



Sacroiliac Joint Fusion Rereview

July 9, 2021

Copies of the audio recording for this meeting are available by request to: shtap@hca.wa.gov.

- Sheila Rege: Great. No. So, we have two action items. One is the minutes and then review of coverage decision for the sacroiliac joint fusion from our last meeting. I would like Melanie, or Josh actually, to explain how we will do the voting unless you want to do that at the time we look for a motion. No, we're going to do approval of minutes first. Melanie or Josh, any comments?
- Melanie Golob: So we're going to leave that up to you, Sheila. I prepared some polls, so if we want to vote via just the Zoom poll option we can do that. But if you prefer the option of doing the chat, we're happy to do that as well. So whatever your preference is.
- Sheila Rege: Well, we can try the poll. And one of the things last time we used the chat the issue was is that transparent enough for a public meeting? So we're going to try this poll today just to see if it works better, and then we can decide for the future.
- Melanie Golob: Sounds great.
- Sheila Rege: Any other updates Josh or Melanie before we proceed to looking for an approval of the minutes?
- Josh Morse: Sheila if I could just run through the quick intro about the meeting. Are you seeing--
- Sheila Rege: Yes, please.
- Josh Morse: --the slides on the screen?
- Sheila Rege: Yes.
- Josh Morse: Okay. Yeah, so I'm just going to go through our very brief info. So we do have attendees beyond the committee today. So, hopefully, you're able to see this screen and, if so, you've successfully joined us here. And the meeting, as Melanie has noted, is being recorded. And there is very small print here about the zoom webinar controls. If you do have a question about the controls, please ask or raise your hand. I do see that there are two chats. It looks like we are good there. And some more details. If you're on the phone, the controls for the phone with Zoom are star 6 to mute and unmute and star 9 to raise your hand. So can't say it enough

times, it is important to know that we are recording the meeting. We will create a transcript of today's meeting, and it will be available with the meeting materials once it's generated from the recording. And for everybody who is participating today, please when you are speaking, please state your name and, of course, use your microphone which is what we're all doing here. So the topic today, as you may know, is the sacroiliac joint fusion re-review. It's a consideration of the draft determination from the June 18 meeting. The topic timeline which was published with the materials is shown here. So this topic you can see was selected last July for re-review, and you can see the various public comments here for the selected technologies back in August of 2020. The draft key questions were published in January, the final key questions in February, that draft report in April, and the final report in May of 2021. We had our public meeting June 18. There has been a two-week comment period between June 18 and now that ended three days ago, and then that leads us to today where we will consider the minutes from the June 18 meeting, consider the comments that have been submitted on the draft decision from June 18, and review the draft determination in the context of any of those comments, and then make a final vote. So, in general, to participate with the Health Technology Assessment Program, we have a website which is shown here on the Health Care Authority's webpages, and individuals can sign up through our what's called GovDelivery, our messaging system from the Health Care Authority, to receive notifications when things are updated or changed with the program. And as noted in the topic timeline people can comment throughout these reviews including on topics that are proposed for review on the key questions, the draft and final reports, the draft decisions. So there were 104 days of comment period available on this particular topic. And then, of course, people are welcome to attend these HTCC public meetings, and folks can nominate technologies for review or re-review. So that's the summary for today, Sheila and committee, so I'm going to end this presentation here and turn it back over to you, Sheila.

Sheila Rege: Thank you. Melanie, because it's in Zoom, I did not do roll call. Is that important so anybody on the phone knows who is here? Would you like to do roll call?

Melanie Golob: That's a great idea. Let me pull that up. Give me just a minute. Yeah. I think we have one person on the phone. Okay. So let's go ahead and do a roll call. John Bramhall?

John Bramhall: Yes, I'm here. Thank you.

Melanie Golob: Okay. Thank you. Larry Birger?

Larry Birger: I am present and now accounted for.

Melanie Golob: All right. Great. Thank you. Clint Daniels?

Clint Daniels: Present.

Melanie Golob: Thank you. Janna Friedly?

Janna Friedly: Yes, I'm here.

Melanie Golob: Okay. Thank you. Chris Hearne?

Chris Hearne: I'm here.

