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**COMMUNITY TECHNOLOGY  
ASSESSMENT ADVISORY BOARD  
ANNUAL REPORT**

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## MISSION STATEMENT



The purpose of the Community Technology Assessment Advisory Board (CTAAB) is to augment and provide an independent, professional and community-oriented appraisal to the health care planning process in the nine-county region (Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates). The organization will advise the payers, providers, and other interested parties on the need for, or efficacy of, certain health care services and technologies on a community-wide basis. The payers, in turn, may use the recommendations of the organization in the development of their reimbursement or network adequacy policies. The role of the organization is advisory only, and its recommendations shall not be binding in any way on the payers. CTAAB will assess community need for new or expanded medical services, new or expanded technology, and major capital expenditures as proposed by public and private physicians and health facilities. A review by CTAAB will be guided by the following principles:

- Achieving and maintaining a health care system with adequate capacity to support community need;
- Promoting patient access to necessary services;
- Avoiding duplicative health care services and technology; and
- Appropriately containing costs.



# MESSAGE FROM THE 2020 CTAAB CHAIR

I am proud to present the Community Technology Assessment Advisory Board (CTAAB) "Report to the Community" for 2020, CTAAB's 27<sup>th</sup> year. CTAAB reviews important health care projects and services in the Finger Lakes Region community, providing independent, evidence and community-based recommendations regarding technology and health care services. The board's goal is to maintain a health care system with adequate capacity and access and high quality care to meet community needs, while ensuring that health care services remain affordable.

Over the past year, three applications were reviewed by CTAAB. An overview of the applications submitted can be found on the CTAAB website. The board reviewed and recommended projects that have led to the certification of a new orthopedic ambulatory surgery center and extension clinic as well as certification of an imaging and physical therapy extension clinic. In addition, the board approved an application seeking to construct and certify medical/surgical beds to operate as the closest Long Term Acute Care Hospital in the Finger Lakes Region. Projects over the past year totaled over \$146 million in capital costs and roughly \$22 million in incremental annual operating costs. As the national healthcare environment evolves, CTAAB is proactively researching technologies and services that may require review and is poised to continue its review of technologies and capacity throughout the next several years.

Each of CTAAB's board members and decision makers are community-minded individuals from the consumer, employer, clinician, health care institution, and health plan sectors. They review complicated issues and are willing to make tough decisions. In addition, the board's support staff continuously work to collect, analyze and report out on imaging and hospital utilization trends to help inform the board's decision making for each application. Without the diligence and commitment of this work by staff, the board would not function to the magnitude that it has. We thank both the board and its support staff for their dedication to their work, and for their commitment to the community. For reference, a list of the 2020 board members are available at the end of the report.

At all times, CTAAB welcomes comments from community members. Questions or suggestions for improvement can be directed to the Staff Director at (585) 224-3157 or [catie.kunecki@commongroundhealth.org](mailto:catie.kunecki@commongroundhealth.org). For additional information, please visit our website [www.ctaab.org](http://www.ctaab.org).

Sincerely,



Michael Leary.  
Chair



# OVERVIEW

The Community Technology Assessment Advisory Board (CTAAB) was established in 1993, in a spirit of cooperation and support for health care planning in the community. CTAAB is an independent board of business leaders, health care consumers, health plans, health care practitioners, and health care institutions. The Board:

- Reviews selected new services or technology and increases in capacity;
- Makes judgments on the issues; and
- Communicates its decisions to the health care community.

CTAAB's role is solely advisory. Payers use CTAAB's recommendations in formulating reimbursement policies. While recommendations are non-binding, the cooperative approach among health care providers, insurers, consumers, and business benefits the entire community.

CTAAB relies on the Finger Lakes Health Systems Agency for analyses of requests for expanded service capacity.

