

Health Technology Clinical Committee

Date: Friday, September 21, 2012

Time: 8:00 am – 12:00 pm

Location: SeaTac Airport Conference Center

To join the meeting by phone:

Dial: 1-888-757-2790 (toll-free)

Enter Passcode: 731919

Conference ID: 2297420

AGENDA

Time	Item	Lead
8:00 – 8:10 am **	Welcome & Chair Remarks	C. Craig Blackmore, MD, HTCC Chair
8:10 – 8:15	HTA Program Updates	HTA
8:15 – 8:30	HTA Previous Meeting Business: <i>May Minutes, Decision and Findings Vote</i>	HTA
8:30 – 9:00	Intensity Modulated Radiation Therapy Scheduled and Open Public Comments	HTA
9:00 – 9:20	Agency Utilization and Outcomes	WA State Agency Representatives
9:20 – 9:50	Evidence Report: Intensity Modulated Radiation Therapy	Oregon Health & Sciences University
9:50 – 10:00	Break	
10:00 – 10:45	HTCC Committee Q&A	C. Craig Blackmore, MD, HTCC Chair
10:45 – 12:15	Committee Discussion & Decision: Intensity Modulated Radiation Therapy <i>Evidence and Coverage Vote</i>	Health Technology Clinical Committee

**** Special Notes**

All times are approximate and may change at Chair's discretion and based on time needed. Ten-minute breaks, mid-morning and afternoon are anticipated.

If you are a person with a disability and need a reasonable accommodation or have questions, please contact Christine Masters at 360-725-5126 for more information.



Health Technology Assessment
Clinical Committee Meeting

Program Overview

Josh Morse, MPH
Health Technology Assessment
September 21, 2012

Presentation Overview

Today's Topics

- Intensity Modulated Radiation Therapy
- **HTA Program Overview**

Background

- **The HTA Program is located within the Health Care Authority (HCA)**
- **2006 Legislation created the HTA program to use an evidence report and a clinician panel to make coverage decisions about whether agencies should pay for certain medical procedures and tests based on:**
 - Safety
 - Efficacy/effectiveness, and
 - Cost-effectiveness
- **Multiple agencies participate to identify topics and implement policy decisions:**
 - HCA (Uniform Medical Plan, Medicaid)
 - Dept of Labor and Industries
 - Dept of Corrections
- **Implementation:**
 - Agencies implement determinations of the HTA program within their existing statutory framework.