Melanie Golob: Okay. Thank you. Conor Kleweno.

Conor Kleweno: Here.

Melanie Golob: Great. Thanks. Christoph Lee?

Christoph Lee: Here.

Melanie Golob: Thank you. Laurie Mischley?

Laurie Mischley: Present.

Melanie Golob: Great. Thank you. And Sheila Rege?

Sheila Rege: Present.

Melanie Golob: Thank you. Mika Sinanan?

Mika Sinanan: Present.

Melanie Golob: Thank you. And Tony Yen? I think he was on.

Josh Morse: I see him on. He is muted. He may have stepped away for a minute.

Melanie Golob: Okay. Tony Yen is also here, as well.

Tony Yen: I am here. Sorry.

Melanie Golob: Perfect. Thank you. No. That's okay. No problem. Thank you so much. All right. Thanks so much for that, Sheila. We have 11 of the committee members present. Thank you.

Sheila Rege: Great. Thank you very much. So if Josh could project the minutes from our last meeting.

Josh Morse: Okay, you should be seeing the minutes.

Sheila Rege: And I will take comments or a motion for approval. And this has been on the website also available.

Mika Sinanan: Motion to approve. Mika Sinanan.

Laurie Mischley: This is Laurie Mischley. I second.

Sheila Rege: Any discussion?

- Larry Birger: Where is this on the website? Because when I looked earlier this morning, I saw the minutes from before I joined but not the minutes, you're looking at on the screen now.
- Sheila Rege: I was able to pull it up. Melanie, you could probably put a link on the chat side. Would that be appropriate, or how would you like to [indistinct] that?
- Melanie Golob: Yeah. I can definitely do that.
- Sheila Rege: And Josh, while she's pulling that up, do you want to explain for any of the public members how to access that?
- Josh Morse: Certainly, so I can actually show you. I'm just going to switch. So are you seeing a webpage now on my screen?
- Sheila Rege: Yes.
- Josh Morse: So we have meetings and materials page here on the Health Technology Assessment webpages on the Health Care Authority website. So if you are able to find the page that has the link to the meeting, right below that is our 2021 meeting calendar, and then the previous meeting business link has the minutes in it here, and that is how we hope to have you access that. Let me see if I can get behind this here. So, again, it's from the Health Care Authority website to the Health Technology Assessment page, which is Programs and Initiatives and then Meetings and Materials, then you can navigate to the meeting materials for today and today's agenda.
- Sheila Rege: And the minutes of the last meeting will be draft until we approve it, at which point it would be--
- Josh Morse: Correct.
- Sheila Rege: --final. I will give people an opportunity. Do you need time to look at that? Was that Larry? Dr. Birger?
- Larry Birger: Yes. Yeah, I mean I'd like it. If I'm going to say I approve of it, I would like a little time. I don't know why I didn't see that, because I was at that page this morning, so I apologize.
- Sheila Rege: No worries. And maybe this would be a good time while people will wait a few minutes, and so I'm going to be silent, Dr. Birger, until you let us know.
- Larry Birger: I'm fine on this end. I realize that a significant amount of the content was other things that I had reviewed under another link, so, or I just realized what I was [indistinct].
- Sheila Rege: It's a little confusing, which I recall when I was new on the committee, I actually had some trouble too. Any other discussion? We have a motion

and a second. All in favor of voting say aye, and we will now do a poll, so we have individual approval. If there are no objections, I'm going to go ahead and have Melanie run the poll. Hearing none, let's click. Hopefully, we can see this.