The CTAAB process begins with the submission of a letter of intent or application to the Staff Director. If the proposal meets CTAAB review criteria, it is posted on the CTAAB website for 30 days to allow other applicants to notify the Staff Director of their concurrent interest in the service or technology. Applications are available online at [www.ctaab.org](http://www.ctaab.org).

## SCOPE OF CTAAB REVIEW

CTAAB assesses community need for health care projects in the areas of new or expanded services, new or expanded technology, and major capital expenditures as proposed by public providers (i.e., Article 28) and private providers (e.g. physicians, entrepreneurs and health care facilities). CTAAB makes a determination on whether:

- An application of a new technology or service or novel application of an existing technology or service represents appropriate evidence-based medical practice;
- Additional health service capacity is warranted, taking into account geographic location, access, cost-effectiveness, quality, and other community issues.

CTAAB reviews and makes recommendations on proposals that fall within its scope and that exceed \$750,000 in capital equipment costs or incremental community expenditure.

Some projects are considered to be of importance to the community and are always reviewed: new technology; new use of existing technology/service; replacement/renovation of existing CTAAB-approved equipment/facilities that includes a material increase or enhancement; cardiac catheterization labs; operating rooms; transplant services; hospital beds; diagnostic and treatment centers; and the addition of high tech equipment, such as computed tomography (CT) scanners, magnetic resonance imaging (MRI) units, positron emission tomography (PET) scanners, sleep beds, lithotripters, and Hyperbaric Oxygen therapy.



## **CTAAB CAPACITY ASSESSMENT CRITERIA**

In its review of projects that develop or expand health care delivery services in the region, CTAAB shall consider the following needs assessment criteria in its deliberations:

1. What is the projected community need as compared to the projected capacity, both with and without the addition of the proposed capacity?
2. Does existing and/or estimated future utilization of the proposed service or technology exceed the currently available capacity?
3. Does the currently available capacity meet standards of care?
4. Are there alternative means to achieve the intended outcomes of the proposed addition to capacity?
5. How does existing or estimated future utilization compare to established benchmarking studies?
6. What is the expected financial impact of the proposed service or technology on the community health care system?
7. What is the cost of the proposed capacity compared to the benefits attained from using it?
8. Is there adequate access to existing or proposed service or technology for all community members including traditionally under-served populations?
9. CTAAB may also comment on other issues of community need on an as-needed basis during a review.

## **CTAAB TECHNOLOGY ASSESSMENT CRITERIA**

In making its determination of need for a new technology, the Technology Assessment Committee (TAC) and CTAAB shall consider the following questions in an evidence-based review. This list of questions shall not be deemed to prevent the TAC or CTAAB from considering other relevant questions or concerns when they deem it appropriate:

1. Does the technology meet a patient care need?
2. How does the technology compare to existing alternatives?
3. Does community need justify this expenditure?
4. Under what circumstances should the technology be used?



