

Health Technology Clinical Committee

Date: November 22, 2019
Time: 8:00 am – 5:00 pm
Location: SeaTac Conference Center, SeaTac, WA
Adopted: January 17, 2020

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

HTCC Minutes

Members present: John Bramhall, MD, PhD, Gregory Brown, MD, PhD; Janna Friedly, MD; Chris Hearne, BSN, DNP, MPH; Laurie Mischley, ND, MPH, PhD; Sheila Rege, MD MPH; Seth Schwartz, MD, MPH; Mika Sinanan, MD, PhD; Kevin Walsh, MD; Tony Yen, MD

Clinical experts: Amy Yuen, MD, PhD; Mia Hagen, MD

HTCC Formal Action

- 1. Call to order:** Dr. Brown, chair, called the meeting to order; members present constituted a quorum.
- 2. HTA program updates:** Josh Morse, program director, presented HTCC meeting protocols and guidelines, a high-level overview of the HTA program, how to participate in the HTCC process, and up-coming topics.
- 3. July 12, 2019 meeting minutes:** Draft minutes reviewed. Motion made and seconded to approve the minutes as written.

Action: Ten committee members approved the July 12, 2019 meeting minutes.

4. Whole exome sequencing (WES):

Clinical expert: The chair introduced Amy Yuen, MD, PhD, Director Mary Bridge Genetics, Tacoma, WA.

Agency utilization and outcomes: Charissa Fotinos, MD, MSc, Deputy Chief Medical Officer, Health Care Authority, presented the state agency perspective on whole exome sequencing. Find the full presentation published with the [November 22, meeting materials](#).

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

- Sarah Clowes Candadai, MS, LCGC, Seattle Children’s Hospital Department of Laboratories.
- Jessie Conta, MS, CGC, Seattle Children’s Hospital Department of Laboratories, Director of Genetic Counseling Services for PLUGS (Patient-centered Laboratory Utilization Guidance Services).

Find all public presentations published with the [November 22, meeting materials](#).

Vendor report/HTCC question and answers: Nedra Whitehead, PhD, RTI-University of North Carolina Evidence-based Practice Center presented the evidence review for Whole Exome Sequencing. Find the full report published with the [November 22, meeting materials](#).

Final

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 whole exome sequencing is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of the test, considered 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 whole exome sequencing for children and adults.

	Not covered	Covered under certain conditions	Covered unconditionally
Whole exome sequencing	0	10	0

Discussion

The committee reviewed and discussed the available information and limitations of the evidence base. A majority of committee members found the evidence sufficient to determine that whole exome sequencing is more effective in some scenarios and equally safe to other similar tests. In drafting the conditions for coverage, the committee recognized a need for more information and refinement of the proposed coverage criteria. Agency staff were directed to compile the information and provide the committee a draft for consideration at the next meeting scheduled for January 17, 2020.

Limitations

N/A

Action

As noted the committee chair directed agency staff to prepare additional information for the proposed conditional criteria for whole exome sequencing to be considered by the committee at the next meeting.

5. Hip surgery for femoroacetabular impingement syndrome:

Clinical expert: The chair introduced Mia S. Hagen, MD, University of Washington Center for Pain Relief and Professor of Anesthesiology and Pain Medicine, University of Washington School of Medicine.

Agency utilization and outcomes: Shana Johnson, MD, Health Care Authority; presented the state agency perspective on hip surgery for femoroacetabular impingement syndrome. Find the full presentation published with [November 22, meeting materials](#).

Scheduled and open public comments: The chair called for public comments. No comments were provided.

Vendor report/ HTCC question and answer: Erika Brodt, BS, Aggregate Analytics, Inc. presented the evidence review for hip surgery for femoroacetabular impingement syndrome. Find the presentation published with the [November 22, 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 hip surgery for femoroacetabular impingement syndrome is sufficient to make a determination on this topic. The committee discussed and voted on the evidence for the use of hip surgery for femoroacetabular impingement syndrome. The committee considered 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 not cover hip surgery for femoroacetabular impingement syndrome.

	Not covered	Covered under certain conditions	Covered unconditionally
Hip surgery for femoroacetabular impingement syndrome	8	2	0

Discussion

The committee reviewed and discussed the available studies for use of hip surgery for FAI. The discussion focused on studies available since the original review in 2011. Details of study design, inclusion criteria, outcomes and other factors affecting study quality were discussed. A clinical expert member provided detailed insight and discussion points. A majority of committee members found the evidence sufficient to determine that use of hip surgery for FAI was less safe or unproven for safety and less cost-effective or unproven for cost-effectiveness. The committee perspective on the efficacy of hip surgery for FAI was evenly divided between unproven and more effective in some cases.

Limitations

N/A

Action

The committee checked for availability of a Centers for Medicare and Medicaid Services (CMS) national coverage decision (NCD). There is no Medicare national or local coverage determination for surgical treatment of FAI.

No new evidence-based clinical guidelines were identified for this review. The original review included a guideline from the National Institutes for Health and Clinical Excellence (NICE) for arthroscopic and open hip surgery. This guideline had not been updated since the original review (2011). The committee discussed two identified expert consensus documents (not formal guidelines) for hip surgery for femoroacetabular impingement syndrome from the following organizations:

- The Warwick Agreement
- Lynch systematic review, 2019

There are no current or new guidelines for the HTCC to compare for consistency with their determination.

The committee chair directed HTA staff to prepare a findings and decision document on hip surgery for FAI

for public comment, to be followed by consideration for final approval at the next public meeting.

6. Meeting adjourned