Health Technology Clinical Committee
Findings and Decision

Topic: Bronchial Thermoplasty for Asthma
Meeting Date: May 20, 2016
Final Adoption: July 8, 2016

Meeting materials and transcript are available on the HTA website:
www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

Number and Coverage Topic:
20160520A – Bronchial Thermoplasty for Asthma

HTCC Coverage Determination:
Bronchial thermoplasty for asthma is not a covered benefit.

HTCC Reimbursement Determination:

Limitations of Coverage: NA
Non-Covered Indicators: NA

Agency Contact Information:

<table>
<thead>
<tr>
<th>Agency</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labor and Industries</td>
<td>1-800-547-8367</td>
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<tr>
<td>Public Employees Health Plan</td>
<td>1-800-200-1004</td>
</tr>
<tr>
<td>Washington State Medicaid</td>
<td>1-800-562-3022</td>
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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.

<table>
<thead>
<tr>
<th>Bronchial Thermoplasty For Asthma</th>
<th>Not Covered</th>
<th>Covered Under Certain Conditions</th>
<th>Covered Unconditionally</th>
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<tbody>
<tr>
<td>7</td>
<td>4</td>
<td>0</td>
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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)

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.

Health Technology Clinical Committee Authority:

Washington State’s legislature believes it is important to use a science-based, clinician-centered approach for difficult and important health care benefit decisions. Pursuant to chapter 70.14 RCW, the legislature has directed the Washington State Health Care Authority (HCA), through its Health Technology Assessment (HTA) program, to engage in an evaluation process that gathers and assesses the quality of the latest medical evidence using a scientific research company and that takes public input at all stages.

Pursuant to RCW 70.14.110 a Health Technology Clinical Committee (HTCC) composed of eleven independent health care professionals reviews all the information and renders a decision at an open public meeting. The Washington State HTCC determines how selected health technologies are covered by several state agencies (RCW 70.14.080-140). These technologies may include medical or surgical devices and procedures, medical equipment, and diagnostic tests. HTCC bases its decisions on evidence of the technology’s safety, efficacy, and cost effectiveness. Participating state agencies are required to comply with the decisions of the HTCC. HTCC decisions may be re-reviewed at the determination of the HCA Administrator.