- Melanie Golob: And we have 10 people who voted. I'm not sure if we want to wait another minute or end the polling now.
- Mika Sinanan: Mika Sinanan. My polling button isn't working. I'm not seeing the poll.
- Melanie Golob: Oh, I'm sorry.
- Mika Sinanan: I would answer yes if I had that.
- Melanie Golob: Okay. That works. I can't figure out how to. Because you're a panelist, you should be able to see it. So my apologies that that's not working, but I'll go ahead and end the polling. Thanks.
- Josh Morse: So that would be 11 approve.
- Sheila Rege: Thank you. Very good. If we could project the agenda again. Our next item of business will be the looking at the assessments in progress and that is also-- and I'm going to look at it on a .pdf-- you can see we have the comments and if we could, we did have one public comment on July 6, 2021, from (NASS) the North American Spine Society. If we could project that. And if anybody has downloaded the .pdf off the website, it's page 10. And NASS expressed a concern about the noncoverage decision for minimally invasive sacroiliac joint fusion for pain. But what I would like a comment on from staff is the issue that the letter brings up that we did not, or the committee did not look at a 2015 or 2016 NASS coverage recommendation that we did not reference that.
- Melanie Golob: Thanks, Sheila, and this Melanie Golob. I'm happy to speak to that. So Leila Kahwati, our contractor who worked on the final report for sacroiliac joint fusion could not be here today to answer any further questions, but I emailed her about it. She let us know that she was aware that it was published but it was published in 2015, and she said that they elected to go with the more recently published NASS guideline from 2020, and she indicated that their preference was to use guidelines over policy documents from professional societies. So it was, the most recent evidence was considered.
- Sheila Rege: I'm going to give people a chance to read the letter and open it up for discussion at this point. Or question.
- Janna Friedly: This is Janna Friedly, and I'm not sure if anyone on the committee has some perspective on this, but I'm curious why there was a discrepancy between their coverage guideline previously and their updated clinical guidance. To me, I'm trying to reconcile why they would recommend us looking at their coverage decision that comes before their clinical

guidance that is recommending something different or at least has some different recommendations.

Sheila Rege: Anybody on the committee?

Melanie Golob: So one thing I will say.

Sheila Rege: Go ahead.

Melanie Golob: I was just going to say to follow up, Leila did give a little bit of information in her email. This is Melanie Golob for the transcript. She did specify that the NASS guideline only considered literature for patients without a history of prior lumbar fusion, and they didn't identify any studies for that population, which is why they couldn't make a recommendation on that. And so she was just saying the guideline was scoped in a different way and there's a disconnect between the guideline and the coverage policy. So that's why the outcome was different.

Janna Friedly: Okay. That's helpful. Thank you.

Sheila Rege: Anybody else on the committee with questions or more knowledge of the discrepancy?

Larry Birger: I don't have any knowledge of it, but this letter seems to be as one big essentially fallacious irrelevant appeal to authority. He's basically saying we're a big group that has an evidence-based approach, and we searched all these databases, etc., as though we didn't any of those things, and I find that a little off-putting. I would like to see him interact with whoever wrote these specific points or raised specific points. So that's just my initial impression as I look at the pages on the screen.

Sheila Rege: Any other comments or discussion? Next--

John Bramhall: Can you pause [crosstalk] that letter?

Sheila Rege: --item on--

Josh Morse: I'm sorry.

John Bramhall: Page 10. I mean, Sheila, I think it's completely-- we've seen this before. Obviously on the committee these types of appeals these letters are written I think it's totally appropriate for the society and representatives of the society to make an appeal. I don't have any problem with them doing that, but I think there has to be a recognition that they're interested parties in a way, and I'm not impugning the reputation of the membership, but they're interested in this specialty and will claim to know a great deal more about the literature than, let's say Vander, and I don't think that's the case. We looked at the available evidence. We reviewed the available evidence. We made an adjudication about several elements of the SI fusion story. The first one being, well, it's not really even clear that the SI mobility is something that's associated with the

pain that's being treated or disability. The second was that the studies didn't really show a convincing clear roll of screw placement stabilization of the SI joint, and we made our adjudication. Again, I don't have a problem with people objecting to our decision. The question is, well, do they present enough new information or enough consolidated information to make us want to re-review it again and change our view, and I don't think that that's the case, to be honest.

