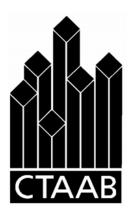# Community

Technology

CTAAB

Assessment

Advisory Board

2004 & 2005 Report to
the Community

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CTAAB Mission Statement

CTAAB's purpose is to augment and provide an independent, professional and community-oriented appraisal to the health care planning process in the nine county region (Monroe, Livingston, Ontario, Yates, Seneca, Orleans, Wayne, Genesee, and Wyoming). The organization will advise the payers, the 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. This 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.

- Avoiding duplicative health care services and technology; and

- Appropriately containing costs.

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Message from the CTAAB Chair

We want to extend our appreciation to the members of the Community Technology Assessment Advisory Board (CTAAB). These volunteers, representing diverse constituencies, study the issues and come together to discuss and make what are often difficult recommendations on a broad range of health care services and technologies. A list of these recommendations from the past two years is included in this report.

In 2004 and 2005, its twelfth and thirteenth years, CTAAB continued to build on its commitment to value, affordability, and quality in the community's health care system through a spirit of cooperation. In order to serve the community better, CTAAB improved its operating procedures to allow for more open meetings. Applicants are now invited to remain in the meeting room during the Board discussion and subsequent voting on their applications. The CTAAB chair also reviews with the applicants any declarations of conflict of interest among CTAAB members and how those conflicts are handled, most often by allowing the member to participate in the discussion but not vote.

CTAAB will maintain its efforts to make a positive impact on the community's health care picture and looks forward to meeting its future challenges. The Board is pleased that the payers and public have found its independent, evidence-based, and community-oriented reviews and recommendations useful.

Thank you for your continued support. We invite you, as part of the community we serve, to participate in the process. Thoughts, suggestions, or questions can be directed to the Staff Director at (585) 461-3520 x114 or can be sent through our website www.ctaab.org.

Sincerely,

Stewart Putnam
Chair, 2004

Leonard Redon
Chair, 2005

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Overview

About CTAAB

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 care insurers, health care practitioners and Independent Practice Associations, and health care institutions. The Board:

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

Payers use CTAAB's recommendations in formulating reimbursement policies.

The Technology Assessment Committee (TAC) conducts reviews of new technology slated for CTAAB consideration, relying both on scientific studies from peer-reviewed journals and on input from experts in the area. The TAC is comprised of a diverse group of primary care and specialty physicians.

About the Process

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. A completed application is researched using peer-reviewed journals, expert information, and documentation by the Finger Lakes Health Systems Agency.

Requests for new technology are sent to the Technology Assessment Committee, which performs a detailed analysis and presents its findings to CTAAB.

CTAAB is solely advisory. Although its recommendations are non-binding, the cooperative approach among health care providers, insurers, consumers, and business benefits the total community.

Questions about this process may be directed to the Staff Director.

Community Technology Assessment Advisory Board
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Summary of Year 2004 Recommendations

Provider/Technology Name	Background and Recommendation
Sleep Insights of Rochester	**Background:** Sleep Insights of Rochester proposed to place a clinical sleep center at One Eastgate Square, Victor, NY. **Recommendation:** CTAAB found community need did not support a sleep disorders center for the proposed location. **Appeal:** CTAAB concluded there is not a community need for the proposed sleep center, based on the following rationale: • There is no clearly defined community need for the proposed capacity which is consistent with what was determined before; • Current centers have access to neurologic sleep services and • Current providers are not fully utilizing dedicated sleep center bed for neurologic sleep disorders. CTAAB's original recommendation for disapproval remains.
Borg Imaging at White Spruce Blvd.	**Background:** Borg Imaging proposed to place a high field (1.5 Tesla) MRI magnet at the 200 White Spruce Blvd. office location. **Recommendation:** CTAAB found community need supported the addition of one 1.5 Tesla MRI unit. CTAAB further determined the application of Borg Imaging Group should be recommended for approval based on CTAAB's review of the FLHSA needs analysis, the application materials submitted, as well as the presentations provided to the board.
Medical Imaging Physicians of Greater Rochester at Linden Oaks	**Background:** Medical Imaging Physicians of Greater Rochester proposed to place a 1.5T magnet at the Linden Oaks campus in Rochester, NY. **Recommendation:** CTAAB found community need did not support the addition of an MRI unit at the Linden Oaks location.
University of Rochester Medical Center at Rochester Science Park	**Background:** University of Rochester Medical Center proposed to place an incremental 3.0 Tesla MRI magnet at the Rochester Science Park location. **Recommendation:** CTAAB found community need supported the addition of one 3.0 Tesla MRI unit.

