

Health Technology Clinical Committee

Date: November 5, 2021
Time: 8:00 a.m. – 3:30 p.m.
Location: Webinar
Adopted: March 18, 2022

Meeting materials and transcript are available on the [HTA website](#).

HTCC Minutes

Members present: Larry Birger Jr, MD; Clinton Daniels, DC, MS; Janna Friedly, MD, MPH; Chris Hearne, DNP, MPH; Conor Kleweno, MD; Christoph Lee, MD, MS, MBA; Laurie Mischley, ND, MPH, PhD; Mika Sinanan, MD, PhD; Tony Yen, MD

Clinical expert: James Kirkpatrick, MD

HTCC Formal Action

- Welcome and Chair remarks:** Dr. Friedly, vice chair, called the meeting to order; members present constituted a quorum. Dr. Friedly chaired the meeting as Dr. Rege could not attend.
- HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, and an overview of the HTA program.
- Previous meeting business**

July 9, 2021 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Nine committee members approved the July 9, 2021 meeting minutes.

September 17, 2021 meeting minutes: Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Nine committee members approved the September 17, 2021 meeting minutes.

- Noninvasive cardiac imaging for coronary artery disease**

Washington State agency utilization and outcomes: Chris Chen, MD, MBA, Associate Medical Director Medicaid, Health Care Authority, presented the state agency perspective on noninvasive cardiac imaging. Find the full presentation published with the [November 5 meeting materials](#).

Scheduled and open public comments: Chair called for public comments. Comments were provided by:

- Susan Mayer, MD – American Society of Echocardiography Advocacy
- Randall Thompson, MD – President, American Society of Nuclear Cardiology and Marko Yakovlevitch, MD

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- Johnathan R. Lindner, MD – Oregon Health Sciences University
- Larry Dean, MD – University of Washington

Vendor report/HTCC questions and answers: Andrea Skelly, PhD, MPH, Aggregate Analytics, Inc., presented the evidence review for Noninvasive Cardiac Imaging for Coronary Artery Disease. The full presentation is published with the [November 5 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 decided that the current evidence on noninvasive cardiac imaging for coronary artery disease (CAD) was sufficient to make a determination. The committee discussed and voted on the evidence for the use of echocardiography, coronary computed tomography angiography (CCTA), single positron emission computed tomography (SPECT) and positron emission tomography (PET), and CCTA with fractional flow reserve (FFR). The committee considered the evidence, public comment and expert input, 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 noninvasive cardiac imaging technology review. The committee voted unanimously to cover with conditions.

	Not covered	Covered under certain conditions	Covered unconditionally
Noninvasive cardiac imaging for coronary artery disease	0	9	0

Discussion

The committee reviewed and discussed the available studies for use of noninvasive cardiac imaging for CAD. Conditions for coverage were discussed, drafted, and voted on. A majority of committee members supported the conditions of coverage for echocardiography, CCTA, SPECT, PET, and CCTA-FFR. Echocardiography, SPECT, CCTA, PET, and CCTA-FFR have conditional coverage. Details of study design, inclusion criteria, outcomes, cost, cost-effectiveness, and other factors affecting study quality were discussed.

Limitations

Stress echocardiography is a covered benefit with conditions for:

- Symptomatic adult patients (≥18 years of age) at intermediate or high risk of CAD, or
- Adult patients with known coronary artery disease who have new or worsening symptoms.

SPECT is a covered benefit with conditions for:

- Patients under the same conditions as stress echocardiography when stress echocardiography is not technically feasible or clinically appropriate.

PET is a covered benefit with conditions for:

- Patients under the same conditions as SPECT, when SPECT is not technically feasible or clinically appropriate.

CCTA is a covered benefit with conditions for:

- Symptomatic adult patients (≥ 18 years of age) at intermediate or high risk of CAD, or
- Adult patients with known CAD who have new or worsening symptoms.

CCTA with FFR is a covered benefit with conditions for:

- Patients under the same conditions as CCTA, when further investigation of functional significance of stenoses is clinically indicated.

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is a Medicare LCD for non-invasive fractional flow reserve for stable ischemic heart disease. There is no NCD for cardiac imaging for CAD as reviewed.

The committee discussed clinical guidelines identified from the following organizations:

- American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines, and the American College of Physicians, American Association for Thoracic Surgery, Preventive Cardiovascular Nurses Association, Society for Cardiovascular Angiography and Interventions, and Society of Thoracic Surgeons *Guideline for the Diagnosis and Management of Patients with Stable Ischemic Heart Disease* (2012)
- The Task Force for the diagnosis and management of chronic coronary syndromes of the European Society of Cardiology (ESC) *ESC Guidelines for the diagnosis and management of chronic coronary syndromes* (2019)
- National Institute for Health and Care Excellence (NICE) *Recent-onset chest pain of suspected cardiac origin: assessment and diagnosis* (2016)
- American College of Cardiology (ACC) and the American Heart Association (AHA) *Guideline for the Management of Patients With Non–ST-Elevation Acute Coronary Syndromes* (2014)

The recommendations of the guidelines vary. The committee's determination is consistent with the noted guidelines.

The committee vice chair directed HTA staff to prepare a findings and decision document on use of noninvasive cardiac imaging for coronary artery disease for public comment to be followed by consideration for final approval at the next committee meeting.

5. Meeting adjourned

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