- Sheila Rege: To facilitate the discussion, does anybody on the committee feel that there is new information in this? I'd like them to speak because I want to make sure that-- in a roomful, we would be able to discuss this in an easier format-- but does anybody in the committee want to speak to that?
- Tony Yen: This is Tony Yen. There's really no new information. It's just a reference to 2015 Society coverage policy recommendation.
- Mika Sinanan: Mika Sinanan. I agree with Tony's and John's comments. If they had raised specific information studies that we had not considered but were relevant, that would be a different question, but they have not. I don't think this changes our discussion or conclusions.
- Larry Birger: And to clarify on my comments, I don't have any problem whatsoever with them presenting challenges and so forth. But I think the comment subsequent to mine probably fleshed out more articulately my impression of reading this which is, yes, we know a lot more than you guys do, and we're evidence-based and so forth, and I agree with you. I think that with the other commenters, I think that we did a thorough review of this and found all kinds of problems at each step, but I invite challenges to inclusions because I think that's part of the process.
- Sheila Rege: Melanie, I don't know how fast it is to do a poll. I just want to make sure that we know that because it's not an in-person meeting. Should we do a poll on which evidence overlooked prior to the final vote or--
- Josh Morse: Sheila.
- Sheila Rege: --are you going to go with this discussion?
- Josh Morse: We do have two comments, so my sense is you just discussed the second comment here. I just want to make sure before. Did you want to vote separately on these comments, or--?
- Sheila Rege: I think so because it's not an in-person meeting, and I'm a little worried about taking it all at once.
- Josh Morse: Gotcha. So what I was projecting was the-- I've got to find it again. I was projecting the questions from your decision aid that we provide with the comments. So, yeah, turn it back over to you, Sheila, and I'll just keep these questions up there for the moment.

- Sheila Rege: Melanie, can you provide a poll on those two questions for this public comment?
- Melanie Golob: Yeah. Just give me one minute. I can type those in.
- Sheila Rege: And it's going to be, "Was evidence overlooked in the process that should be considered based on the letter from NASS?"
- Melanie Golob: Okay. I have the poll ready for public comment based on the NASS coverage policy document. If you would like to vote on that, I can bring that up.
- Sheila Rege: And Melanie, you can explain if it's a yes/no poll, if yes, what yes means and what no means.
- Melanie Golob: Okay, yeah. Happy to. So it's essentially the question that's on the screen in front of you, based on public comment in the letter. Was evidence overlooked in the process that should be considered? And so if you vote yes, then evidence was overlooked. If you vote no, then you do not believe that evidence was overlooked in the process based on the NASS letter. Any questions before we start? Okay. I went ahead and shared the poll.
- Sheila Rege: And anybody who could not see the poll [indistinct], please speak. I mean any of the panelists.
- Melanie Golob: Okay, and it looks like we have 11 votes, so I can go ahead and end the polling. I went ahead and shared the results on the screen. So based on the public comment, the committee did not believe that evidence was overlooked in the process.
- Sheila Rege: Okay. Let's discuss the next decision aid question. Does the proposed findings and decision document clearly convey the intended coverage determination based on review in consideration of the evidence? And the decision was not to cover. Any discussion on that? I do not think we need a poll on that for the NASS letter. If everybody's okay with that, we can then go to the next public comment, and we will repeat this process. The letter is up.
- Josh Morse: And this comment was received--
- Sheila Rege: Go ahead.
- Josh Morse: --just after the meeting on June 18. Dr. Ameglio was a public commenter at that meeting who was having some technical difficulties. We were not able to hear him. We tried repeatedly for him to comment at the meeting, and I invited him to submit his comment in writing and he did I think that afternoon after the meeting.
- Sheila Rege: I'm going to give people time to read this and then just open it up for discussion. Have people had enough time to read this? And would you

like to proceed to a poll on was evidence overlooked? Everybody in favor say aye that we can go to the poll.