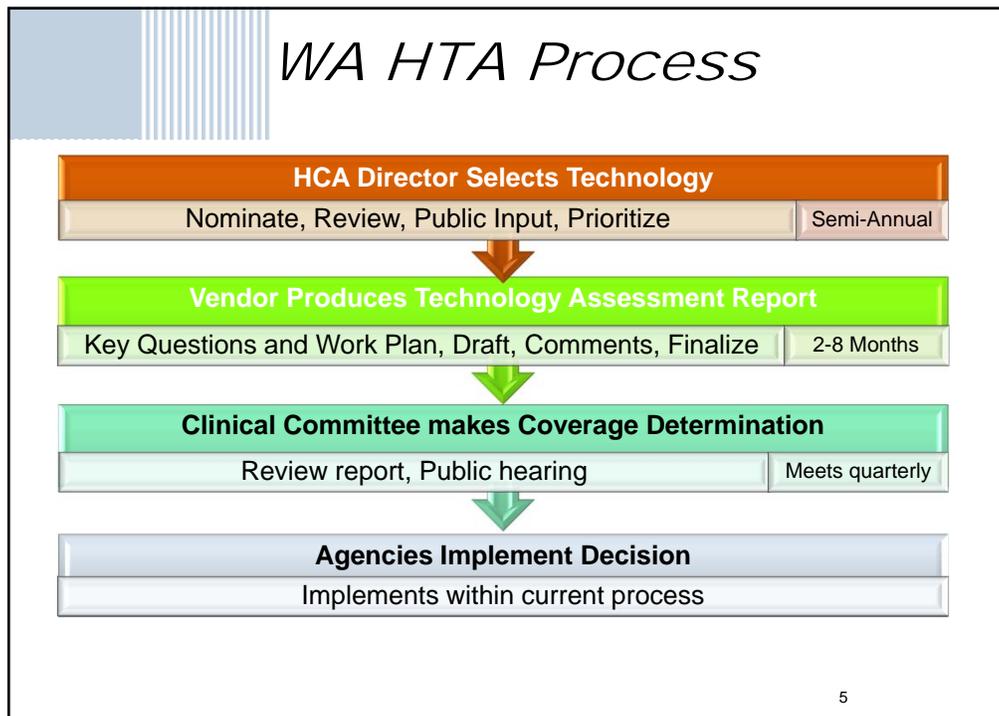
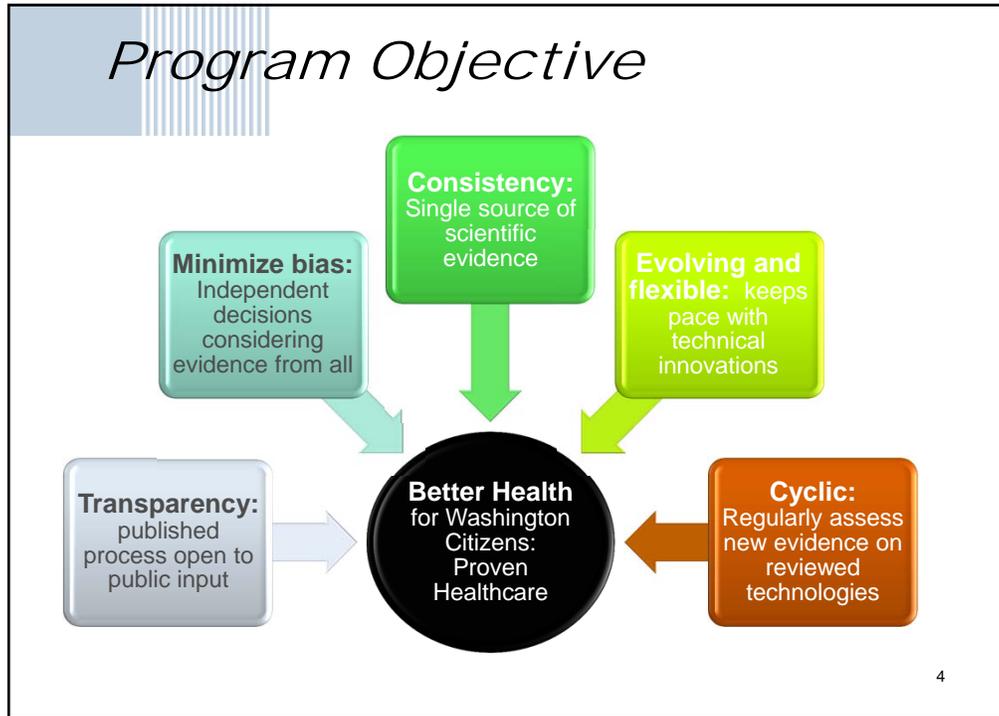
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WA HTA Program Purpose

To ensure medical treatments, devices and services paid for with state health care dollars are safe and proven to work.

- Provide resources for state agencies purchasing health care.
- Develop scientific, evidence-based reports on medical devices, procedures, and tests.
- Facilitate an independent clinical committee of health care practitioners to determine which medical devices, procedures, or tests meet safety, efficacy, and cost tests.

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Purpose: Pay for What Works

Transparency: Publish topics, criteria, reports, open meetings

Best evidence: Formal, systematic process to review of selected healthcare technologies.

Independent decisions: Committee of practicing clinicians make decisions that are scientifically based, transparent, and consistent across state health care purchasing agencies.

Key focus questions:

- Is it safe?
- Is it effective?
- Does it provide value (improve health outcomes)?

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HTCC Decision Basis

Clinical Committee Decision must give greatest weight to most valid and reliable evidence.