Provider/Technology Name	Background and Recommendation
Ide Group at Linden Oaks	**Background:** The Ide Group proposed to place a high field strength (1.5 Tesla) MRI unit at its Linden Oaks Imaging Center location. **Recommendation:** CTAAB found community need did not support the addition of an MRI unit at the Linden Oaks location.
FF Thompson Hospital	**Background:** FF Thompson Hospital submitted a CON application for the provision of transportable lithotripsy services in the central Finger Lakes region. **Recommendation:** CTAAB found community need supported the implementation of the proposed services.
Clifton Springs Hospital	**Background:** Clifton Springs Hospital submitted a CON application for the provision of transportable lithotripsy services in the central Finger Lakes region. **Recommendation:** CTAAB found community need supported the implementation of the proposed services.
Rochester General Hospital	**Background:** Rochester General Hospital submitted a CON application for the renovation of the Emergency Department, Rochester Heart Institute Entrance and addition, Ambulatory Procedures (Endoscopy) Center, and Patient Access Pavilion **Recommendation:** CTAAB found community need supported the proposed major renovation and expansion project.
The Greater Rochester Digestive & Liver Diseases Center ASC	**Background:** The Greater Rochester Digestive & Liver Diseases Center, LLC and William Y. Chey, MD, D.Sc. & Associates for Digestive and Liver Diseases, PLLC submitted a CON application, in the name of the Center, for gastrointestinal diagnostic and therapeutic office facilities to become a single specialty Ambulatory Surgery Center (ASC). The facilities have been part of a practice in gastroenterology and hepatology at 222 Alexander Street, Rochester, NY, since June of 2000. The proposed Center would remain on this former Genesee Hospital complex in the heart of the City of Rochester. **Recommendation:** CTAAB found there is not a community need for the proposed capacity. **Appeal:** CTAAB received an appeal from the proponent. CTAAB reversed its original recommendation based upon new data provided by the proponent and the FLHSA. CTAAB found community need supported the proposed change in capacity for procedure rooms only.

Provider/Technology Name	Background and Recommendation
Dent Neurological Institute Sleep Center	**Background:** Dent Neurological Institute sought to establish a sleep center. The proposed new site/location is for two different sites: one at 2060 Five Mile Line Road, Fairport, NY and another at New Medical Center at Colonial Plaza, 485 Spencerport, Road, Gates, NY. **Recommendation:** CTAAB found community need did not support a sleep disorders center for proposed east and west suburb locations.
Highland Hospital	**Background:** Highland Hospital submitted a CON application for the renovation of the 6th floor of the East wing to accommodate the addition of 21 new inpatient beds. **Recommendation:** CTAAB found community need supported the redevelopment of the 21 acute care inpatient beds.
Ventricular Assist Devices	**Background:** Ventricular assist devices (VADs) have been developed to sustain patients awaiting heart transplantation and to provide short- or long-term circulatory support to allow myocardial recovery in patients suffering from reversible cardiac dysfunction. Recently, VADs have also been investigated as permanent, or "destination," therapy for patients with end-stage CHF who are not candidates for transplantation. **Recommendation:** Based on the information reviewed, CTAAB found the use of Ventricular Assist Device (VAD) as destination therapy should be made available with the use of the following criteria: patient selection based upon CMS approved criteria; assessment of patient compliance prior to patient selection for VAD implantation; appropriate and complete informed consent; implantation of VAD's limited to CMS-approved centers; and implementation of and adherence to proper infection control protocols at the clinical site.
Park Ridge Hospital	**Background:** Park Ridge proposes to expand and renovate the Emergency Department (ED), to renovate the surgical suite, to replace cardiac catheterization equipment, to add CT scanning, to provide supportive spaces for hospital-based physicians, and to expand parking and related site development. **Recommendation:** CTAAB concluded community need supported the proposed renovation and construction project. The ED expansion/ renovation, including development of a Special Care Unit, will decrease crowding in the ED and diversion of ED volume to other area hospitals and will support projected increases in ED volumes, including peak volume, while improving staffing and operational efficiencies. The additional and upgraded OR capacity in the hospital setting will be beneficial to the community. The impact of the proposal on community cost does not appear to be excessive. The proposal satisfies community access objectives.

