

Health Technology Clinical Committee

Date: May 20, 2016

Time: 8:00 am – 5:00 pm

Location: SeaTac Conference Center, SeaTac, WA

Adopted: July 8, 2016

Meeting materials and transcript are available on the HTA website at:

www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

HTCC MINUTES

Members Present: Gregory Brown, MD, PhD; Joann Elmore, MD MPH; Louise Kaplan, PhD, ARNP; David K. McCulloch, MD, FRCP; Carson Odegard DC, MPH; Seth Schwartz, MD, MPH; Michelle Simon, PhD, ND; Michael Souter, MB, Ch-B, DA, Christopher Standaert, MD; Kevin Walsh, MD; Tony Yen, MD

HTCC FORMAL ACTION

- 1. Call to Order:** Dr. Standaert, chair called the meeting to order. Sufficient members were present to constitute a quorum.
- 2. March 18, 2016 Meeting Minutes:** Chair referred members to the draft minutes; motion to approve was seconded. Minutes adopted by the committee without change.
Action: Eleven committee members approved the March 18, 2016 meeting minutes.
- 3. Extracorporeal Membrane Oxygenation (ECMO) Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. No comments were received on the draft decision.
Action: Eleven committee members voted to approve the Extracorporeal Membrane Oxygenation findings and decision document.
- 4. Spinal Injections - Re-review Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. Two comments were received on the draft decision. Committee members reviewed the comments and modified the note of limitations of the policy from "Limitations do not apply to injections for inflammatory arthropathy." To "This coverage policy does not apply to those with known inflammatory disease such as: ankylosing spondylitis, psoriatic arthritis or enteropathic arthritis."

Staff was directed to modify the final determination per the committee's changes.

Action: Eleven members voted to approve the modified Spinal Injections - Re-review draft findings and decision document.

Final

5. Bronchial Thermoplasty for Asthma:

The chair introduced the clinical expert for bronchial thermoplasty, Amy Markezich, MD, Overlake Medical Clinic, Bellevue, WA.

Agency Utilization and Outcomes:

Dr. Charissa Fotinos, MD, MSc, Deputy Chief Medical Officer, WA - Health Care Authority presented the state agency perspective for bronchial thermoplasty to the committee. The full presentation is published with [May 20, meeting materials](#).

Scheduled and Open Public Comments:

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

- Michael Wechsler, MD
- Jiten Patel, MD
- Roberta Stapleton
- Karla Marsh
- Narinder Shargill, PhD
- Travis Marsh

All slide presentations are published with [May 20, meeting materials](#).

Vendor Report and HTCC Q & A:

Natalie Slezak, PhD, Hayes, Inc. presented the evidence review of bronchial thermoplasty for asthma. The full presentation is published with [May 20, 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 concluded that the current evidence on bronchial thermoplasty for asthma is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of bronchial thermoplasty for asthma compared to current alternative strategies. 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 bronchial thermoplasty for asthma.

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Bronchial Thermoplasty For Asthma	7	4	0

Discussion

The committee reviewed and discussed the available studies of bronchial thermoplasty. Details of study design, inclusion criteria and other factors affecting study quality were discussed. All committee members found the effectiveness of the technology to be unproven and a majority found safety to be less safe or unproven. Prior to the second voting question addressing coverage the committee discussed potential criteria for coverage. A majority of the committee voted to not cover bronchial thermoplasty for asthma.

Limitations

NA

Action

The committee checked for availability of a Medicare national coverage decision (NCD). There is no NCD for bronchial thermoplasty for asthma.

The committee discussed clinical guidelines identified for bronchial thermoplasty for asthma from the following organizations:

- British Thoracic Society, (2011)
- European Respiratory Society, (2014)
- American Thoracic Society, (2015)
- Global Initiative for Asthma, (2015)
- National Institute for Health and Care Excellence, (2012)

The chair noted consistency with some guidelines as long term safety and efficacy have not been established.

The committee chair directed HTA staff to prepare a findings and decision document on bronchial thermoplasty for asthma reflective of the majority vote for public comment followed by final approval at the next public meeting.

6. Autologous Blood/ Platelet-rich Plasma Injections

Agency Utilization and Outcomes:

Shana Johnson, MD, WA - Health Care Authority, presented the state agency perspective and utilization rates for the autologous blood and platelet-rich plasma topic to the committee. The full presentation is published with [May 20, meeting materials](#).

The chair introduced the clinical expert for autologous blood/ platelet-rich plasma injections, Kimberly G. Harmon, MD, Professor Department of Family Medicine, Department of Orthopaedics and Sports Medicine, University of Washington, Seattle, WA.

Scheduled and Open Public Comments:

The chair called for public comments.

No scheduled or open public comments were presented.

Vendor Report and HTCC Q & A:

Robin Hashimoto, PhD, Spectrum Research Inc., presented the evidence review addressing autologous blood and platelet-rich plasma injections. The full presentation is published with [May 20, 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 concluded that the current evidence on autologous blood/ platelet-rich plasma injections is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for use of autologous blood/ platelet-rich plasma injections compared to current alternative strategies. 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 autologous blood/ platelet-rich plasma injections.

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Autologous Blood/ Platelet-rich Plasma Injections	8	3	0

Discussion

The committee reviewed and discussed the available evidence. The committee considered the quality of the available literature addressing the use of autologous blood and platelet-rich plasma injections for tendinopathies including tennis elbow, Achilles tendinopathy, patellar tendinopathy, rotator tendinosis and rotator tears. Additional conditions with available evidence include plantar fasciitis, acute injuries and osteoarthritis. A majority of committee members found the technology to be unproven in terms of efficacy, safety and cost-effectiveness. Prior to the vote on coverage the committee discussed potential conditions for coverage. A majority of the committee voted to not coverage autologous blood injections and platelet rich plasma injections for any of the conditions considered in the review.

Limitations

NA

Action

The committee checked for availability of a Medicare national coverage decision (NCD). There is no NCD that applies to autologous blood and platelet rich plasma injections.

WA - Health Technology Clinical Committee Meeting
May 20, 2016

The committee discussed clinical guidelines identified for autologous blood/ platelet-rich plasma from the following organizations:

- American Academy of Orthopedic Surgeons, (2013)
- American College of Occupational and Environmental Medicine, (2011, 2012)
- Colorado Division of Workers Compensation, (2010)
- Hsu et al. (2013)
- International Cellular Medicine Society, (2011)
- Work Loss Data Institute, (2013)

The chair noted consistency with key existing guidelines.

The committee chair directed HTA staff to prepare a findings and decision document on autologous blood/ platelet-rich plasma injections reflective of the majority vote for public comment followed by final review at the next public meeting.

7. Josh Morse, HTA program director presented a status update on HTA technology assessments in process and scheduled for 2017.
8. **Meeting adjourned.**