

Health Technology Clinical Committee

Date: Friday, November 16, 2012

Time: 8:00 am – 5:00 pm

Location: SeaTac Conference Center

To join the meeting by phone:

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

Enter Passcode: 731919

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>September Minutes, Decision and Findings Vote</i>	HTA
8:30 – 9:00	Stereotactic Radiation Surgery & Stereotactic Body Radiation Therapy (SRS/SBRT)	Scheduled & Open Public Comments
9:00 – 9:20	Agency Utilization and Outcomes	WA State Agency Representatives
9:20 – 9:50	Evidence Report: SRS/SBRT	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: SRS/SBRT <i>Evidence and Coverage Vote</i>	Health Technology Clinical Committee
12:15 – 12:45 pm	Lunch	
12:45 – 1:15	Vitamin D Testing and Screening	Scheduled & Open Public Comments
1:15 – 1:35	Agency Utilization and Outcomes	WA State Agency Representatives
1:35 – 2:05	Evidence Report: Vitamin D Screening & Testing	Hayes, Inc
2:05 – 2:15	Break	
2:15 – 3:00	HTCC Committee Q&A	C. Craig Blackmore, MD, HTCC Chair
3:00 – 4:30	Committee Discussion & Decision: Vitamin D Screening & Testing <i>Evidence and Coverage Vote</i>	Health Technology Clinical Committee
4:30 – 5:00	Wrap Up	HTA

** 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
Program Director
November 16, 2012

Presentation Overview

Today's Topics

- Stereotactic Radiation Surgery/Stereotactic Body Radiation Therapy
- Vitamin D Screening and Testing

■ **HTA Program Overview**

Background

- The HTA Program is located within the Health Care Authority (HCA)
- 2006 legislation designed HTA program to use evidence reports and a panel of clinicians to make coverage decisions for certain medical procedures and tests based on evidence of:
 - Safety
 - Efficacy/effectiveness, and
 - Cost-effectiveness
- Multiple state agency programs 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.

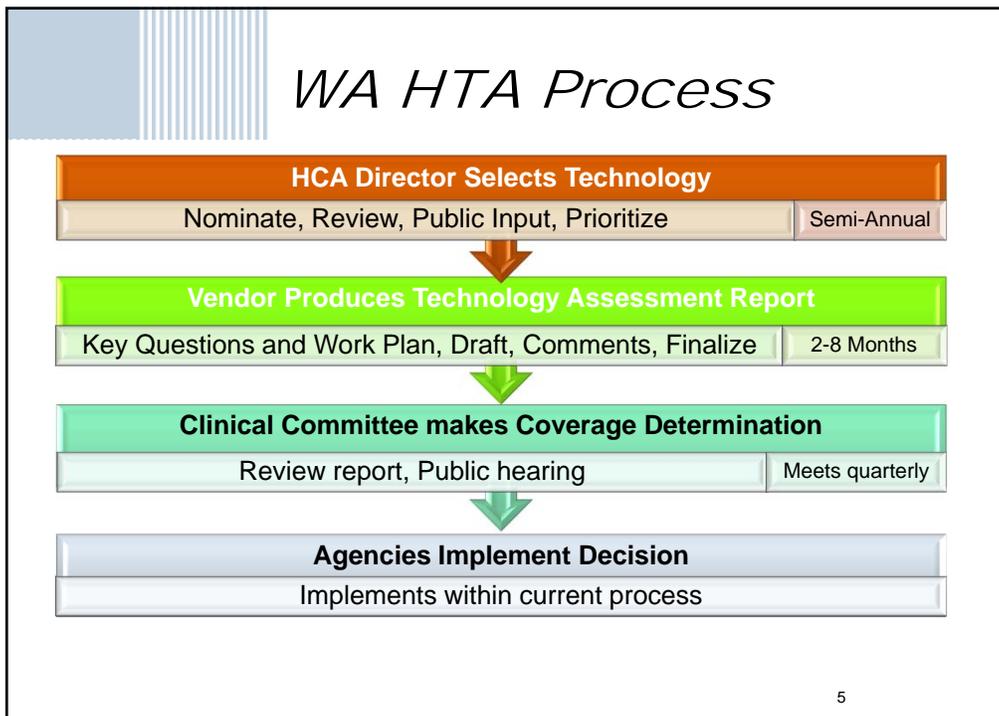
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WA HTA Program Purpose

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 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 information to the key questions presented or participating agency programs and clients)
 - **Bias** (conflict of interest or political considerations)

WAC 182-55-030: Committee coverage determination process

Technology Topics 2012-13

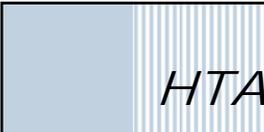
- ✓ Sleep Apnea Diagnosis and Treatment
- ✓ Bone Morphogenetic Proteins
- ✓ Upper Endoscopy for GERD and GI Symptoms
- ✓ Robotic Assisted Surgery
- ✓ Intensity Modulated Radiation Therapy
- Stereotactic Radiosurgery and Stereotactic Body Radiation Therapy
- Vitamin D Screening and Testing
- Hyperbaric 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://hta.hca.wa.gov/>

Josh Morse, MPH

Program Director

360-725-0839

Josh.Morse@HCA.WA.GOV

Thank you!

Health Technology Clinical Committee

Date: September 21, 2012

Time: 8:00 am – 12:00 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; Michael Souter MB, Ch-B, DA, Christopher Standaert, MD; Kevin Walsh MD

Members Absent: None

HTCC FORMAL ACTION

- 1. Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.
- 2. May 18 Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.
Action: Ten committee members approved the March 16, 2012 meeting minutes. One member abstained.
- 3. Upper Endoscopy with GERD Symptoms Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.
The Upper Endoscopy with GERD Symptoms Draft Findings & Decision was approved and adopted by the committee.
Action: Ten committee members approved the Upper Endoscopy with GERD Symptoms Draft Findings & Decision document. One member abstained.
- 4. Robotic Assisted Surgery Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion or objection.
The Robotic Assisted Surgery Draft Findings & Decision was approved and adopted by the committee.
Action: Ten committee members approved the Robotic Assisted Surgery document. One member abstained.

