

2
0
1
5



**COMMUNITY TECHNOLOGY
ASSESSMENT ADVISORY BOARD
ANNUAL REPORT**

TABLE OF CONTENTS

3	CTAAB MISSION STATEMENT
4	MESSAGE FROM THE CHAIR
5	OVERVIEW
5	SCOPE OF CTAAB REVIEW
6	SCREENING CRITERIA
6	CAPACITY ASSESSMENT CRITERIA
7	TECHNOLOGY ASSESSMENT CRITERIA
8	SUMMARY 2014 RECOMMENDATIONS
8	BOARD MEMBERS
9	CTAAB PROCESS



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 CTAAB CHAIR

I am proud to present the Community Technology Assessment Advisory Board (CTAAB) "Report to the Community" for 2015, CTAAB's 24th year. CTAAB reviews important health care issues in the Rochester community, providing independent, evidence- and community-based recommendations regarding technology and health care services.

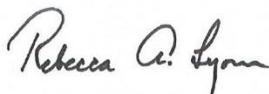
CTAAB remains true to its goal of maintaining a health care system with adequate capacity and access and high quality care to meet community needs, while ensuring that health care services remain affordable.

Over the course of the past year there were a total of 6 applications that were submitted to CTAAB. An overview of the applications submitted can be found on the CTAAB website. In 2015, the board reviewed and recommended projects that have led to the expansion of PICU and NICU capacity, a shift in the locale and expansion of radiation therapy capacity, as well as the expansion of imaging services. The Board's recommendations also contributed to the continued scrutiny of the expansion of pain management services in our region. Projects this past year totaled over \$92 million in capital costs and nearly \$20 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.

CTAAB members are community-minded individuals from the consumer, employer, clinician, hospital, and payer sectors; they review complicated issues and are willing to make tough decisions. I thank them for their dedication to their work and their commitment to the community. Please see the list of members 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) 224-3114 or albertblankley@CTAAB.org. Please visit our website www.ctaab.org.

Sincerely,



Rebecca Lyons,
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.

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 2015 RECOMMENDATIONS

Proposal	Final outcome
<p>Pittsford Pain Center LLC</p> <p>To establish and construct a single specialty ambulatory surgery center to provide pain management services.</p>	<p>CTAAB concluded there is not a need for the proposed capacity:</p> <p>The community did not demonstrate a need for Pain Management Capacity and the increases in efficiency and quality could be achieved without article 28 status. The project had no evidence for improved outcomes for patient with significant incremental costs.</p>
<p>Highland Hospital</p> <p>To construct a two-story addition to house a perioperative suite and a 26 bed observation unit.</p>	<p>CTAAB concluded there is a need for the proposed capacity:</p> <p>The project would not increase operating suite capacity while gained efficiencies have the potential to positively affect outcomes for patients. Although community capacity is unavailable for observation, demand for the services are increasing in the community and Highland hospital.</p>
<p>F.F. Thompson Hospital</p> <p>The purchase of a new CT scanner and utilization of the current scanner for interventional procedures only.</p>	<p>CTAAB concluded there is a need for the proposed clinic:</p> <p>Although there is no incremental CT scanner in the community, there is evidence to support institutional need for capacity for interventional procedures. There has been growth in CT-guided invasive procedures and anticipated growth in regional IR CT volume. Scanner is currently used at typical rates but this does not account for the increased proportion of IR procedures. Temporal access to CT services may be enhanced for FF Thompson emergent patients, potentially improving quality of care and associated outcomes</p>
<p>Dansville Cancer Center</p> <p>N. Noyes Community Hospital proposed to certify therapeutic radiology services and construct a two (2) linear accelerator radiation oncology unit.</p>	<p>CTAAB recommended continued reimbursement contingent upon the closure of the URMC Radiation Oncology Faculty practice in Hornell within a year of initiation of new facility and concludes no need for proposed CT scanner:</p> <p>Ensuring therapeutic radiology service is available locally is an important patient satisfier. The shift of capacity from Hornell to a new facility has the potential to improve quality care for patients. Site development in anticipation of future utilization is appropriate as historically in a similar context 2 LINACS is unsustainable and the addition of capacity 3 years to implementation does not allow for adequate analysis.</p>
<p>Golisano Children’s Hospital Expansion</p> <p>UR Medicine proposes to certify 8 PICU beds, construct 6 ORs, a procedure room, and a pediatric catheterization laboratory.</p>	<p>CTAAB deduced a need for the proposed Infusion Stations:</p> <p>PICU volume exceeds existing bed spaces. Expansion of pediatric capacity may increase pediatric volume including those referred out-of-region while having a neutral effect on patient care cost per admission of procedure. Project has the potential to improve quality of care for patient and their families.</p>



BOARD MEMBERS, 2015

Lynne Allen, *Employer*
Mercer Health & Benefits
Principal

John Bartholf, *Employer*
Relph Benefits
President

Rob Cercek, *Institution**
Rochester General Hospital
President

Carl Cameron, M.D., *Health Plan*
MVP Health Care
Vice President, Medical Director

Linda Clark, M.D., *Clinician*
Occupational Medicine Services
Physician

George Dascoulias, *Employer**
Eastman Kodak Company
Director, US Benefits

John Galati, *Consumer*
Retired

Aaron Hilger, *Consumer*
Builders Exchange of Rochester
President

Daniel Ireland, *Institution**
United Memorial Medical Center
President

Chris Jagel, *Employer*
Harris Beach, LLC
Managing Partner

Kayla Jenkins, *Consumer*
Charles Settlement House
Health Project Coordinator

Cassandra Kelley, *Consumer†*
Action for a Better Community
Human Resources Benefits Manager

