

Health Technology Clinical Committee

Date: May 15, 2015

Time: 8:00 am – 5:00 pm

Location: SeaTac Conference Center, SeaTac, WA

Adopted:

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

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

HTCC DRAFT MINUTES

Members Present: C. Craig Blackmore, MD, MPH; Marie-Annette Brown, PhD, RN, ARNP, FAAN; Joann Elmore, MD MPH; David K. McCulloch, MD, FRCP; Richard C. Phillips, MD, MS, MPH, FACS; Seth Schwartz, MD, MPH; Michelle Simon, PhD, ND; Michael Souter, MB, Ch-B, DA, Christopher Standaert, MD; Kevin Walsh, MD

HTCC FORMAL ACTION

- 1. Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.
- 2. March 20, 2015 Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.

Action: Nine committee members approved the March 20, 2015 meeting minutes. One member abstained.

- 3. Testosterone Testing Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. One comment was received on the draft decision. Committee added a clarifying footnote to decision language based on public comment received.

Action: Nine committee members voted to approve the Testosterone Testing Findings & Decision document. One member abstained.

- 4. Imaging for Rhinosinusitis:**

Agency Utilization and Outcomes:

Carissa Fotinos, Deputy Chief Medical Officer, Washington Health Care Authority presented the state agency utilization rates for Imaging for Rhinosinusitis to the committee. The full presentation is published with [May 15 meeting materials](#).

Draft

Scheduled and Open Public Comments:

The Chair called for public comments. No public comments were presented.

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert for Rhinosinusitis, Amy Anstead, MD, Director of Rhinology and Endoscopic Skull Base Surgery, Virginia Mason Medical Center.

Teresa L. Rogstad, MPH, Hayes, Inc. presented the evidence review addressing Imaging for Rhinosinusitis. The full presentation is published with [May 15, 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 regarding imaging for Rhinosinusitis demonstrates that there is sufficient evidence to cover with conditions.

The committee considered all 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 cover with conditions Imaging for Rhinosinusitis. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote:

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Imaging for Rhinosinusitis	0	10	0

Discussion

The chair called for discussion of conditions and evidence related to imaging for Rhinosinusitis. The committee identified potential conditions and moved to vote. The committee voted to cover with the following conditions:

Action

The committee checked for availability of Medicare national coverage decisions (NCDs). There are no NCDs for imaging for Rhinosinusitis.

The committee discussed identified guidelines and recommendations for imaging for Rhinosinusitis. These included:

- American Academy of Allergy, Asthma, and Immunology/ American College of Allergy, Asthma & Immunology
- American Academy of Otolaryngology Head and Neck Surgery Foundation

American Academy of Pediatrics
American College of Radiology
Institute for Clinical Systems Improvement
Infectious Diseases Society of America

The Chair noted consistency with the guidelines with differences due to interpretation of the evidence.

The committee Chair directed HTA staff to prepare a Findings and Decision document on imaging for Rhinosinusitis reflective of the majority vote for final approval at the next public meeting.

6. Daniel Lessler, MD, Chief Medical Officer, Washington Health Care Authority presented the state agency utilization rates for Bariatric Surgery to the committee. The full presentation is published with [May 15 meeting materials](#).

Scheduled and Open Public Comments:

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

- Robert Michaelson, MD, PhD, FACS, FASMBS, President, WA State Chapter, American Society for Metabolic and Bariatric Surgery Diplomate, American Board of Obesity Medicine;
- Brian Sung, MD, Surgeon Director, Swedish Weight Loss Services, Access to Care representative, WA State Chapter of the American Society of Metabolic and Bariatric Surgery;
- Rob Portinga, patient, representative Obesity Action Coalition.

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert for Bariatric Surgery, Richard John Lindquist, MD, Medical Director Swedish Weight Loss Services.

Daniel Ollendorf, PhD, ICER, Inc. presented the evidence review addressing Bariatric Surgery. The full presentation is published with [May 15, 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 regarding bariatric surgery demonstrates that there is sufficient evidence to cover with conditions.

The committee considered all 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 cover with conditions Bariatric Surgery. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote:

	Not Covered	Covered Under Certain Conditions	Covered Unconditionally
Bariatric Surgery	0	10	0

Discussion

The Chair called for discussion of conditions of coverage for Bariatric Surgery following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

Limitations

Patients >= to 18 years of age

1. **Cover** for BMI of ≥ 40
2. **Cover** for BMI of 35 to <40 for those patients:
 - a. With at least one obesity related co-morbidity
3. **Covered** for BMI 30 to <35 with Type II Diabetes Mellitus
4. **Non-Covered** for BMI 30 to <35 w/o Type II Diabetes Mellitus
5. **Non-Covered** for BMI <30.
6. **Non-Covered**: Patients under 18 years of age.
7. When covered, patients must abide by all other agency surgery program criteria (e.g., specified centers or practitioners; pre-op psychological evaluation; participating in pre- and post-operative multidisciplinary care programs).

Action

The committee checked for availability of a Medicare coverage decision. There is one NCD for bariatric surgery.

The committee discussed clinical guidelines and training standards identified for bariatric surgery. These included:

American Heart Association/ American College of Cardiology/ The Obesity Society
American Association of Clinical Endocrinologist/ The Obesity Society/ American Society for Metabolic and Bariatric Surgery
U.W. Department of Veteran's Affairs/ Department of Defense
Original NIH-based Criteria
National Heart, Lung, and Blood Institute
Guidelines for Pediatric Surgery

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Endocrine Society
National Institute for health and Care Excellence, UK
Canadian Medical Association

The Chair noted consistency with the guidelines with differences due to interpretation of the evidence.

The committee Chair directed HTA staff to prepare a Findings and Decision document on bariatric surgery reflective of the majority vote for final approval at the next public meeting.

7. Josh Morse, HTA Program Director presented the draft key questions for the Lumbar Fusion – Re-review. Public comment on the draft questions will be accepted until May 20, 2015. information regarding the four HTA evidence reviews currently in progress.

Josh presented information on Health Technology Assessments currently in progress and those scheduled for 2016.

8. **Meeting adjourned.**