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HCA ADMINISTRATOR SELECTS HEALTH TECHNOLOGIES

The HCA Administrator, in consultation with participating state agencies, has selected a group of health technologies that will undergo a scientific review and then be presented to our independent Health Technology Clinical Committee (HTCC) for coverage decisions. After reviewing the previously posted recommended technologies, agency input, committee input and public comments; the following nine health technologies are selected for an evidence based review beginning in 2011.

Selected Technologies

1. Elective Cesarean Section
2. Positron Emission Tomography (PET) scans for Lymphoma
3. Robotic assisted surgical devices (e.g. Davinci, Zeus)
4. Bone graft products (autograft, allograft and synthetic)
5. Femoro-acetabular surgery for hip impingement syndrome
6. Upper Endoscopy for GERD
7. Microprocessor controlled Prosthetics – lower limb
8. Osteoarticular Transfer System Cartilage Surgery (OATS)
9. Stereotactic radiosurgery (inc. fractionated stereotactic radiotherapy and/or stereotactic body radiotherapy)

Technologies not selected

Program constraints limit the technologies that can be selected. The prioritization process uses pre-established criteria to identify those technologies that are most appropriate for the health technology assessment process. Technologies that are not selected can be included for future consideration, generally reviewed semi-annually, and remain a concern for agencies. Agencies may prioritize these technologies in applying other evidence based processes and strategies to reduce concerns.

Cardiac Nuclear Imaging
Myelectric (with microprocessor) controlled Prosthetics – Upper limb
IgG injections for Oncology
Powered Wheelchairs
Negative pressure wound therapy (NPWT) / vacuum-assisted closure (VAC)
EndoPAT
Sleep Apnea Diagnosis and Treatment *(this topic is already under HTA review)*

Technologies eligible for re-review but not selected

Technologies with final coverage decisions are considered for re-review at least once every eighteen months. By law, technologies are selected for re-review only to assess new evidence that could change a previous determination. For the current period, the program has not received any requests for re-review or submissions of new evidence supporting a request for re-review.

How Technologies are selected for Review

The time and resources required for the assessments limit the number of health technologies selected for a systematic review. The medical devices, procedures, and diagnostic tests are selected based on concerns about whether the technology is safe, whether it works as intended, and whether it is cost-effective, especially when compared to alternatives or where there is a variation in how it is used. State agencies and any interested parties identify potential health technologies of concern. These topics are prioritized with a tool that is based on legislative requirements and criteria widely used in technology assessment priority settings (available on web).

Next Step

Public Comment: A thirty (30) day period to gather public comment on selected topics is next. This public comment period is used primarily to gather information and evidence from stakeholders for our independent evidence reviewer to evaluate. Organizations, researchers, physicians, product manufacturers, professional societies and other members of the health care community have important insights that can assist us. The health care community may have evidence relating to actual practice that is informative. Public comments that provide information, preferably published clinical evidence, relating to a health technology's safety, efficacy, effectiveness, or cost-effectiveness are most helpful. Public comments that give information on unpublished evidence such as the results of individual practitioners or patients are less rigorous and therefore less useful in the evidence based analysis.