

18 March 2024

Medical Services Advisory Committee (MSAC)  
Australian Government Department of Health and Aged Care  
9N  
GPO Box 9848  
Canberra ACT 2601

Dear MSAC,

**Re: Medical Services Advisory Committee (MSAC) on Application 1797 – Vibration-Controlled Transient Elastography (VCTE™) for identifying advanced fibrosis in patients with metabolic dysfunction-associated fatty liver disease**

The Royal Australian College of General Practitioners (RACGP) thanks the MSAC for the opportunity to provide comment on *Application 1797 – Vibration-Controlled Transient Elastography (VCTE™) for identifying advanced fibrosis in patients with metabolic dysfunction-associated fatty liver disease*. We provide the following responses.

**1. What is the organisation's experience with the proposed health service or technology, or with the related health condition?**

Metabolic dysfunction-associated fatty liver disease (MAFLD) is estimated to affect one in three Australian adults<sup>1</sup> and MAFLD and associated conditions are projected to continue to increase in prevalence.<sup>1,2</sup> MAFLD is the most common liver condition in Australia and worldwide and is, therefore, often encountered in general practice.<sup>1</sup> With almost 9 in 10 Australians visiting their GP each year<sup>3</sup>, GPs are well placed to help prevent, diagnose and manage MAFLD. The RACGP produces two key clinical guidelines and resources that help GPs manage the risk factors for MAFLD:

- [Guidelines for preventive activities in general practice \(the Red book\)](#) – including chapters about overweight and obesity, diabetes, and nutrition.
- [National guide to preventive healthcare for Aboriginal and Torres Strait Islander people \(the National guide\)](#) – including chapters about healthy eating, type 2 diabetes, overweight and obesity, and liver cancer.
- The RACGP has also approved the [Gastroenterological Society of Australia \(GESO\) MAFLD Consensus Statement](#) an Accepted Clinical Resource, and produced an [associated webinar](#) for GPs.

**2. Is the proposed population(s) for the health service or technology appropriate?**

Yes. If widely implemented, this technology will provide people living with MAFLD better and more equitable access to assessments that will improve their care.

**3. Is the proposed approach to delivery of the health service or technology appropriate?**

N/A

**4. Does the comparator(s) set out in the application accurately reflect Australian clinical practice?**

N/A

**5. Does the organisation agree with the outcomes as set out in the PICO?**  
Yes

**6. Where the application is for an item on the Medicare Benefits Schedule, does the organisation want to comment on the proposed item descriptor(s)?**

No additional comment

**7. Where the application is for an item on the Medicare Benefits Schedule (MBS), does the organisation support the proposed fee for the health service or technology?**

The RACGP seeks clarification on the proposed fee of \$101.70 for general practitioners (page 4 of the application). The descriptor used for non-GP specialists (page 9) is identical but with a proposed fee of

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\$141.75. The fee for specialist GPs should be in line with the fee for other specialists, given they are expected to undertake the same tasks as per the descriptor.

As such, the RACGP does not currently support the proposed GP fee unless this is commensurate with a non-GP specialist fee.

**8. If MSAC supported the proposed health service or technology, would the organisation want to see it implemented? If yes, what would have to happen for this to occur? If no, why not?**

Making this technology available in general practices will provide more equitable access and help to improve and individualise care. The following barriers to uptake need to be considered for implementation:

- Purchase of the equipment requires a significant financial investment by general practices, many of which are small businesses. 85% of general practice owners identified increasing business costs and maintaining profitability as one of their main challenges.<sup>3</sup> Many general practices, particularly in regional, rural and remote areas, who are interested in purchasing and utilising this technology, may find it cost prohibitive.
- The time investment for the training program required to use this technology (3 hours and 10 supervised scans) can be a big barrier. GPs will need to take time out from seeing patients, to undertake the training, and that can be difficult to organise and means a loss of income.
- As noted in response to Question 7, the fee for GPs impacts on financial viability and will need to be matched with those for non-GP specialists for the same work.

Providing some form of financial assistance in purchasing and training will assist in implementation.

**9. Does the organisation support public funding for the health service or technology, as it is proposed to be delivered?**

Given the current and expected increase in prevalence of MAFD, investment is important and necessary. The application is unclear in its calculation of what proportion of people eligible for the scan would also need a regular ultrasound to look for other anatomic causes of abnormal liver function tests. It is likely that both would be needed. This will need to be considered as a wider part of funding, if accepted.

The RACGP thanks MSAC again for the opportunity to provide comment on *Application 1797 – Vibration-Controlled Transient Elastography (VCTE™) for identifying advanced fibrosis in patients with metabolic dysfunction-associated fatty liver disease*. If you have any questions regarding our submission, please contact Mr Stephan Groombridge, National Manager, e-health, Quality Care & Standards at [stephan.groombridge@racgp.org.au](mailto:stephan.groombridge@racgp.org.au) or 03 8699 0544.

Yours sincerely



Dr Michael Wright  
President

**References**

1. MAFD Consensus Statement Working Group. Recommendations for the assessment of metabolic dysfunction associated fatty liver disease (MAFD) in primary care: a consensus statement. Melbourne: Gastroenterological Society of Australia, 2024.
2. Adams LA, Roberts SK, Strasser SI, Mahady SE, Powell E, Estes C, Razavi H, George J. Nonalcoholic fatty liver disease burden: Australia, 2019-2030. *J Gastroenterol Hepatol.* 2020 Sep;35(9):1628-1635. doi: 10.1111/jgh.15009.
3. The Royal Australian College of General Practitioners. General Practice: Health of the Nation 2024. East Melbourne, Vic: RACGP, 2024.