

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: January 19, 2018

Meeting materials and transcript are available on the HTA website at:
www.hca.wa.gov/about-hca/health-technology-assessment/meetings-and-materials

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.”*

Final

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.