- Objective Factors for evidence consideration
 - Nature and Source of evidence
 - Empirical characteristics of the studies or trials upon which evidence is based
 - Consistency of outcomes with comparable studies
- Additional evaluation factors
 - Recency (date of information)
 - Relevance (applicability of the information to the key questions presented or participating agency programs and clients)
 - Bias (presence of conflict of interest or political considerations)

WAC 182-55-030: Committee coverage determination process

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Technology Topics 2012-13

- ✓ Sleep Apnea Diagnosis and Treatment
- ✓ Bone Morphogenetic Proteins
- ✓ Upper Endoscopy for GERD and GI Symptoms
- ✓ Robotic Assisted Surgery
- Intensity Modulated Radiation Therapy
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Vitamin D Screening and Testing
- Hyperbaric Oxygen Therapy for Wound Care and Brain Injury
- Cervical Level Fusion for Degenerative Disk Disease
- Ablation Procedures for Supraventricular Tachycardia
- Cochlear Implants (bi- or unilateral)
- Carotid Artery Stenting
- Cardiac Nuclear Imaging
- Prostate-specific Antigen Testing

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How to Participate

- Visit HTA Web pages: www.hta.wa.gov
- Attend public meetings. All meeting information posted on the web and emailed to those on distribution list:
- Email to: SHTAP@HCA.WA.GOV and request to be added to the list
- Comment on:
 - Proposed topics
 - Key Questions
 - Reports
 - Draft decision
- Present comments to the Clinical Committee at open meetings
- Nominate health technologies for review by the Clinical Committee

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HTA Contact Information

Email Distribution List: shtap@hca.wa.gov

HTA Web Pages: <http://www.hta.hca.wa.gov/>

Josh Morse, MPH
Program Director
360-725-0839

Josh.Morse@HCA.WA.GOV

Thank you!

Health Technology Clinical Committee

Date: May 18, 2012

Time: 8:00 am – 4:30 pm

Location: SeaTac Airport Conference Center

Adopted:

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

http://www.hta.hca.wa.gov/past_materials.html

HTCC MINUTES

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

Members Absent: 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.
- 2. March 16th Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.
 - ✓ *Action: Eight committee members approved the March 16, 2012 meeting minutes. Two members abstained.*
- 3. Sleep Apnea Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.

The Sleep Apnea Draft Findings & Decision was approved and adopted by the committee.

 - ✓ *Action: Seven committee members approved the Sleep Apnea Findings & Decision document. Three members abstained.*
- 4. Bone Morphogenetic Protein Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.

The Bone Morphogenetic Protein Draft Findings & Decision was approved and adopted by the committee.

 - ✓ *Action: Eight committee members approved the Bone Morphogenetic Protein document. Two members abstained.*

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5. Upper Endoscopy for GERD and GI Symptoms:

Scheduled and Open Public Comment :

The Chair called for public comments.

- Scheduled Public Comments: No stakeholders scheduled time for public comments.
- Open Public Comments: No stakeholders presented public comments on the final report.

Agency Utilization and Outcomes:

Steve Hammond MD, PhD, Chief Medical Officer, Department of Corrections, presented the state agency utilization rates and outcomes for Upper Endoscopy to the committee. The full presentation is published with [May 18 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert, Drew Schembre MD, chief and co-founder of the Swedish Gastroenterology/Swedish Center for Digestive Health.

Robin Liu MD, MPH of the Center for Evidence-based Policy, Oregon Health and Science University, presented the evidence review addressing Upper Endoscopy for GERD and GI Symptoms. The full presentation is published with [May 18 meeting materials](#).

Committee Discussion and Decision

The HTCC reviewed and considered the Upper Endoscopy technology assessment report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert 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
Upper Endoscopy for GERD and GI Symptoms	0	1	9

- *Discussion:* The Chair called for discussion of conditions of coverage for Upper Endoscopy following the majority voting for coverage. The following conditions were discussed and approved by a majority of the clinical committee:
- *Limitations of Coverage:* Upper Endoscopy for GERD and GI Symptoms is a covered benefit when the following conditions are met:
 - Failure of adequate trial of medical treatment to improve or resolve symptoms (recurrence of symptoms after initial treatment indicates treatment failure).
 - Presence of alarm symptoms

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The committee reviewed the existing Medicare national coverage decision. The Chair noted the decision was not dated and that committee did not agree with it and that the Committee had completed a comprehensive review of the evidence.

