



2010

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 CTAAB CHAIR

The Community Technology Assessment Advisory Board (CTAAB) is committed to its mission of ensuring patient access to beneficial technology and quality care while assuring community costs are appropriately contained. In 2010, it completed its eighteenth year of service to the community, and I want to thank the members of the Board for their wise and conscientious service. CTAAB is viewed as an example of a community successfully working together to manage the development of high technology and health care services by using evidence-based and community-based reviews. As pressures to contain health care costs increase, this work becomes ever more important.

A committed group of community-minded individuals from the consumer, clinician, hospital, health plan, and business sectors, CTAAB provides recommendations to local health plans regarding proposed expansions in health care technology and services. This year three applications were reviewed, and recommendations were made to the local health plans. One additional letter of inquiry was received from a provider who decided not to pursue the proposed project.

CTAAB continues to work to improve its service to the community and has begun a dialogue with the Finger Lakes Health Systems Agency on models that would improve integration of the activities of the FLHSA and CTAAB in community health planning.

Suggestions for improvement or questions about our process should be directed to Susan Touhsaent, Staff Director, at (585) 461-3520 x114.

Sincerely,

Mary Eileen Callan, RN, MS, FNP  
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, and lithotripters.

## **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 2010 RECOMMENDATIONS

Proposal	Outcome
Highland Hospital proposes to add two new operating rooms, renovate pre-surgical screening, and expand the sterile processing department.	<p>CTAAB concluded there is need for the additional ORs:</p> <ul style="list-style-type: none"> <li>• While there is no current community-wide need for additional surgery capacity, Highland Hospital has demonstrated an institutional need for additional OR capacity based on established criteria that reflect high usage rates of existing capacity.</li> <li>• Anticipated project operational date is January 2012.</li> </ul>
Highland Hospital proposes the creation of a twenty-two bed neuromedicine unit.	<p>CTAAB concluded there is need for the creation of the neuromedicine unit:</p> <ul style="list-style-type: none"> <li>• The proposed unit would provide some beds now to meet present need for beds as calculated by the 2020 Commission. Those beds, potentially not needed in the future as effective demand management initiatives are implemented, should be acknowledged as part of the existing bed complement of the URM/Strong Health system as the area hospitals develop their current and future bed projects.</li> <li>• The grouping of neuromedicine patients should lead to improvements in quality of care through development of specialized nursing skills and application of specialized technology.</li> <li>• The creation of the unit would renovate an older section of the hospital and provide private patient rooms.</li> <li>• Anticipated project completion date is July 2011.</li> </ul>
Newark-Wayne Community Hospital proposes relocation and renovation of its endoscopy suite.	<p>CTAAB concluded there is need for the relocation and renovation:</p> <ul style="list-style-type: none"> <li>• There presently is a low rate of appropriate screening for colorectal cancer in Wayne County, the hospital's primary service area.</li> <li>• The proposed renovation will support colorectal screening and other endoscopic activities with clinically efficient settings, will correct present violations of hospital building codes, and will bring the suite up to industry standards.</li> <li>• The total project will be completed in the first quarter of 2013.</li> </ul>
The Exigence Group proposes to locate a CT scanner in a new urgent care center at 2745 West Ridge Road, Greece.	Withdrawn

## BOARD MEMBERS, 2009

**Matthew Augustine**, Consumer  
Community Volunteer  
Eltrex Industries, President/CEO

**Luisa Baars**, Consumer  
MAS Translation Services, President

**Jonathan Broder, M.D.**  
Technology Assessment Committee Liaison

**Mary Eileen (Mel) Callan, RN, MS, FNP**  
(Chair) Clinician  
Highland Family Medicine

**Stephen Cohen, M.D.**, Health Plan  
MVP Health Care  
Vice President, Medical Affairs

**Mark Cronin**, Consumer  
American Cancer Society, Upstate NY  
Division Director, Strategic Health Initiatives

**Christopher Dailey, PharmD**, Institution  
Lakeside Health System  
Director of Pharmacy

**Trilby de Jung**, Consumer \* ‡  
Empire Justice Center

**Jake Flaitz**, Employer  
Paychex, Inc.  
Director, Benefits and Human Capital

**John Garvey**, Employer ‡  
Ontario County, NY  
Director of Human Resources

**Kevin Geary, M.D.**, Clinician  
Vascular Surgery Associates

**Lisa Y. Harris, M.D.**, Clinician  
Temple Medical

**Carl Hatch**, Consumer †  
Loyola Recovery Foundation  
Vice President for Administration

**Cassandra Kelley**, Consumer \*  
Action for a Better Community

**Jamie Kerr, M.D.**, Health Plan  
Excellus BlueCross BlueShield, Rochester  
Region  
Vice President/CMO

**John R. Lynch, Jr.**, Employer  
First Niagara Benefits Consulting  
Senior Vice President

**Dominick Mancini**, Employer  
Postler and Jaeckle Corp., COO

**Raymond Mayewski, M.D.**, Institution  
Strong Health  
Vice President/CMO

**Michael Nazar, M.D.**, Institution  
Unity Health System  
Vice President, Primary Care & Community  
Services

**Richard Neubauer**, Employer  
Retired, Eastman Kodak Company

**Kenneth Oakley, PhD**, Consumer  
Lakes Plains Community Care Network, CEO  
Western New York Rural Area Health  
Education Center, CEO



**Louis Papa, M.D.**, Clinician  
Olsan Medical Group

**Victor Salerno**, Employer  
O'Connell Electric Company, CEO/President

**Joseph Vasile, M.D.**, Institution  
Rochester General Health System  
Chief of Psychiatry/Behavioral Health  
Network

**Mervin Weerasinghe, M.D.**, Clinician  
Rochester Clinical Research, Inc.

**James Wissler**, Institution  
Nicholas Noyes Memorial Hospital,  
President/CEO

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**Susan Touhsaent**, Staff Director

\* denotes term began in 2010

† denotes term ended during 2010

‡ denotes resigned during 2010