Provider/Technology Name	Background and Recommendation
Culver Park Surgicenter	**Background:** Culver Park Surgicenter, LLC, proposes to establish, construct, and operate a multi-specialty ambulatory surgery diagnostic & treatment center at 2615 Culver Road, Rochester. **Recommendation:** CTAAB found no evidence supporting community need for the proposed capacity. OR shortages, to the extent they exist, are found in hospital settings. New freestanding surgery center capacities have not yet been absorbed by the community. There is adequate specialty capacity to perform GI surgical procedures. The proposed center would add to community cost.
Highland Hospital	**Background:** Highland Hospital proposes to add two operating rooms. **Recommendation:** CTAAB concluded the need for additional OR capacity in the hospital setting would be beneficial to the community.

Provider/Technology Name	Background and Recommendation
The Ide Group	**Background:** The Ide Group proposed to place a fixed PET-CT unit at its Clinton Crossings site in place of its current mobile unit. **Recommendation:** CTAAB concluded that there was not a community need for the proposed fixed PET-CT, based on the following rationale: • The present PET-CT capacity is more than adequate to meet current and projected demand. A fixed unit available five days per week would create additional excess capacity in the community. • There is no clear evidence the images provided by a fixed PET-CT unit result in clinical differences in patient outcomes. **Appeal:** CTAAB received an appeal from the applicant. Based on additional information presented, CTAAB concluded it would recommend approval of the application: • The proponent indicated they are willing to accept a limitation on days, hours, and use of the fixed PET-CT in order to remain within the approved capacity of 0.5 FTE. • Patient comfort and convenience are enhanced through the reduced scan time of the fixed machine and increased machine reliability in terms of downtime. CTAAB recommended approval of the application for a fixed PET-CT for 2.5 specified days per week, the same days every week, as determined in conjunction with the payers. The intent of CTAAB with this approval is to cap the usage of this capacity and not facilitate de facto utilization beyond the 2.5 days.
Strong Memorial Hospital	**Background:** Strong Memorial Hospital proposed to renovate surgical adult intensive care units and intermediate care units. **Recommendation:** CTAAB concluded that there is a community need for the proposed renovations, based on the following rationale: • The beds to be renovated are considered to be functionally obsolete. • The number of staffed ICU beds will remain within the hospital's current licensed ICU capacity. CTAAB's recommendation included a suggestion that Strong Memorial Hospital be required to provide a detailed plan on how the unit will be staffed and how the needed staff will be recruited or developed.

Provider/Technology Name	Background and Recommendation
Strong Memorial Hospital	**Background:** Strong Memorial Hospital proposed to construct a four-story building to house the James P. Wilmot Cancer Center, which will include all adult outpatient cancer care services (including radiation oncology, hematology-oncology, and chemo infusion therapy); translational, clinical trial, and cancer research programs; and medical education and administrative space. This facility will accommodate a growing patient population and enhanced services. **Recommendation:** CTAAB concluded that there was a community need for the proposed building, based on the following rationale: • The existing facilities are functionally obsolete and scattered in a manner both inefficient and burdensome to patients. • While the staff analysis did not indicate the projected visit volume will be achieved in the time frame projected, there is good reason to believe it will be achieved in a reasonable time. • The proposed space program appears to be appropriate to the identified needs and would represent a more efficient, more intensive use of space than at present. • The financial impact of the proposed facility does not appear to be adverse to community efforts to control cost. • The co-location of clinical and research spaces and integration of medical, surgical and radiation treatment modalities in one location will support high quality of care.
Nicholas Noyes Memorial Hospital	**Background:** Nicholas Noyes Memorial Hospital submitted a CON application for the expansion of its surgical services center and ICU. **Recommendation:** CTAAB found that community need supported approval of the expansion/renovation of the ICU and OR service areas.
Sleep Telemedicine Services	**Background:** Sleep Telemedicine Services (NY D.B.A. Associated Sleep Centers) proposed to place a sleep center in Warsaw, NY. **Recommendation:** CTAAB found that community need supported approval of the proposed Warsaw, NY sleep center based on access to care.
Barry Rosenberg, MD, PC, in conjunction with United Memorial Medical Center	**Background:** Barry Rosenberg, MD, PC, in conjunction with Alliance Imaging, proposed to place a dedicated mobile PET scanner at United Memorial Medical Center in Batavia, NY. **Recommendation:** CTAAB found community need supported approval of one day per week mobile PET scanning at United Memorial Medical Center based on access to care.

