

Health Technology Clinical Committee

Date: March 16, 2012
Time: 8:00 am – 4:30 pm
Location: SeaTac Airport Conference Center
Adopted: September 21, 2012

HTCC MINUTES

HTCC proceedings are provided in transcript form on the HTA website:

www.hta.hca.wa.gov/documents/htcc_transcript_111811.pdf

Members Present: C. Craig Blackmore MD, MPH; Marie Annette-Brown PhD, RN; Carson E. Odegard DC, MPH; Richard C. Phillips MD, MS, MPH; Seth Schwartz MD, MPH;; Christopher Standaert, MD; Kevin Walsh MD;

Late Arrival: ; Michelle Simon PhD, ND (present for afternoon topic)

Members Absent: Joann Elmore MD, MPH; David K. McCulloch MD; Michael Souter MB, Ch-B, DA

HTCC FORMAL ACTION

1. **Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.

Josh Morse, HTA Program Director, introduced the technology topic up for discussion:

- Staff provided an overview of the HTA programs and the topics for the meeting.

2. **March 16th, 2012 Meeting Minutes:** Chair referred members to the previous meeting business- 3 parts, beginning with draft minutes; motion to approve and second, and adopted by the committee.

- *Action: Seven committee members approved the November 12th, 2011 meeting minutes.*

3. **Microprocessor Controlled Lower Limb Prosthesis draft Findings & Decision:** Chair referred members to the draft findings and decision and called for a motion for approval or further discussion; motion to approve and second. The Microprocessor Controlled Lower Limb Prosthesis draft findings & decision was approved and adopted by the committee.

- *Action: Seven committee members approved the Microprocessor Controlled Lower Limb Prosthesis draft findings & decision document.*

4. **Osteochondral Allograft and Autograft Transplantation draft Findings & Decision:** Chair referred members to the draft findings and decision and called for motion to approve; motion to approve and second. The OAT draft finding and decision was approved and adopted by the committee.

- *Action: Seven committee members approved the OAT findings & decision document.*

5. **Sleep Apnea Diagnosis and Treatment: Scheduled and Open Public Comment:**

- **Scheduled and Open Public Comment:**
The Chair called for public comments.

Scheduled Public Comments: No stakeholders scheduled time for public comments.

Final



Open Public Comments: Two individual stakeholders requested scheduled time for public comments. The stakeholders submitted their conflict of interest for the committee’s consideration prior to providing public comment.

- Ed Weaver MD, MPH, sleep medicine and sleep surgeon provided comment.
- Robert Michaelson MD, PhD, Vice President of the Washington State Chapter of the American Society for Metabolic and Bariatric Surgery provided comment.

➤ **Agency Utilization and Outcomes:**

Steve Hammond MD, PhD, Chief Medical Officer, Department of Corrections, presented the agency utilization and outcomes for Sleep Apnea to the committee, full presentation published with meeting materials.

➤ **Vendor Report and HTCC Q & A**

Chair introduced the clinical expert, Amir Khan MD.

The Center for Evidence-based Policy, Oregon Health Sciences University presented an overview of their evidence report on Sleep Apnea Diagnosis and Treatment in Adults, full presentation published with meeting materials.

➤ **Committee Discussion and Decision**

Dr. Blackmore, Committee Chair, led a discussion of the evidence related to the safety, efficacy, and cost-effectiveness of sleep apnea treatments followed by discussion of sleep apnea diagnosis.

HTCC reviewed and considered the Sleep Apnea technology assessment report; information provided by the Administrator; state agencies; public members; and heard comments from the evidence reviewer, HTA program, an invited clinical expert, the public and agency medical directors. 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.

HTCC COMMITTEE COVERAGE DETERMINATION VOTE			
	Not covered	Covered Unconditionally	Covered Under Certain Conditions
Sleep apnea diagnosis	0	0	7
Sleep apnea treatment- non-surgical	0	0	7
Sleep apnea treatment- surgical	0	0	7

- ✓ *Discussion:* The Chair called for discussion on conditions of coverage for sleep apnea diagnosis and treatment following the majority voting for coverage. The determination is limited to adults age 18 years and older for diagnosis and treatment of obstructive sleep apnea (OSA). The following conditions were discussed and approved by a majority of the clinical committee:

Limitations of Coverage: Sleep apnea diagnosis and treatment is a covered benefit when the following conditions are met:

- Adults age 18 years and older;



- State agency approved providers;
- Consistent with the Medicare national coverage determination *Continuous positive airway Pressure CPAP Therapy for Obstructive Sleep Apnea (OSA)* and *Sleep Testing for Obstructive Sleep Apnea* excluding Coverage with Evidence Development (CED); and
- Consistent with the Medicare Local coverage determination (L30731) for *Surgical Treatment of Obstructive Sleep Apnea*.
- *Action:* The committee chair directed HTA staff to prepare a *Findings and Coverage document on Sleep Apnea diagnosis and treatment* reflective of the determination.

6. Bone Morphogenetic Proteins (BMP):

➤ **Scheduled and Open Public Comment:**

The Chair called for public comments.

Scheduled Public Comments: Five stakeholders scheduled time for public comments; four were addressed the committee.

- John Ratliff MD on behalf of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons,
 - Trent Tredway MD, a surgeon from Seattle, WA
 - John Schuster MD a surgeon from Eastern Washington
 - Julie Bearcroft PhD representing Medtronic Spine & Biologics
- ### ➤ **Agency Utilization and Outcomes:**

Robert Mootz DC, Associate Medical Director, Department of Labor and Industries, presented the agency utilization and outcomes for BMP to the committee, full presentation published with meeting materials.

➤ **Vendor Report and HTCC Q & A**

Chair introduced the clinical expert Michael Jihoon Lee MD.

Spectrum Research, Inc. presented an overview of their evidence report on Bone Morphogenetic Proteins for use in Spinal Fusion, full presentation published with meeting materials.

➤ **Committee Discussion and Decision**

Dr. Blackmore, Committee Chair, led a discussion of the evidence related to the safety, efficacy, and cost-effectiveness of BMP for spinal fusion. The HTCC reviewed and considered the BMP technology assessment report; information provided by the Administrator; state agencies; public members; and heard comments from the evidence reviewer, HTA program, an invited clinical expert, the public and agency medical directors. 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.



HTCC COMMITTEE COVERAGE DETERMINATION VOTE			
	Not covered	Covered Unconditionally	Covered Under Certain Conditions
Bone morphogenetic protein-2	0	0	8
Bone morphogenetic protein-7	8	0	0

- ✓ *Discussion:* The Chair called for discussion on conditions for use of BMP-2 due to the majority voting for coverage. The following conditions were discussed and approved by a majority:
 - *Limitations of Coverage:* rhBMP-2 for use in lumbar fusion is a covered benefit when the following conditions are met:
 - Adults age 18 years and over
 - Lumbar spine only
 - Primary anterior open or laparoscopic fusion at one level between L4 and S1, OR
 - Revision lumbar fusion on a compromised patient for whom autologous bone and bone marrow harvest are not feasible or not expected to result in fusion

- *Action:* The committee Chair directed HTA staff to prepare a Findings and Decision document on Bone Morphogenetic Proteins for use in lumbar fusion reflective of the majority vote for final approval at the next public meeting.

The committee reviewed the Clinical guidelines and check for the availability of a Medicare decision. The Centers for Medicare and Medicaid Services have no published national coverage determinations (NCD) for Bone Morphogenetic Proteins for use in lumbar fusion.

7. Chair called for further comments. Meeting adjourned.