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| **Submit competed petition to:** shtap@hca.wa.gov or PO Box 42712Olympia, Washington 98504-2712 FAX (360) 586-8827  |

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| Petition for Health Technology Review |

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| Date submitted:  | Click here to enter a date. |
| Health technology topic:  | Click here to enter text. |
| Manufacturer of technology: |  |
| Contact person:  | Click here to enter text. |
| Contact’s organization/ company: | Click here to enter text. |
| Mailing address:  | Click here to enter text. |
| E-mail address:  | Click here to enter text. |
| Telephone number: | Click here to enter text. |

*Note: Not all questions will apply to all technology proposals. For questions, or more information, email:* *Shtap@hca.wa.gov* *or phone (360) 725-5126 (TTY 711)*

1. Background Information

* Does this technology have FDA approval? [ ]  Yes [ ]  No
* When was this technology approved? For what indications has FDA approved this technology?
* Why do you believe this technology merits consideration for selection?
* Proposed research questions.

Click here to enter text.

2. Potential Patient Harm(s) or Safety Concerns

* What is the potential for patient harm related to use of this technology?
* What are the likelihood and severity of the potential harms or adverse outcomes that may result from recommended use of this technology?
* Are there significant potential harms associated with this technology compared to alternatives?

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3. Therapeutic Efficacy, Effectiveness or Diagnostic Accuracy

* What is the potential effectiveness of this technology on the indicated clinical condition? (e.g., prevent/reduce mortality; increase quality of life)
* How are indicated conditions diagnosed? Is there a consensus on diagnosis?
* For diagnostic technologies: is this technology compared to a “gold standard” technology? What is the diagnostic accuracy or utility?
* What published, peer-reviewed literature documents the efficacy of this technology or the science that underlies it? Please enclose publications or bibliography.

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4. Estimated Total Cost Per Year

* What are the direct health care costs of this technology (annual or lifetime)?
* What is the potential cost-effectiveness of this new technology compared with other alternatives?
* Which private insurers reimburse for use of this technology? Please provide contact information and phone numbers.

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5. Secondary Considerations

* *Number of Persons Affected* -What are the numbers of people affected by this technology in the State of Washington?
* *Severity of Condition(s) -* What is the severity of the condition treated by this technology? Does it result in premature death; short or long term disability? How would this technology increase the quality of care for the State of Washington?
* *Policy Related Urgency* ***-*** Is there a particular urgency related to this technology? Is it new and rapidly diffusing? How long has this technology been in use? Is there a standard of care? Is this technology or proposed use(s) controversial?
* *Potential or Observed Variation* -What is the observed or potential for under, or overuse of this technology? Are there any variations in use or outcomes by region or other characteristics?
* *Special Populations and Ethical Concerns* -Is use limited to small populations; what characteristics are present (e.g., race, ethnicity, religion, rare condition, socioeconomic status) that may impact policy decision?

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6. References

* List other organizations that have completed technology assessments on this topic (please provide date of technology assessments and links).
* Cite any Center for Medicare and Medicaid Services (CMS) National Coverage Decision on this topic and the date issued.
* Provide list of key references used in preparing this petition.
* Have any relevant medical organizations (e.g., American Medical Association) expressed an opinion on this technology? If so, please provide verification documents and contact names, numbers and links.
* Bibliography or reference list of requestor attached: [ ]  Yes [ ]  No

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