

PTA Review

The latest pathology technology news, views, and announcements

In This Issue

Welcome

Access and Equity

The Technology Revolution

Global Threats to Healthcare

HTA Review



Welcome to this 2024 New Year edition of our Review. We trust you recharged and reconnected over the summer break, and I hope the new year has started well.

This edition focuses on the upcoming PTA-Congress/24. We're creating a unique healthcare congress, pulling together a broad range of stakeholders to discuss and seek solutions to three big challenges in healthcare. We're asking: How can innovative pathology technology transform our healthcare system to be more predictive, preventative, and personalized? Each theme will be informed by a plenary lecture, followed by a wide-ranging panel discussion, and concluding with a suite of workshops drawing participation from all delegates.

To achieve this ambitious task, we have a stellar cast of Australian and global experts leading us through the themes. You can read more about the Congress in this edition or go to www.ptacongress.com to learn more and register.

We are also engaging in a very broad-reaching patient advocacy program. Access and equity in healthcare is a strong driver of sentiment amongst patients, health consumer groups, and healthcare professionals. Many have signed on to our campaign to elevate the role of diagnostics in healthcare – empowering them with the knowledge they need to improve their quality of life. Our comprehensive program kicks off in Sydney on 11th March, coinciding with the opening night of PTA-C/24.

Stakeholder engagement is the key to success in any change process. PTA is engaging with many of the stakeholders in the pathology space – patient advocacy groups, the government, the RCPA, and the pathology service providers – to name just a few. If we are to move to a more sustainable healthcare service that delivers better patient outcomes at a lower total cost, we need to work together to effect change. The technology that can lead this change is available, but Australia risks being left behind if we don't urgently change the ways this technology is assessed and funded.

Access and Equity – healthcare and the postcode lottery

“On average, Australians living in rural and remote areas have shorter lives, higher levels of disease, and poorer access to and use of health services...” to quote the Commonwealth Government’s own report!

How can this be an acceptable outcome today in an advanced economy like Australia? How can your postcode dictate your health outcomes? Some 7 million Australians live in rural and remote areas, where life expectancy is as much as 3 years less compared to people in urban areas.

There are seven times fewer health specialists working in rural health compared to major cities. Yet we know that better access to healthcare services leads to better health outcomes.

The Flinders University International Centre for Point of Care Testing has demonstrated consistently improved health outcomes for First Nations communities when testing for the complications of diabetes is delivered from within the community. Most recently, these services have been extended to detect sexually transmitted infections and respiratory infections such as COVID-19.

Yet these services, usually funded by program and research grants, remain limited and patchy. Should funding streams be interrupted, these services would slow or stop completely, escalating the already poor health outcome for rural Australians.

Access and Equity – healthcare and the postcode lottery

cont....

Isn't it time to deliver better healthcare access and equity to all Australians? Can we put our hands on our hearts and say we have explored all options for the use of technology, telehealth and for training rural health specialists? I suspect not. There are other ways to deliver clinical services in a more seamless, equitable, and patient-centric way. In rural Victoria, a collaboration of services is applying several innovative strategies to address some of the inequities and challenges health delivery.

Dr Rob Grenfell is leading the strategy for Grampians Health, a collaboration of hospitals and care groups across Western Victoria seeking to increase access to healthcare services and more equitably distribute resources across the region. With a particular focus on utilising available technology to bring services closer to home, this collaboration could be a model for other rural and remote areas to adopt. Dr Grenfell is discussing his experience at the PTA Congress in Sydney, 11 to 13th March.

Is it fair and reasonable for a patient to drive for hours to complete their annual cancer follow-up tests? There are technological solutions that, in many cases, would allow a simple blood sample to be taken, nearer to home, that could detect residual cancer cells. Is it fair or reasonable that decisions on expensive medical evacuation are made without critical diagnostic information being available? In many cases, a simple and quick finger prick blood test would inform a decision and help us be smarter with our limited healthcare resources.

Dr Grenfell's project is a model for how healthcare could be delivered in regional areas of Australia. Following his plenary lecture, a panel discussion will break out the topic "Does technology hold the answer to our healthcare inequity crisis?" The Panel is chaired by Dr Anrew St John and includes Prof Philip Cunningham, A/Prof Fei Sim, Dr Charlotte Hesse, Senator Anne Ruston, and Mr Ray Kelly.

Register now to be part of an interactive audience participation program planned for this congress.



The Technology Revolution – have Australians been left behind?

According to the [Australian Bureau of Statistics](#), life expectancy dropped in 2020-2022 for the first time since the 1990s. While the COVID-19 pandemic complicates the statistics, the underlying pattern shows a decade of increasing life expectancy that is now in decline. Children born today may be the first generation with lower life expectancy than their parents.

If you're one of the 7 million Australians living outside of a metropolitan area, it's even worse. The [National Rural Health Alliance](#) says life expectancy for people in remote Australia is up to 3 years below those in urban areas.

Australia has one of the world's best healthcare systems, partly due to the 1984 introduction of Medicare. However, growing GP waiting lists, ambulance ramping, and public hospital crowding are apparent signs that this system is not entirely healthy. Pressure grows when we combine our aging population and increasing incidence of chronic disease with predictions of a lower taxation base, as outlined in the [Commonwealth Treasurer's Intergenerational Report 2023](#) - investments in healthcare will be increasingly challenging to fund.

Some examples of comparable economies have commenced their journey to outcomes-based healthcare - more predictive, preventative and personalised healthcare. Even better, innovative diagnostic tests, technology and digital health enablers are now available to commence this transition. Genomic tests, including gene sequencing, proteomic and biomarker tests, sophisticated point-of-care tests, and clinical decision support software, are transforming how healthcare is delivered in other parts of the world. Regrettably, in Australia, we are relatively slow to adopt these technologies.