- Man 1: Aye.
- Man 2: Aye.
- Man 3: Aye.
- Man 4: Aye.
- Sheila Rege: Okay. Melanie, if you could put a poll and explain the poll again for us.
- Melanie Golob: Yeah. Happy to do that. So similar to before, the committee will vote on if the public comment from Dr. Ameglio indicates that evidence was overlooked in the process that should be considered. So if you vote yes, then you believe evidence was overlooked. If you vote no, then you believe that evidence was not overlooked in the process. So I'll go ahead and launch the polling. Okay, and we have 11 votes. So I'll go ahead and end the polling and share the results, which you should see on your screen.
- Sheila Rege: So it appears the committee members do not feel evidence was overlooked. Josh, if you could project our decision aid again. And I'm doing this because I know we have a lot of new members and it's hard when it's virtual and they haven't had an in-person meeting. So now, again, it was a no coverage decision. So the next issue is the proposed findings and decision document clearly [indistinct] a coverage determination based on review and [indistinct] of the evidence. I will open that up for discussion, and if I hear no discussion in the next minute then we can proceed to the final determination.
- Josh Morse: So this is the draft determination, Sheila.
- Sheila Rege: Very helpful. Thank you.
- Josh Morse: This is how we have it prepared right now.
- Sheila Rege: Seeing no discussion, we will go to a final vote. And Melanie, if you will explain what the poll means.
- Melanie Golob: Happy to do so. So this last one will be approval of the findings and decisions as they've been presented and posted on the website. So if you approve, then you believe that they are correct and reflective of the committee's decision. If you do not approve, then you do not believe that they are correct and reflective of the committee's decision, and there's an option to abstain.
- Conor Kleweno: So, Sheila, from my end to be consistent on this vote, would it be appropriate to recuse on this final vote?
- Sheila Rege: Right, because at the last meeting you had indicated--

- Conor Kleweno: Right. I just wanted to make sure this was the vote to be consistent with the last meeting.
- Sheila Rege: Correct. And I think that would be appropriate.
- Conor Kleweno: All right. Great. Thank you.
- Melanie Golob: If you could mark abstain, I think that would be great. Thank you.
- Sheila Rege: Any other comments before the vote, the poll begins? Okay. We will proceed to the poll.
- Melanie Golob: Okay, and we have 11 committee members who have voted, so I'll end the polling and share the results.
- Sheila Rege: Okay. So 91% approved and one has abstained. Josh or Melanie, if you could now explain for the committee members and the public how this will be on the website for anybody to access and our next meeting and topic.
- Josh Morse: Yes. So this final, this decision you're seeing the draft on the screen right now. We will update this draft to indicate the final adoption on today, July 9, and this will be posted on the Health Technology Assessment webpages here at the Health Care Authority. The state agency programs that use these decisions will then begin work to implement this decision, though this is not a change from the prior decision, so there is likely not much of an implementation process here. It shouldn't change this. So is that what you're looking for, Sheila?
- Sheila Rege: Yes. Yes.
- Josh Morse: Yes. Okay. And then I can quickly provide you an update on reviews that are in process. So today we concluded the sacroiliac joint fusion review. Thank you very much to the committee members for all your work on this. We have scheduled two meetings in November. One is on November 5. Actually, it indicates November 19 here, but this meeting will be on November 5, to discuss noninvasive cardiac imaging. The report is not due yet. It will be due in a couple of months, and that will be the next step in the process as a draft report. Then two weeks later we will consider the use of cardiac magnetic resonance angiography in adults and children. It's a related topic, so we have scheduled these meetings to be very close together, given the closeness of the content and those are the topics that are in process. We do have a retreat scheduled for the third Friday of September, and we are in the process of planning that retreat, and we will be sharing with you the timing of that and the agenda here in the next month or so. So those are the reports that are in process, and if there are any questions, we can consider those questions right now.
- Larry Birger: I had a question about the upcoming meeting, the retreat meeting.