Draft Version Not Officially Adopted

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5. Intensity Modulated Radiation Therapy:

Scheduled and Open Public Comment :

The Chair called for public comments.

- Scheduled Public Comments: Seven stakeholders scheduled time for public comments.
- Open Public Comments:
 - John Rieke, MD, American Society of Radiation Oncology, Medical Director, MultiCare Regional Cancer Center
 - George Laramore, MD, University of Washington Medical Center, Seattle Cancer Care Alliance
 - Kenneth Russell, MD, University of Washington Medical Center, Seattle Cancer Care Alliance
 - Jason Rockhill, MD, University of Washington Medical Center, Seattle Cancer Care Alliance
 - Ralph Ermoian, MD, University of Washington Medical Center, Seattle Cancer Care Alliance
 - Edward Kim, MD, University of Washington Medical Center, Seattle Cancer Care Alliance
 - Joseph Hartman, MD, RadiantCare Radiation Oncology LLC
- Written public comments: One stakeholder provided written comment to the committee.
 - Huong Pham, MD, Section Head, Radiation Oncology, Virginia Mason Medical Center

Agency Utilization and Outcomes:

Jeff Thompson MD, MPH Chief Medical Officer, Health Care Authority, presented the state agency utilization rates for Intensity Modulated Radiation Therapy to the committee. The full presentation is published with [September 21 meeting materials](#).

Vendor Report and HTCC Q & A:

The Chair introduced the clinical expert, Martin Fuss MD, professor and Vice Chair, Director Program in Image-guided Radiation Therapy, Department of Radiation Medicine, Oregon Health & Science University.

Edgar E. Clark MD, MHA of the Center for Evidence-based Policy, Oregon Health and Science University, presented the evidence review addressing Intensity Modulated Radiation Therapy. The full presentation is published with [September 21 meeting materials](#).

Committee Discussion and Decision

The HTCC reviewed and considered the Intensity Modulated Radiation Therapy technology assessment report and information provided by the state agencies. They also heard comments from

the evidence reviewer, 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
Intensity Modulated Radiation Therapy	1	0	10

- *Discussion:* The Chair called for discussion of conditions of coverage for Intensity Modulated Radiation Therapy following the majority voting for coverage. The following conditions were discussed and approved by a majority of the clinical committee:
- *Limitations of Coverage:* Intensity Modulated Radiation Therapy is a covered benefit for the following conditions:
 - Head and neck cancers;
 - Prostate cancer;
 - To spare adjacent critical structures to prevent toxicities within expected life span; or
 - Undergoing treatment in the context of evidence collection /submission of outcome data (e.g., registry, observational study).

The committee checked for availability of a Medicare decision. The Centers for Medicare and Medicaid Services have no published national coverage determinations (NCD) for Intensity Modulated Radiation Therapy.

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

**Health Technology Clinical Committee
Draft Findings and Decision**

Topic: Intensity Modulated Radiation Therapy (IMRT)
Meeting Date: September 21, 2012
Final Adoption:

Number and Coverage Topic:

20120921A – Intensity Modulated Radiation Therapy

HTCC Coverage Determination:

Intensity Modulated Radiation Therapy is a **covered benefit with conditions** consistent with the criteria identified in the reimbursement determination.

HTCC Reimbursement Determination:

Limitations of Coverage

Intensity Modulated Radiation Therapy (IMRT) is covered for:

1. Head and neck cancers;
2. Prostate cancer;
3. To spare adjacent critical structures to prevent toxicities within expected life span;
Or
4. Undergoing treatment in the context of evidence collection/submission of outcome data (e.g., registry, observational study).

Non-Covered Indicators

- N/A

Agency Contact Information

Agency	Phone Number
Labor and Industries	1-800-547-8367
Public Employees Health Plan	1-800-200-1004
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 Intensity Modulated Radiation Therapy 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 Intensity Modulated Radiation Therapy.

Intensity Modulated Radiation Therapy Coverage Vote:

HTCC Committee Coverage Determination Vote			
	Not Covered	Covered Unconditionally	Covered Under Certain Conditions
Intensity Modulated Radiation Therapy	1	0	10

Discussion

The Chair called for discussion on conditions for use of Intensity Modulated Radiation Therapy due to the majority voting for coverage with conditions. The following conditions were discussed and approved by a majority:

Limitations of Coverage

Intensity Modulated Radiation Therapy (IMRT) is covered for:

- Head and neck cancers;
- Prostate cancer;
- To spare adjacent critical structures to prevent toxicities within expected life span; or
- Undergoing treatment in the context of evidence collection /submission of outcome data (e.g., registry, observational study)

Action

The committee Chair directed HTA staff to prepare a Findings and Decision document on Intensity Modulated Radiation Therapy 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 Intensity Modulated Radiation Therapy.

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.

Intensity Modulated Radiation Therapy

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 Intensity Modulated Radiation Therapy.

Category	Comment Period Oct 16 – 30, 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	February 21, 2012	
Public comments due	March 6, 2012	14
Final Key Questions published	March 23, 2012	
Draft report published	July 6, 2012	
Public comments due	August 6, 2012	31
Final report published	August 20, 2012	
Public meeting date	September 21, 2012	
Findings & decision published	October 16, 2012	15
Public comments due	October 30, 2012	