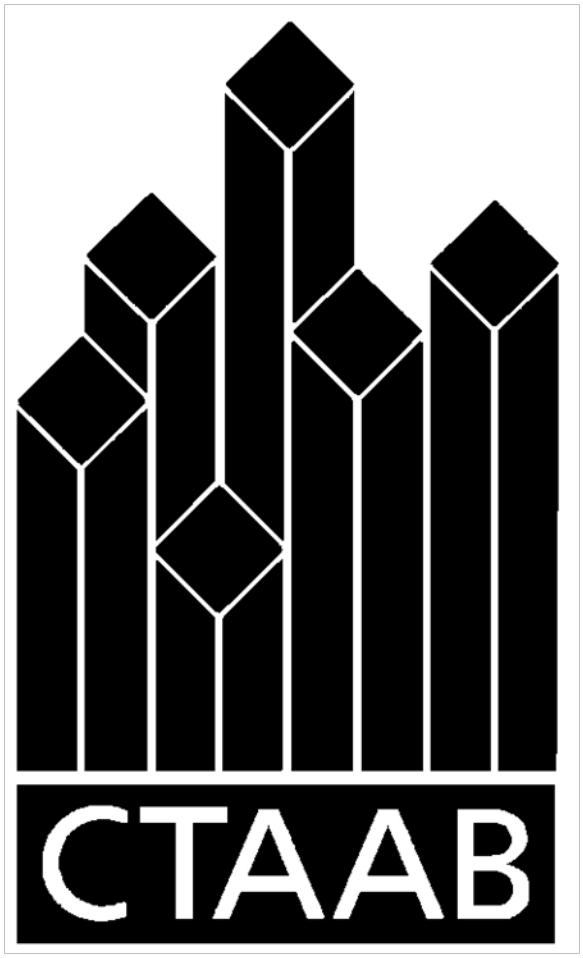
2011



COMMUNITY TECHNOLOGY ASSESSMENT ADVISORY BOARD ANNUAL REPORT

TABLE OF CONTENTS

2	CTAAB Mission Statement
3	Message from the Chair
4	Overview
5	Scope of CTAAB Review
5	Screening Criteria
6	Capacity Assessment Criteria
7	Technology Assessment Criteria
8	Summary 2011 Recommendations
11	Board Members

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) remains committed to its mission to ensure patient access to beneficial technology and high quality care while assuring costs in the community do not rise unnecessarily.

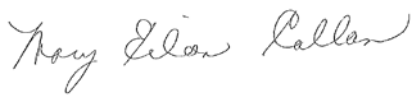
In its nineteenth year, CTAAB reviewed twelve applications in order to make recommendations to the local health plans. A list of these applications and CTAAB's findings appears in this report. Especially challenging were six applications for robotic surgery systems, two in Monroe County and four in the Central Finger Lakes. At the end of 2011, the applications for a robot in the Central Finger Lakes were still under consideration by CTAAB as CTAAB looked to the region's hospitals to work together to develop relationships that would bring a robot to the area without unnecessarily duplicating services.

In 2011 in response to a growing interest on the part of providers to add hyperbaric oxygen therapy (HBOT) chambers, CTAAB requested a review of HBOT and the development of guidelines for this technology that would represent a community consensus on appropriate use. Wound care providers, health plan representatives, and clinicians on CTAAB developed a protocol for HBOT use, in particular its use for diabetic ulcers of the lower extremity. This effort was the first such project undertaken by CTAAB and represents a possible future direction for CTAAB.

As we enter 2012, our twentieth year, CTAAB looks forward to continuing its efforts to review selected important health care issues that impact the Rochester community. We will continue to provide an independent, evidence- and community-based review of technology and health care service issues. Consistent with our commitment to continuous improvement, CTAAB will continue to refine its processes and functions. CTAAB has begun a dialogue with the local health plans to ensure it is focusing on issues that are developing as the drivers of health care costs in the community.

At all times, CTAAB welcomes comments from community members on issues of importance to them. Questions or suggestions for improvement can be directed to Susan Touhsaent, Staff Director at (585) 224-3114 or SusanTouhsaent@CTAAB.org. Visit our website, www.ctaab.org.

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.