- Josh Morse: Okay.
- Larry Birger: I didn't ever hear back from anybody on whether there was any desire to have Gordon Guyatt do some sort of presentation for that, and I'm going to be talking to him in a couple hours.
- Josh Morse: Thank you, Dr. Birger. I have not had a chance to discuss that with Dr. Rege, with the Chair on the planning for the agenda for that meeting, and I apologize for not responding to you on that yet.
- Larry Birger: Is that something that would be appropriate for a brief discussion here, or not?
- Josh Morse: Sheila, do you want to take that?
- Sheila Rege: Yeah. Larry, yes. Please let's have you present to him because I know that you're very-- yeah, I think this is a great idea to discuss it at the meeting for the committee members.
- Larry Birger: Oh, okay. My understanding was that if Gordon or anybody else were to present it would be on a topic or aspect of interest to the committee. And since I'll be zooming with him in a couple hours, the timing seemed really good to ask people if they were interested in that. And, if so, what they might like him to address and how long he should plan for and what the honorarium would be and all of that kind of stuff.
- Sheila Rege: I think the honorarium on other issues is something that the state agency will have to discuss. And as a committee, maybe we should do what we've done in the past if it's appropriate to email Josh ideas of what you see could be improved within our processes, what we've seen over the last year since our last meeting, and then Josh and I could look at that with a budget and also what the committee members feel. Larry, though, can you talk a little bit about what you feel the value of Gordon Guyatt would be?
- Larry Birger: Well, I think it's valuable on multiple levels. I mean he's such an incredible thinker through these kinds of issues and evidence-based processes that anything he says is going to be honing and thought-provoking. So in a general sense there, it's a little hard to say without a specific topic how it would be more valuable than that other than you've got one of the luminaries in evidence-based medicine directly addressing us on x, y, or z. Just seems to me that's a really helpful thing to have, and I know from my own experience, and I think some others on the committee have met or heard him teach or whatever, and he's just superb.
- Janna Friedly: This is Janna. I would just comment that I would love to have him come and talk. I think it would be very valuable, and he is sort of the leading expert in this area. One of the things that we have talked about over the

last couple of years and struggled with is how to incorporate nonrandomized trial data, observational data into our assessments in a way that sort of bridges the gap between our strict evidence-based methods and clinical practice in which we hear consistently from the public. So that's a topic that I, in particular, would love to hear his take on that for us.

Laurie Mischley: This is Laurie. I'll just second as a topic. I would love to have a conversation about when RCTs aren't possible or available or ethical or whatever. What's the best case scenario for plan B sort of EBM?

Tony Yen: This is Tony. I'm specifically interested in hearing what Gordon has to say about incorporating registry data. That's something that our committee has encountered before.

Conor Kleweno: This is Conor. I'd love to hear his comments on the limitations of the RCTs, and that's come up in our own discussions where there were RCTs presented to us, but we had specific concerns about the validity GRADE or the generalizability of their conclusions whether that was because of conflicts of interest or methodologic reasons where we thought that the RCT, although in theory is a gold standard, was problematic in the way it was designed.

John Bramhall: Yeah, and this is John. This whole idea of we use GRADE. Typically, our vendors use a GRADE type system and we've coalesced around that. So to hear someone who is intimately involved with the thinking around the GRADE methodology and the difference between that and so-called Delphi type of decisions that we use in the clinical world all the time. Evidence that's generated from consensus. It would be nice to hear him [indistinct].

Josh Morse: It looks like Dr. Franklin has his hand up.

Gary Franklin: Yeah. I think the other two areas that always are an issue are not using high-quality studies to identify severe adverse events. That's really important. And then the second thing is a constant struggle over the horrible cost-effectiveness studies. What approach should we take with these things? So those are just two other things that come up all the time. And I guess a third thing would be the issue of defining a clinically meaningful improvement in outcome, and we struggle with that too.

Larry Birger: Well, I think we've got enough topics to do a whole one-day EBM workshop, which would be fantastic. I know Gordon's MO is to go wherever he is wanted and needed for information, and he said that has characterized his career and it has worked pretty well. Obviously, those would apply here. I'm new, so I don't know how much time he would have. What I propose is that when I talk to him-- I jotted down a few notes on the comments that were made in the last few minutes for

topics-- and I can just propose to him, Gordon there's a real interest in having you present. Would you be available? If so, these are some of the comments that were made, but I can get you a final agenda. And see if he's even available. I'm sure he would be interested. And then I would just need to know how long he would have and sort of what it would look like for him to present to us.

Sheila Rege: Yeah. Larry, thank you. If you could talk to him and then maybe let's have Josh and his team then reach out and try and figure out how that would work. But if you could explain that we are kind of having issues with the observational data, the registry data, limitations of RCT, and others that were cost-effective studies. Remind me, Josh, last time how many hours were we? [indistinct] This is a time for us as a committee also to have a discussion, not just a lecture, so I do want to carve out some time with this committee as a group to also just have time to talk about how to improve our processes.