# SUMMARY OF 2020 RECOMMENDATIONS

Proposal	Final Outcome
<p><b>Strong Memorial Hospital</b></p> <p>Strong Memorial Hospital proposes to certify and construct a new single specialty (orthopedic) ambulatory surgery center extension and an extension clinic to provide imaging and physical therapy services to be located at Miracle Mile Drive, Rochester, NY.</p>	<p>CTAAB concluded that there is a need for the proposed capacity</p> <ul style="list-style-type: none"><li>• There is a continuing shift of procedures from inpatient to outpatient both locally and nationally.</li><li>• Current projections anticipate an increasing need for additional ambulatory surgical space.</li><li>• Due to the COVID-19 pandemic, patterns of care have shifted dramatically. The long-term ramifications of the pandemic are unclear, as are its impact on need predictions. As such, staff respectively request the applicant return at the time of opening (anticipated 2022) to provide an update to the board on the opening and closing of other ambulatory surgery rooms</li></ul>
<p><b>St. Mary's Campus to operate as a Long Term Acute Care Hospital</b></p> <p>Certify 57 medical/surgical beds (for a new certified total of 97 bed) at the St. Mary's Campus, 89 Genesee St, Rochester, NY 14611, which will operate as a Long Term Acute Care Hospital (LTACH), and change the name of the Division to Unity Specialty Hospital.</p>	<p>CTAAB concluded that there is a need for the proposed capacity</p> <ul style="list-style-type: none"><li>• Prior to the COVID-19 pandemic, there was an increasing trend of long-term care acute care patients within the inpatient setting of the hospital</li><li>• Currently, the closest LTACH is located 162 miles away, out of state in Pennsylvania</li><li>• An LTACH has the potential to better serve patients needing longer, more complex care without stressing current acute care hospital capacity</li></ul>
<p><b>Renovation of an existing office suite to serve as inpatient and outpatient imaging services and imaging support spaces</b></p> <p>Strong Memorial Hospital Renovate an existing office suite to serve as inpatient and outpatient imaging services and imaging support spaces, including use of CT, X-Ray and a new MRI machine.</p>	<p>CTAAB concluded that there is a need for the proposed capacity</p> <ul style="list-style-type: none"><li>• While data do not suggest the addition of an MRI is warranted, access to high-quality patient care takes precedent. The addition of the MRI may improve patient outcomes.</li><li>• Providing access to new technical and advanced surgery techniques will benefit the community at large.</li><li>• The addition of the MRI will decrease the need for nightshift MRI scans, which could positively impact night shift staffing.</li></ul>



