Washington State Health Care Authority

Health Technology Clinical Committee

Date: **January 18, 2019**
Time: **8:00 am – 5:00 pm**
Location: **SeaTac Conference Center, SeaTac, WA**
Adopted: **May 17, 2019**

Meeting materials and transcript are available on the **HTA website.**

HTCC Minutes

Members present: John Bramhall, MD, PhD, Gregory Brown, MD, PhD; Janna Friedly, MD; Chris Hearne, BSN, DNP, MPH; Austin Mc Millin, DC; Laurie Mischley, ND, MPH, PhD; Sheila Rege, MD MPH; Seth Schwartz, MD, MPH; Mika Sinanan, MD, PhD; Kevin Walsh, MD; Tony Yen, MD

Clinical experts: Conor P. Kleweno, MD; Brett R. Stacey, MD

HTCC Formal Action

1. **Call to order:** Dr. Brown, chair, called the meeting to order; members present constituted a quorum.
2. **HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines; a high-level overview of the purpose, development, and history of the HTA program; a how-to participate in the HTCC process; upcoming topics; and a meetings calendar.
3. **November 16, 2018 meeting minutes:** Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

   Action: Ten committee members approved the November 16, 2018 meeting minutes.
4. **Tumor treating fields (Optune®) re-review - draft findings and decision:** Chair referred members to the draft findings and decision and called for further discussion. No comments were received on the draft decision; one change made to remove a typo (extra parentheses). Motion made and seconded to accept the findings and decision, as amended.

   Action: Eight committee members voted to approve the tumor treating fields (Optune®) findings and decision. Two committee members abstained.
5. **Introduction of new members:** Chair introduced two new HTCC members: Janna Friedly, MD and Austin Mc Millin, DC.
6. **Positron emission tomography (PET) scans for lymphoma re-review- draft findings and decision:** Chair referred members to the draft findings and decision and called for further discussion. One public comment received: a recommendation for an exception in the timing of PET scans for advanced stage Hodgkin's lymphoma when assessing response to ABVD chemotherapy. The committee considered the recommended exception and added it to the draft. Motion made and seconded to accept the findings and decision, as amended.

   Action: Eight committee members voted to approve the positron emission tomography (PET) scans for lymphoma findings and decision. Two committee members abstained.

Final

7. Sacroiliac joint fusion:

Clinical expert: The chair introduced Conor Kleweno, MD, Assistant Professor, Department of Orthopaedics and Sports Medicine, University of Washington School of Medicine and Orthopaedic Traumatologist, Harborview Medical Center.

Agency utilization and outcomes: Emily Transue, MD, MHA, Associate Medical Director, Health Care Authority, presented the state agency perspective on sacroiliac joint fusion. Find the full presentation published with the January 18 meeting materials.

Scheduled and open public comments: Chair called for public comments. Comments provided by:

- David W. Polly, Jr, MD: James W. Ogilivie Professor, Chief of Spine Surgery, Catherine Mills Davis Endowed Chair, Department of Orthopaedic Surgery, Professor of Neurosurgery, University of Minnesota. Dr. Polly was also representing the American Academy of Orthopaedic Surgeons, American Association of Neurological Surgeons and Congress of Neurological Surgeons, International Society for the Advancement of Spine Surgery, and the Washington Association of Neurological Surgeons. (By phone)

Find all public presentations published with the January 18 meeting materials**.**

Vendor report/ HTCC question and answers: Leila Kahwati, MD, MPH, RTI-University of North Carolina Evidence-based Practice Center presented the evidence review for Sacroiliac joint fusion. Find the full report published with the January 18 meeting materials.

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on sacroiliac joint fusion is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of sacroiliac joint fusion. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to not cover minimally invasive or open sacroiliac joint fusion for sacroiliac chronic joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption for adults 18 years old and older.

	Not covered	Covered under certain conditions	Covered unconditionally
Sacroiliac joint fusion	11	0	0

Discussion

The committee reviewed and discussed the available studies for use of sacroiliac joint fusion for chronic sacroiliac joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine that use of sacroiliac joint fusion for

chronic sacroiliac joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption unproven for being safer, more effective or more cost-effective than comparators.

Limitations

N/A

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare NCD for sacroiliac joint fusion for sacroiliac joint pain related to degenerative sacroiliitis and/or sacroiliac joint disruption.