Larry Birger: Well, and if I might interject, Gordon works great with an interactive approach, so we might consider at least some of that discussion being with his facilitation or his proctoring or whatever you want to call it.

Sheila Rege: That's great. So what we can do, if you'll open the door and see if he's available and then, Larry, I'll lean on you when Josh and his team reach out and then can report back to you and me on what the possibilities are. Josh, would you like to talk about you projected the last?

Josh Morse: Yeah, Sheila. I just wanted to look and see what we did in November. We did have some invited guests to discuss some employee improvement issues. We devoted a little over two hours to that part of the agenda. I just wanted to see what we had done here in the recent past.

Larry Birger: Is there any fixed format on how much would be allotted, because with the excellent questions and comments that were made, I for one would like to see those dealt with in some detail and I don't think he could do all that in two hours. But, again, I don't know how the motif works or if there is one.

Sheila Rege: Let's have you check about his availability, and then Josh and the agency are going to have to reach out to him and figure out if that's something that-- the agency, obviously, is going to have to budget for and try and give us input about what we can get. I would love him for the whole day. All of us may, or not, but we've got to have the agency try and figure it out. Is that okay, Josh?

Josh Morse: That sounds good, Sheila, and it's up to the committee if you want to use-- the last one, for example, went from 8 to 3 and from 10 to 12:15. We spent time with that quality improvement with our contractors talking about issues related to the process and grade and study design. If you

want to use more time, I think that's a committee decision, a chair decision and happy to work with you and work with Larry and see what the budget challenge might be and see if we are able to meet that.

Larry Birger: If I could just also interject the medical education nonprofit that we have of which Gordon is one of the advisors if there's a budget shortfall but there's an interest in having Gordon do a longer amount of time, we would certainly be willing to look at sharing the cost or whatever because to me this is such a golden opportunity and if people are interested. Again, I don't want to feel like anybody is feeling like I'm foisting an agenda. I'm not. I'm just trying to make the optimum use of an unusual opportunity. I have an idea of what his daily fees would be, so you can talk to me about the budget. I guess what I'm saying is I don't think money needs to be a limiting factor for this and, if necessary, our nonprofit can help with some of the cost to make this happen.

Josh Morse: Yeah. Dr. Birger, if you could help connect me and Melanie with Dr. Guyatt to have that conversation, I think that would be really helpful.

Larry Birger: Sure. Yeah. What I'm really trying to figure out, again, and I feel a little awkward doing this because I'm the new kid on the block, but it's just the rest of the committee's interest in a longer workshop or whatever you want to call it, longer presentations by Gordon, if he's available and if we can work it out logically, if that is not an interest on the part of the committee then, of course, I'm not interested in pursuing that. But if it is, I'm interested in helping make it happen.

Sheila Rege: I think having him there for a minimum of two hours. It would be great for four hours. I personally also like to interact with the agency to see if our decisions, how we can improve the process with them, and then really have an internal discussion among the committee members and anybody else, please speak up. I mean that's kind of my thought of what would be helpful for me on a personal level.

Larry Birger: Okay. Are there any comments from other committee members that might help me guide this discussion with Gordon other than what's already been said for topics?

Tony Yen: This is Tony Yen. I think hearing from Gordon and his expertise is super welcome from my perspective, and I also would like to get to know the newer folks in the committee as well, and I think that's really part of our work is actually to understand how we work together as a team along with the agency.

Christoph Lee: This is Christoph Lee. I totally agree with Tony. As a new member, I'd love to just have the chance to interact internally with the staff and other committee members and understand the internal processes better.