Provider/Technology Name	Background and Recommendation
The Ide Group	**Background:** The Ide Group proposed to limit use of their open-MRI system at their Clinton Crossings location along with the upgrade and relocation of an existing MRI unit to Linden Oaks (from Clinton Crossings site). **Recommendation:** CTAAB found community need supported approval of the existing open MRI for up to 0.3 FTE, with the understanding that: • The open magnet is to be used on a limited basis for two specific classes of patients: bariatric patients (large body size or weight) and patients with claustrophobia; - • This does not constitute a resource which can be replaced by another MRI unit; and Any replacement of such unit must be reviewed by CTAAB in the context of community need at the time of review.
Park Ridge Hospital	**Background:** Park Ridge Hospital proposed to place a second catheterization lab adjacent to existing catheterization lab, which is scheduled to be replaced as part of their Emergency Center Expansion Project due to steady growth in the scope and volume of cardiac services over the past several years. **Recommendation:** CTAAB concluded that there is a community need for the proposed laboratory based on the following rationale: • Monroe County cardiac catheterization labs are used at a rate well above state standards, even when approved expansions are considered. • Park Ridge Hospital uses its present cath lab in excess of state standards. • The Park Ridge cardiac cath program has remained strong and has grown.

Scope of CTAAB Review and Screening Criteria:

CTAAB will assess community need for health care projects in the areas of new or expanded technology, new or expanded services, and major capital expenditures as proposed by public providers (e.g., Article 28) and private providers (e.g., physicians, entrepreneurs, and health facilities). The CTAAB will make 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.

Long term care services and behavioral health services may be reviewed at the request of the payers. CTAAB will not review a proposal to upgrade previously CTAAB-approved equipment provided there is no increase in capacity or significant change in technology.
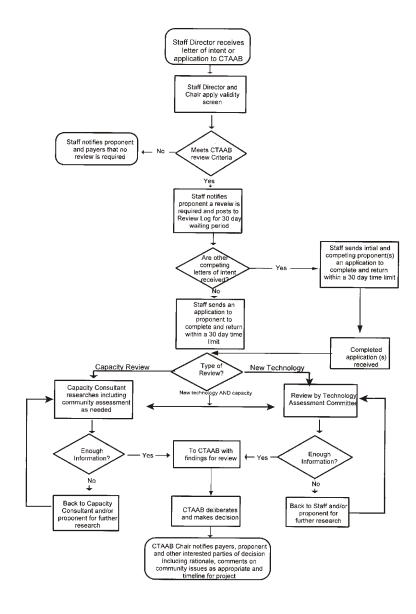
Screening Criteria:

CTAAB will review and make recommendations on proposals falling within its scope as defined above and:

- Proposals exceeding the CTAAB threshold of $750,000 for capital equipment or incremental community expenditure; or
- New services or additions to existing services for which reimbursement is sought and which meet or exceed the above-listed capital expenditure or financial impact thresholds; or
- Other significant community issues as identified by the payers.

Exceptions will be considered by CTAAB on a case-by-case basis.

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

CTAAB Review Process:

CTAAB Technology Assessment Criteria:

In making its determination of need, the Technology Assessment Committee (TAC) and CTAAB shall consider the following questions in an evidence-based review of the proposed technology. 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?
   - √ Does the technology have final approval from the appropriate government regulatory bodies?
   - √ Does the scientific evidence permit conclusions concerning the effect of the technology on improvement in health outcomes?
   - √ Is improvement attainable outside the investigational setting?

2. How does the technology compare to existing alternatives?
   - √ Will the technology result in substitution?
   - √ Does the technology warrant further study?
   - √ Are there alternative means to achieve the intended outcomes?

3. What is the cost of the technology compared to the benefits attained from using it?

4. Does community need justify this expenditure?

5. Under what circumstances should the technology be used?

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:

- What is the projected community need as compared to the projected capacity, both with and without the addition of the proposed capacity?

- Does existing and/or estimated future utilization of the proposed service or technology exceed the currently available capacity?

- Does the currently available capacity meet standards of care?

- Are there alternative means to achieve the intended outcomes of the proposed addition to capacity?

- How does existing or estimated future utilization compare to established bench marking studies?

- What is the expected financial impact of the proposed service or technology on the community health care system?

- What is the cost of the proposed capacity compared to the benefits attained from using it?

- Is there adequate access to existing proposed service or technology to all community members, including traditionally under-served populations?

- CTAAB may also comment on other issues of community need on an as-needed basis during a review.

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