The committee discussed clinical guidelines identified for sacroiliac joint fusion from the following organizations:

- National Institute for Health and Care Excellence (NICE) Minimally invasive sacroiliac joint fusion surgery for chronic sacroiliac pain - Intervention Procedure Guidance 578, (2017)
- AIM Specialty Health Musculoskeletal Program Clinical Appropriateness Guidelines: Sacroiliac Joint Fusion, (2018)

The committee's determination is not consistent with the NICE and AIM guidance. The HTCC determination included consideration of local, clinical expert considerations related to the complexities of revision surgeries, concerns related to diffusion and uncertainty of evidence for safety and cost-effectiveness. The quality of evidence assessment was either not performed or not reported for these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on use of sacroiliac joint fusion for public comment to be followed by consideration for final approval at the next public meeting.

8. HTA topic selection request for re-review topics:

Stereotactic radiosurgery and stereotactic body radiation topic is under consideration for re-review. In order for the Director of the Health Care Authority to recommend re-view, new evidence-based findings must exist which could change the previous determination. The Oregon Health and Science University Center for Evidence-based Policy provided a topic update: *Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy: An evidence update* (December 2018). The Chair presented the report's findings; the committee discussed and considered the findings. Also, during the November 2018 meeting, the committee examined two petitions for topic re-review; petitions addressed SBRT with Cyberknife technology specifically for the treatment of prostate cancer.

Action: The committee recommended the evidence update does not support a re-review at this time. The Committee decided to not recommend the topic for re-review.

9. Peripheral nerve ablation for limb pain:

Clinical expert: The chair introduced Brett Stacey, MD, Medical Director, University of Washington Center for Pain Relief and Professor of Anesthesiology and Pain Medicine, University of Washington School of Medicine.

Agency utilization and outcomes: Gary Franklin, MD, MPH, Medical Director, Department of Labor and Industries; Research Professor, University of Washington; Co-Chair, Washington Agency Medical Director Group presented the state agency perspective on peripheral nerve ablation for limb pain. Find the full presentation published with January 18 meeting materials.

Scheduled and open public comments: The chair called for public comments. Comments were provided by:

- Anne Stefurak, RN, CPC, COC Vice-president Health Economics and Reimbursement - Avanos
- John DiMuro, DO, MBA - Avanos
- Diane Jackson, representing a family member

Find public presentation materials published with the January 18, meeting materials.

Vendor report/ HTCC question and answer: Valerie J. King, MD, MPH, Oregon Health & Science University/Center for Evidence-based Policy presented the evidence review for Peripheral nerve ablation for limb pain. Find the presentation published with the January 18 meeting materials.

HTCC coverage vote and formal action:

Committee decision

Based on the deliberations of key health outcomes the committee decided that it had the most complete information: a comprehensive and current evidence report, public comments, and state agency utilization information. The committee decided that the current evidence on peripheral nerve ablation for limb pain due to osteoarthritis is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of peripheral nerve ablation. The committee considered the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

Based on these findings, the committee voted to not cover peripheral nerve ablation, using any technique, for limb pain due to osteoarthritis or other conditions for adults and children

	Not covered	Covered under certain conditions	Covered unconditionally
Peripheral nerve ablation, using any technique, for chronic limb pain due to osteoarthritis or other conditions for adults and children.			
Foot, Shoulder, Hip	10	0	0
Knee	6	4	0

Discussion

The committee reviewed and discussed the available studies for use of peripheral nerve ablation for limb pain. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A majority of committee members found the evidence sufficient to determine that use of peripheral nerve ablation for the foot, shoulder or hip, using any technique, for limb pain for osteoarthritis or other conditions was unproven for being safer, more effective, or more cost-effective than

comparators. The committee found that peripheral nerve ablation of the knee, using any technique, for limb pain for osteoarthritis or other conditions was unproven for being safer or more cost-effective than comparators. The committee did find that in some cases, peripheral knee ablation of the knee, using any technique, for limb pain due to osteoarthritis or other conditions may be more effective.

Additional Considerations

The committee recognizes, from information provided in the review process, that ongoing studies could impact the evidence-based determination: they will re-review this topic following publications of new research findings that could change the determination.

Limitations

N/A

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). Medicare does not have a NCD for peripheral nerve ablation for limb pain.

The committee discussed clinical guidelines, however, none of identified clinical practice guidelines made a recommendation for the use of nerve ablation procedures for limb pain. Organizational guidelines:

- Association of Extremity Nerve Surgeons (2014)
- American College of Occupational and Environmental Medicine (2013)
- American College of Foot and Ankle Surgeons (ACFAS) (2018)
- American Academy of Orthopaedic Surgeons (2013)
- National Institute for Health and Care Excellence (NICE) (2014)
- Veterans Administration/Department of Defense (2014)

The committee's determination is consistent with these guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on use of peripheral nerve ablation for limb pain for public comment to be followed by consideration for final approval at the next public meeting.

10. Meeting adjourned