6. Robotic Assisted Surgery (RAS):

Scheduled and Open Public Comment:

The Chair called for public comments.

- Scheduled Public Comments: Eight stakeholders scheduled time for public comments.
 - Kathryn Barry MPH, MSN, RN Health Policy Consultant for Intuitive Surgical.
 - Mark Shellmyer MD, provided information for Douglas Sutherland MD, who was unable to attend the HTCC meeting.
 - Chirag Shah MD, MPH Clinical Assistant Professor, University of Washington Medical Center.
 - James Porter MD, Director, Robotic Surgery, Swedish Medical Center.
 - Myriam Curet MD, FACS Chief Medical Adviser for Intuitive Surgical.
 - John Lenihan Jr. MD, Medical Director of Robotics and Minimally Invasive Surgery, Multicare Health Systems.
 - Ray Jarris Jr. MD.
 - Leland Siwek MD, Northwest Heart & Lung Surgical Associates, Providence Sacred Heart Medical Center & Children's Hospital.
- Open Public Comments: Two individuals provided comments during the open portion of the public comment period.
 - Eric Lehr MD, PhD, FRCSC Cardiac Surgery, Swedish Medical Center.
 - Katherine Williams, Multicare.
 - Mary Rance.

Agency Utilization and Outcomes:

Kerilyn Nobuhara MD, MHA, Health Care Authority, presented to the committee state agency utilization and outcome data for RAS. The agency presentation is published with the [May 18 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced clinical expert, James La Rochelle MD, Assistant Professor, Department of Surgery, Division of Urology, Oregon Health and Sciences University.

Ken Gleitsmann MD, MPH and Valerie King MD, MPH both of the Center for Evidence-based Policy, Oregon Health and Science University, presented an overview of their evidence report on RAS. The evidence report presentation is published with the [May 18 meeting materials](#).

Committee Discussion and Decision:

HTCC reviewed and considered the RAS technology assessment report; information provided by the Administrator; and state agencies. They also heard comments from the evidence reviewer, HTA program, the 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
Robotic Assisted Surgery	0	0	10

- *Discussion:* The Chair called for discussion of conditions of coverage for RAS following the majority voting for coverage. The following conditions were discussed and approved by a majority of the clinical committee.
- *Limitations of Coverage:* Robotic Assisted Surgery is a covered benefit when the following conditions are met:
 - No additional payment for use of RAS beyond that for the underlying procedure is currently indicated.
 - Agencies may require (billing) providers to clearly identify when RAS is used in order to track utilization and outcome.
- ✓ *Action:* The committee chair directed HTA staff to prepare a *Findings and Coverage Decision document on Robotic Assisted Surgery* reflective of the determination.

The committee reviewed the clinical guidelines and checked for the availability of a Medicare decision. The Centers for Medicare and Medicaid Services have no published national coverage determinations (NCD) for robotic assisted surgery.

7. The Chair called for further comments. Meeting adjourned.

Upper Endoscopy for GERD and GI Symptoms

Draft Findings & Decision Timeline and Overview of Comments

The Health Technology Assessment (HTA) program received comments in response to the posted Health Technology Clinical Committee (HTCC) draft findings and decision on Upper Endoscopy for GERD and GI Symptoms.

Category	Comment Period June 27–July 11, 2012	Cited Evidence
Patient, relative, and citizen	0	0
Legislator and public official	0	0
Health care professional	0	0
Industry & manufacturer	0	0
Professional society & advocacy organization	0	0
Total	0	0

Comments with Evidence:

None

Comments without Evidence:

None

Technology Assessment Timeline		
Study Stage	Date	Public Comment Days
Technology recommendations published	November 3, 2010	
Public comments due	November 16, 2010	14
Selected technologies published	December 17, 2010	
Public comments due	January 17, 2011	32
Draft Key Questions published	December 19, 2011	
Public comments due	January 4, 2012	16
Final Key Questions published	January 12, 2012	
Draft report published	March 22, 2012	
Public comments due	April 5, 2013	15
Final report published	April 16, 2012	
Public meeting date	May 18, 2012	
Findings & decision published	June 27, 2012	
Public comments due	July 11, 2012	14

Health Technology Clinical Committee

Draft Findings and Decision

Topic: Upper Endoscopy for Gastroesophageal Reflux Disease (GERD) and Gastrointestinal (GI) Symptoms

Meeting Date: May 18, 2012

Final Adoption:

Number and Coverage Topic:

20120518A – Upper Endoscopy for GERD and GI Symptoms

HTCC Coverage Determination:

Upper Endoscopy for GERD and GI Symptoms is a covered benefit with conditions.