Frank Korich, *Institution*
Finger Lakes Health
VP & Site Administrator

Martin Lustick, M.D., *Health Plan*
Excellus BlueCross BlueShield
Senior VP & Corporate Medical Director

Michael Leary, *Institution**
Rochester Primary Care Network
President and CEO

Becky Lyons, *Employer*
Wegman's Food Markets, Inc.
Director, Health and Wellness Programs

Mark Nickel, *Employer*
Rose and Kiernan
Executive VP

Steven Ognibene, *Clinician*
Rochester Colon and Rectal Surgeons
Partner and VP

Laurie Palmer, RN, MS, *Clinician**
Monroe Community College
Professor

Kathleen Parrinello, *Institution*
Strong Memorial Hospital
Chief Operating Officer

Amy Pollard, *Institution**
N. Noyes Memorial Hospital
President

Donna Schue, MD, *Clinician*
Valley View Family Practice
Physician

Christine Wagner, SSJ, PhD, *Consumer*
St. Joseph's Neighborhood Center
Executive Director

William Walence, Ph.D., *Consumer*
Rochester Institute of Technology
Program Director

Mervin Weerasinghe, M.D., *Clinician†*
Retired Physician
TAC Liaison

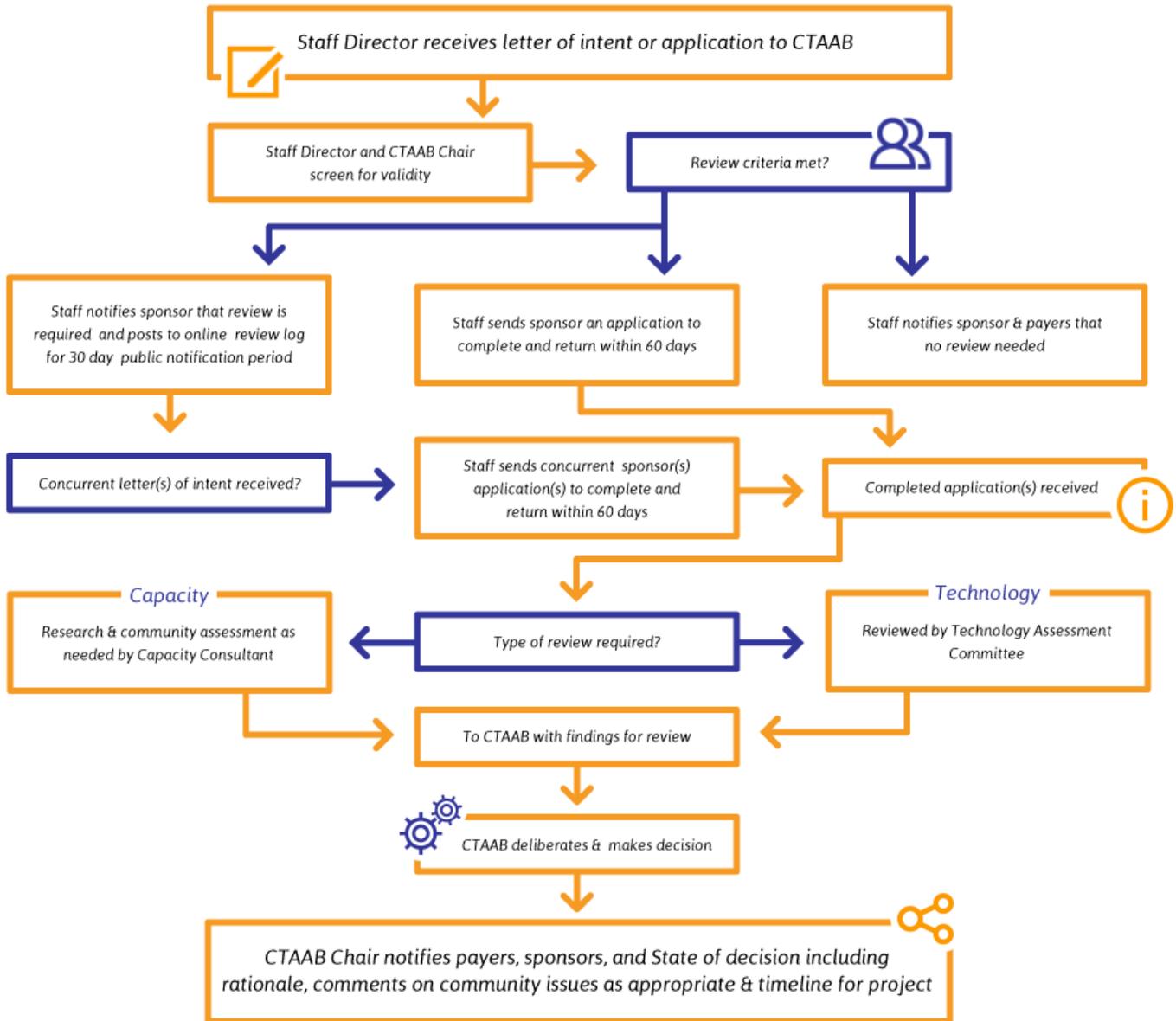
* Denotes term began in 2015

† Denotes term ended during 2015

‡ Denotes resigned during 2015



CTAAB PROCESS





CTAAB

COMMUNITY NEED • COMMUNITY CAPACITY