A great example of the adoption of innovative diagnostic technologies is Singapore. Professor Patrick Tan leads the Genome Institute of Singapore and Precision Health Singapore (PRECISE). Prof Tan speaks passionately about the opportunities in genomic biology for improving healthcare and will present a plenary lecture at the [PTA Congress](#), Sydney, from 11th to 13th March.

PTA-C / 24
PATHOLOGY/TECHNOLOGY/AUSTRALIA/CONGRESS

The Technology Revolution – have Australians been left behind?

Another example is the UK, where medically critical genomic tests are identified and made available through the National Health Services in less than 18 months. In Australia, funding for such tests through Medicare can take eight years or more. That's not to criticise the Australian process for evaluating these innovative new tests. It's not easy to fully quantify the economic value of tests to be funded by taxpayer dollars. But in the end, the cost of testing is trivial in the overall scheme of healthcare expenditure when you understand that over 70% of all medical diagnosis and treatment decisions depend on a pathology test – and for cancers, it's 100%.

According to the Australian Institute of Health and Welfare, \$3.6 billion was spent on non-hospital pathology services in 2020-21; approximately \$223 billion (excluding pathology services) was spent on health goods and services. And while Australia's health cost statistics are far from transparent, it is likely that less than 2% of the healthcare budget is spent on guiding 70 to 100% of all medical diagnostic and treatment decisions.



Changing a national healthcare system is not easy or quick, but we do need to make a start. The good news is that we have a lot of what we need at our fingertips. And while an investment is required, that return will be by way of a sustainable, wellness-based economy and a healthy population. We need to be willing to embrace change.

PTA-C/24 **PATHOLOGY/TECHNOLOGY**
AUSTRALIA/CONGRESS

How can technology help address global threats to healthcare?

Antibiotic resistance. Climate change. Geopolitical instability. Biosecurity. Each of these issues alone pose serious threat to our health security. How do we comprehensively address the combination of these threats overlaying an aging population with increased burden of chronic health conditions? It's a complicated pathway, and a fundamental element of the solution lies within the technology we have available in healthcare – digital health, artificial intelligence, point-of-care technology.

We have an arsenal of tools already available and continuing to be developed at a rapid pace. But is our healthcare system ready to adopt these solutions? Are our registration and funding models fit for purpose? It's these big questions and more that will be addressed at our upcoming [Pathology Technology Congress – PTA-C/24](#). Dr Amandeep Hansra will address this topic head-on in her plenary lecture "Technology driven solutions - saving lives, saving the planet, and solving problems". A panel of experts including Prof Louise Cullen, Prof Branwen Morgan, A/Prof Colman Taylor, Ms Deidre Mackechnie, Ms Jo Taranto, and Mr Martin Canova will share their experience and drill into the details of how we can harness technology to create a more efficient, effective, and truly patient-centric healthcare system.

[Register to be part of the delegation and join the conversation](#)

Hypothetical: "To invest or keep the status quo: why do we need diagnostics technology, sovereign capability and resilience?"

How do we ensure health security for all Australians?

PTA-Congress/24 presents a hypothetical-style panel discussion exploring Australia's health security in the face of a climate-induced health challenge. Our experienced narrator, Sue MacLeman, challenges two teams of experts with an evolving scenario – one team considers Australia investing in sovereign pathology technology capability and secure supply chains, and one works from the reality of where we are now – keeping the status quo.

The scene is set:

- Ten years into the future. Far North Queensland, unidentified illness manifesting as fever, nausea, rash. Severe cases require hospitalization. No record of similar cases in North America or Europe. Thought to be mosquito borne coming from Pacific Islands.
- Throughout the exercise the scenario takes on a range of real-world twists and turns, including geo-political disturbances, and potential supply chain challenges.

The delegate audience will be encouraged to participate throughout the session – voting on proffered solutions, offering up suggestions, and commenting on each team's arguments.

NARRATOR AND MC: SUE MACLEMAN



TEAM A (STATUS QUO)



DEAN WHITING (LEAD) | DR GORDON REID MP | PROF PAUL GRIFFIN | LOUISE TALBOT | LIZ DE SOMER | DEIDRE MACKECHNIE | AMANDA CUSS (TGA)

TEAM B (INVESTED)



JUSTIN MEREDITH (LEAD) | JEROME LAXALE MP | DR ROB GRENFELL | PROF REBECCA GUY | MARY WARNER | KRISTAL BARTER | ERIN EVANS

LEARN MORE AND REGISTER AT WWW.PTACONGRESS.COM

HTA REVIEW – THE UK EXPERIENCE WITH DR SAM ROBERTS, HEAD OF NICE

We have been very fortunate to work with Dr Sam Roberts, the Head of NICE (National Institute for Health and Care Excellence) in the UK, who talks about changes to the HTA processes in her region. [Watch Dr Robert's video statement](#) and learn why she sees an urgent need to reform the HTA process in multiple ways:

- To be more relevant - focussing on prevention, early diagnosis and care nearer the patient.
- To be timelier - reducing the time it takes to process applications by up to 50%.
- To be more impactful - to assess the effectiveness of services and remediate where necessary.
- To learn more from real-world data.

We know it takes between 8 and 12 years for a diagnostics device to be included on the ARTG until it makes its way through the HTA process to be funded in Australia. About one-third of this time is in sponsor preparation; the rest is in HTA evaluation and time on the Minister for Health's desk waiting for approval.

Dr Roberts was kind enough to record this summary of her priorities in changing the HTA processes in the UK. [Watch and learn from our peers.](#)