HTCC Reimbursement Determination:

Limitations of Coverage

Among adults with initial presenting complaints of upper GI symptoms or symptoms consistent with GERD, upper endoscopy is a covered benefit when the following conditions are met:-

- Failure of adequate trial of medical treatment to improve or resolve symptoms (recurrence of symptoms after initial treatment indicates treatment failure), or
- Presence of alarm symptoms

Non-Covered Indicators

- N/A

Agency Contact Information:

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-762-6004
Health and Recovery Services Administration	1-800-562-3022

HTCC Coverage Vote And Formal Action

Meeting materials and transcript are available on the HTA website at:
http://www.hta.hca.wa.gov/past_materials.html

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 agency and state utilization information. The committee concluded that the current evidence on Upper Endoscopy for GERD and GI Symptoms 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 upper endoscopy for GERD and GI symptoms.

Upper Endoscopy Coverage Vote:

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Upper Endoscopy for GERD & GI Symptoms	0	1	9

Discussion

The Chair called for discussion on conditions for use of Upper Endoscopy due to the majority voting for coverage. The following conditions were discussed and approved by a majority:

Limitations of Coverage

Upper Endoscopy for GERD and GI Symptoms is a covered benefit when the following conditions are met:

- Failure of adequate trial of medical treatment to improve or resolve symptoms (recurrence of symptoms after initial treatment indicates treatment failure)
- Presence of alarm symptoms

Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Upper Endoscopy for GERD and GI Symptoms reflective of the majority vote for final approval at the next public meeting.

The committee reviewed the evidence report for existing clinical guidelines and Centers for Medicare & Medicaid Services (CMS) decisions. The Centers for Medicare and Medicaid Services has published a national coverage determination (NCD) and local coverage determinations (LCD) for Upper Endoscopy for GERD and GI Symptoms. The committee considered the NCD and determined they had completed a comprehensive review of evidence and based on this evidence did not agree with the NCD.

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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.

Robotic Assisted Surgery

Draft Findings & Decision Timeline and Overview of Comments

The Health Technology Assessment (HTA) program received comments in response to the posted Health Technology Clinical Committee (HTCC) draft findings and decision on Robotic Assisted Surgery.

Category	Comment Period June 27–July 11, 2012	Cited Evidence
Patient, relative, and citizen	0	0
Legislator and public official	0	0
Health care professional	0	0
Industry & manufacturer	0	0
Professional society & advocacy organization	0	0
Total	0	0

Comments with Evidence:

None

Comments without Evidence:

None

Technology Assessment Timeline		
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HTCC Coverage Vote And Formal Action

Meeting materials and transcript are available on the HTA website at:
http://www.hta.hca.wa.gov/past_materials.html

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 agency and state utilization information. The committee concluded that the current evidence on Robotic Assisted 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 robotic assisted surgery.

Robotic Assisted Surgery Coverage Vote:

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Robotic Assisted Surgery	0	0	10

Discussion

The Chair called for discussion on conditions for use of Robotic Assisted Surgery due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

Limitations of Coverage

Robotic Assisted Surgery is a covered benefit when the following conditions are met:

- No additional payment for use of RAS beyond that for the underlying procedure is currently indicated.
- Agencies may require (billing) providers to clearly identify when RAS is used in order to track utilization and outcome.

Action

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

The committee reviewed the evidence report for existing clinical guidelines and Centers for Medicare & Medicaid Services (CMS) decisions. CMS does not have a national coverage determination (NCD) for Robotic Assisted Surgery.

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.

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