- Tony Yen: This is Tony, again. If in my ideal world if I had a magic wand, Gordon would be able to speak and give us I think some really useful guidance for about two hours, and then the other half or other two hours we'd spend I think having more of an internal discussion.
- Mika Sinanan: Sheila and Josh, Mika Sinanan. I don't know that I've heard that this is going to be a Zoom or in person. Are we continuing in Zoom for all the rest of the meetings this year?
- Josh Morse: Yes. That is the plan that I'm operating under, Mika. We are not in an in-person mode yet. I have not heard that we're authorized to do in-person meetings of any kind here at the Health Care Authority, so we're just working virtually until something else changes here.
- Mika Sinanan: Thank you. So I think the comments that Christoph and Tony made are really appropriate. As valuable as that discussion would be probably a little more focused, not trying to cover a whole lot of topics, but maybe key opportunities given our process for evidence-based analysis, what the limitations are, and the key questions about registry and nonrandomized data maybe would be very valuable. And we, of course, will have future meetings to talk about other topics.
- Larry Birger: Okay. Thank you. That gives me a better idea of how to approach him on this, so I appreciate it.
- Tony Yen: Larry, this is Tony again. Really, I think your discussion with Gordon is really kind of interesting to me. I think it seems like Gordon, at least from his CV and his publications, he has a whole lot to offer. If you do hold something outside of the HTCC, I would certainly be interested in attending. That's all.
- Larry Birger: In Ellensburg, we were the only rural EBM workshop that he's ever done, and we did that two years. We had a third one planned, and then Covid wiped that out, part of why I started the medical education nonprofit that we call EBM Truth in Medicine or EBM TIM for short is so that we would have the wherewithal to do exactly what you said. If we had interested parties and we wanted to do some sort of workshop or whatever, we could do it where, when, and how we wanted to. So we have those plans, and that was a big part of what I was going to talk to Gordon about today. Okay, so where can we go from here? Because now we have the rubric of the nonprofit to work under that we didn't have before. So I'm happy to hear from anybody and everybody as to-- not necessarily here but where everything is appropriate-- as to interest in that. I do know that when it comes to workshops, he does-- and I'll feel him out today for Zoom-- but for an actual workshop, he wants to be there in person which, of course, drives the cost up, and there are some logistics with that. But having watched him work, I can understand why

that is his preference. He's really not very expensive, though, for what you're getting, just so you know.

- Mika Sinanan: Yeah. Thanks for your help. We really appreciate it.
- Larry Birger: My pleasure. Thank you.
- Sheila Rege: Yeah, Larry. This is going to be very helpful, and we really appreciate your facilitating this. I mean he's the guru.
- Larry Birger: I'm very glad to help. Thanks.
- Sheila Rege: Any other discussion? We have one minute. Or I will make a motion to adjourn on the retreat.
- Clint Daniels: This is Clint Daniels. I just have a quick question about the meetings in November. Are those going to be a half-day meeting similar to the SI one?
- Josh Morse: Good question. It's likely to run a little longer than the one we just had. More than likely, it will be, I'm going to say, we'll schedule it to be through potentially 3:00. There is one topic that's larger than the other. So the MRI topic is not quite as large, I'm guessing, as the noninvasive cardiac imaging topic which has three technologies in it. But they are both pretty substantive, so it'll be more I think than what we had on June 18.
- Clint Daniels: Thank you.
- Sheila Rege: The budget for 8 AM to 3 PM. Correct, Josh? In terms of your schedule?
- Josh Morse: Yeah. That's what I'm thinking at the moment. But I'll confirm that with our contractors before we put out the agenda. And actually, we can send you updated meeting invites to reflect that but let me talk with the team here and check in with our contractors. I don't want to shortchange it. I just want to make sure there's enough time blocked out so there's not a rush. But I do appreciate the complexity of people's schedules, and we'll try to get it right.
- Sheila Rege: And then we will fix it on the website, so it shows November 5 in case somebody goes there.
- Josh Morse: Yes.
- Sheila Rege: For the Cardiac. Any other discussion/questions? Or I will take a motion to adjourn.
- Larry Birger: So moved.
- Clint Daniels: Second.
- Sheila Rege: Everybody in favor? I think we can say aye for this. We don't need a poll.
- Woman 1: Aye.

Man 1: Aye.
Man 2: Aye.
Man 3: Aye.
Woman 2: Aye.
Man 4: Aye.
Man 5: Aye.
Woman 3: Aye.
Man 6: Aye.
Man 7: Aye.
Man 8: Aye.
Josh Morse: Thank you all.
Sheila Rege: Thank you, everybody.
Woman 1: Bye.
Woman 2: You're welcome.
Man 1: Goodbye.
Man 2: Bye.