discussed and the proposed solutions, we invite you to explore the full [report](#) here.

Interview with Philip Cunningham -St Vincent's Hospital



In recognition of the recent World AIDS Day on Dec 1st, we reached out to a stand-out contributor to HIV research and patient care Associate Professor Philip Cunningham. Philip leads the Centre for Applied Medical Research at St Vincent's Hospital in Sydney which doubles as the NSW State Reference Laboratory for HIV. Over his more than 30-year career, his passion for public health surveillance of at-risk populations has gained him many accolades including an Order of Australia for services to medical research and sexual health medicine in 2020.

In this interview we spoke about the evolution of the tests and technology Philip utilises in his work, and the integral role test evolution plays in screening, diagnosing, treating, and ultimately finding the remaining infected population in Australia. Philip speaks passionately about his team and the overarching mission of St Vincent's Hospital who were there at the height of the HIV epidemic and continue to be there for those in need.

Watch the interview [here](#).