Program updates

Today’s agenda

1. Genomic microarray testing and whole exome sequencing
2. Continuous glucose monitoring - update
Meeting reminders

• Meeting is being recorded
• A transcript of proceedings will be made available on HTA website: www.hca.wa.gov/hta/meetings-and-materials
• When participating in discussions:
  o State your name; and
  o Use the microphone
• To provide public comment during today’s meeting:
  o Sign-up at the table outside this meeting room

HTA program background

• The Health Technology Assessment Program (HTA) is located within the Washington State Health Care Authority (HCA),
• 2006 legislation designed HTA program to use evidence reports and a panel of clinicians to make coverage decisions for certain medical procedures and tests based on evidence of:
  – Safety
  – Efficacy/ Effectiveness
  – Cost-effectiveness
HTA program background

• Multiple state agencies participate to identify topics and implement policy decisions:
  • Health Care Authority
    - Uniform Medical Plan
    - Medicaid
  • Labor and Industries
  • Corrections
• Agencies implement determinations of the HTA program within their existing statutory framework.

HTA program purpose

Ensure medical treatments, devices and services paid for with state health care dollars are safe and proven to work.

• Provide resources for state agencies purchasing health care
• Develop scientific, evidence-based reports on medical devices, procedures, and tests.
• Facilitate an independent clinical committee of health care practitioners who determine which medical devices, procedures, or tests meet safety, efficacy, and cost tests.
HTA review process

Nominate → Review → Public input → Prioritize
HCA Director selects technology

Key questions → Work plan → Drafts → Comments → Finalize
Technology assessment center (TAC) produces evidence report

Review report → Public meeting
Health Technology Clinical Committee makes coverage determination

Agencies implement decision

2018 committee calendar

- March 16, 2018
  - Gene expression profile testing for cancer tissue

- May 18, 2018
  - Surgical interventions for symptomatic lumbar radiculopathy
  - Pharmacogenetic testing for patients being treated with anticoagulants

- July 13, 2018
  - Meeting by webinar

- September 21, 2018
  - Committee retreat

- November 16, 2018
  - TBD

WA - Health Technology Clinical Committee
To participate...

- Visit the HTA Web site: [www.hca.wa.gov/about-hca/health-technology-assessment](http://www.hca.wa.gov/about-hca/health-technology-assessment)

- Sign up to receive HTA program notifications via email

- Provide comment on:
  - Proposed topics
  - Key questions
  - Draft & final reports
  - Draft decisions

- Attend HTCC public meetings/present comments directly to the clinical committee.

- Nominate health technologies for review.

Thank You

More Information: [www.hca.wa.gov/hta](http://www.hca.wa.gov/hta)

Email: shtap@hca.wa.gov
Health Technology Clinical Committee
Date: July 14, 2017
Time: 9:00 am – 9:45 am
Location: Webinar and Pear Conference Room 127, Cherry Street Plaza
626 Eighth Ave. SE, Olympia
Adopted:

Draft HTCC Minutes

Members present: John Bramhall, MD, PhD; Gregory Brown, MD, PhD; Joann Elmore, MD, MPH; Chris Hearne, RN, DNP, MPH; Laurie Mischley, ND, PhD, MPH; Carson Odegard, DC, MPH; Sheila Rege, MD; Seth Schwartz, MD, MPH Christopher Standaert, MD; Kevin Walsh, MD; Tony Yen, MD

HTCC Formal Action

1. Call to order: Dr. Standaert, chair, called the meeting to order; members present constituted a quorum. The meeting was conducted by means of a webinar and telephone conference call. All decisions were via roll call and voice vote.

2. May 19, 2017 meeting minutes: Draft minutes reviewed; no changes or updates suggested. Motion made to approve May 19, 2017 minutes as written, seconded. Committee voted to accept the minutes.

   Action: Ten committee members approved the May 19, 2017 meeting minutes.

3. Selected treatments for varicose veins – Draft findings and decision: Chair referred members to the draft findings and decision and called for further discussion. Clarifying language was added to the Indications portion of the determination. As amended it reads,

   “Indications (required to be present):

   • Demonstrated reflux in the affected vein AND
   • Minimum of 3 months of symptoms of pain and/or swelling sufficient to interfere with instrumental ADLs, or presence of complications (e.g. ulceration, bleeding, recurrent thrombophlebitis).
   • For tributary varicose veins, the above two conditions must apply and they must have a diameter >= 3 mm.”

Two comments were received on the draft decision. The committee reviewed and discussed the comments.
Action: Eleven committee members voted to approve the selected treatments for varicose veins findings.

Treatments for chronic migraine and chronic tension-type headaches: Chair referred members to the draft findings and decision and called for further discussion. One communication contained multiple comments. The committee reviewed and discussed the individual comments.

A second response suggested revision to the first paragraph and line under, Limitations of Coverage, defining chronic migraines. The committee reviewed and agreed with the suggested change. As amended, it reads,

“For treatment of chronic migraine (as defined by the International Headache Society)…”

An additional comment addressed the final line on the determination. The committee reviewed and agreed with the suggestion for clarification. As amended, it reads,

“Maximum of five treatment cycles. Additional treatment cycles may be considered at agency discretion.”

Action: Eleven committee members voted to approve the Treatment of chronic migraines and chronic tension type headaches findings and decision.

5. Meeting adjourned.