## BOARD MEMBERS, 2020

**Laurie Palmer, RN ‡**

Monroe Community College  
2nd term 2018-2021

**Sandy Acrese\***

USA Payroll  
1st term 2020-2023

**Michael Apostolakos, MD**

University of Rochester Medical Center  
2nd term 2021-2024

**Dennis Asselin, MD\***

Rochester Eye Associates  
1st term 2020-2023

**Mary Coan, MD, PhD**

Integrative Family Medicine at The Springs  
1st term 2019-2022

**Gina Cuyler, MD FACP**

Comprehension Internal Medicine  
1st term 2019-2022

**Jake Flaitz\***

Paychex  
1st term 2020-2023

**Katherine Grams, DNP, FNP-BC, RN**

St. John Fisher College  
1st term 2019-2022

**Lisa Harris, MD**

Excellus BCBS  
1st term 2019-2022

**Dan Ireland**

United Memorial Medical Center  
2nd term 2018-2021

**Christopher Jagel**

Harris Beach, LLC  
2nd term 2018-2021

**Chris Kvam**

Monroe County District Attorney's Office  
2nd term 2019-2022

**Michelle Labossiere-Hall**

Heritage Christian Services, Inc.  
1st term 2019-2022

**Raymond Lanzafame, MD, MBA\***

Independent Surgeon  
1st term 2020-2023

**Mike Leary**

Rochester Primary Care Network  
2nd term 2019-2022

**Candice Lucas, Ed.D**

Monroe County Department of Human  
Services 2nd term 2021-2024

**Jason Merola, MD**

MVP Health Care  
1st term 2019-2022

**Jeffery Nagel, MBA, RHU, REBC\***

Nagel Consulting LLC  
1st term 2020-2023

**Amy Pollard**

N. Noyes Hospital  
2nd term 2019-2022

**Matthew Talbott, MD**

Finger Lakes Health  
1st term 2020-2023

**Hugh Thomas**

Rochester General Hospital  
2nd term 2020-2023

**Thomas Weibel\***

Brighton Surgery Center, LLC  
1st term 2020-2023

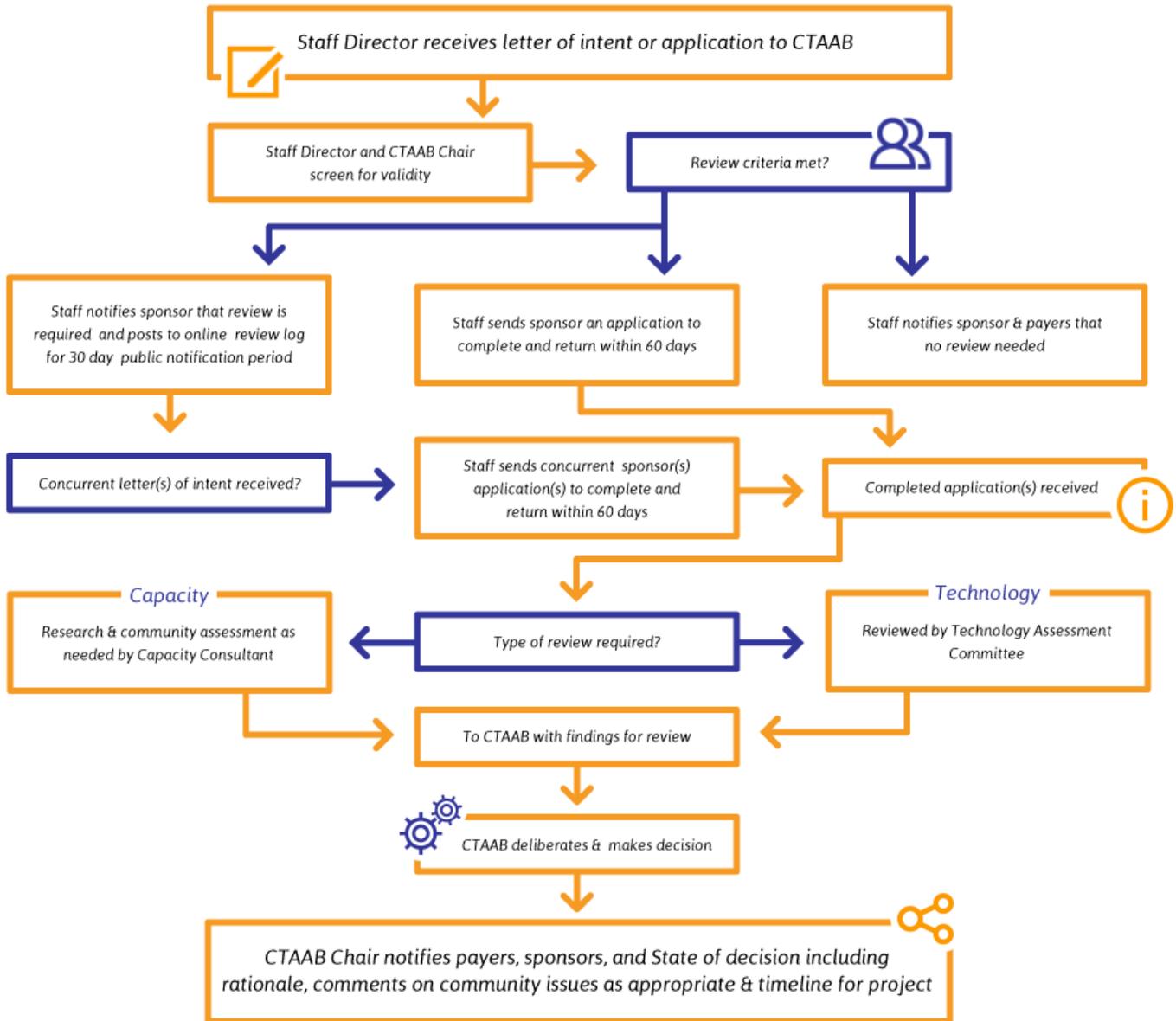
**Seth Zeidman, MD\***

Rochester Brain and Spine Neurosurgery  
Group 1st term 2020-2023

\* Denotes term began in 2020  
† Denotes term ended during 2020  
‡ Denotes resigned during 2020



# CTAAB PROCESS





CTAAB

COMMUNITY NEED • COMMUNITY CAPACITY