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 th**e 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 2011 RECOMMENDATIONS

Proposal	Final outcome
Geneva General Hospital proposes to expand its sleep laboratory from four to six beds.	CTAAB concluded there is need for the additional beds: • As presently operated (six beds, four nights per week), the capacity being utilized is the same as that previously available (four beds, six nights per week). • The present operation provides for more stable staffing patterns. • The specification of an operational date is moot; the number of sleep beds has already been expanded. The following conditions were also recommended: • The applicant return for approval before expanding into additional nights' use of the 6-bed capacity. • The applicant provide annual monitoring data for Finger Lakes Health Systems Agency staff such that there is a measure of use of the six-bed unit.
Medina Memorial Health Care System proposes to certify MRI as a service to be provided through a mobile unit.	CTAAB concluded there is need for the proposed MRI: • The proposed service would add MRI services to a hospital where it does not currently exist. • The proposed service would add geographic access. • The hospital is projecting appropriate levels of access for financially disadvantaged patient groups.
Rochester General Hospital proposes to establish an imaging center at 214 Alexander Park, Rochester, to include general x-ray, dexa scanning, ultrasound, CT, and digital mammography.	CTAAB concluded there is need for proposed services: • Imaging services are not available at Alexander Park, where there is a substantial number of physician practices and more practices are expected to locate. • The proposed center would expand geographic access to care. • Approximately 35% of revenue would be derived from Medicaid. • When CT scanning services are available at the Alexander Park site, use of the oldest and least used of the three CT scanners currently on site at Rochester General Hospital will be discontinued. The two CT scanners remaining in operation at Rochester General Hospital will be sufficient to handle the volume of scans for inpatients, emergency department patients, and outpatients continuing to use the hospital imaging services. • The anticipated operational date for the imaging center is the end of the first quarter 2012. If the applicant makes a future request for a CT scanner at the hospital site, it must demonstrate that all possible efforts have been made to move outpatient scans to the Alexander Park site.

Proposal	Final outcome
Rochester Radiology proposes to place a fixed PET/CT unit at 1255 Portland Avenue, Rochester, replacing a mobile unit currently in use.	CTAAB concluded there is need for the fixed PET-CT: • Clinical need for PET scanning continues to expand. • Clinical quality and patient comfort and safety will likely be improved. • Anticipated project completion date is six to nine months.
Sleep & Wellness Center of Western New York proposes to open a sleep center in Brockport, NY.	CTAAB concluded there is need for the proposed services: • The sleep center will nominally serve areas, primarily in Orleans County, which experience less access to sleep diagnostic services than other areas in the region. • There are extensive wait times at existing services that could potentially serve these areas. • The sleep center and consulting sleep specialist physician accept all insurances, including Medicaid. • The specification of an operational date is moot; the sleep center is currently operational. CTAAB also addressed concerns that the sleep facility was built and marketed to the community prior to CTAAB review. In the context of that discussion the applicant offered to identify for the payers patients who received sleep services prior to the CTAAB approval of the sleep center and will forgo reimbursement for services to these patients.
Rochester General Health System proposes to build and operate an advanced wound care center in conjunction with St. Ann's of Greater Rochester on the campus of St. Ann's Community. Strong Memorial Hospital proposes to establish a wound care extension clinic at 160 Sawgrass Drive, Rochester.	The Rochester General Health System proposal was withdrawn The Strong Memorial Hospital wound care clinic as well as a Unity Hospital wound care clinic was grandfathered. CTAAB requested a Technology Assessment Committee a review of hyperbaric oxygen therapy (HBOT) and the development of guidelines for this technology that would represent a community consensus on appropriate use. The goal of the review and guidelines was to promote the use of the technology in a way that meets community need, that is based on scientific evidence as far as possible, and that promotes future discussion on outcomes. Wound care providers, health plan representatives, and clinicians on CTAAB developed a protocol for HBOT use, in particular use for diabetic ulcers of the lower extremity, including selection criteria for patients appropriate for HBOT, assessment of effectiveness (including criteria for what constitutes improvement), criteria for discontinuing HBOT, and what concomitant therapies should be used.
URMC Department of Imaging Sciences proposes to add an MRI machine in the Sports Medicine Building being constructed on Nine Mile Point Road in Penfield, NY.	CTAAB concluded there is not a need for the proposed services: • There is not a community need for additional MRI capacity. Appeal: CTAAB received an appeal from the applicant. Based on additional information presented, CTAAB made no recommendation on the need for the service.

Proposal	Final outcome
Highland Hospital proposes to add a second daVinci robot.	CTAAB concluded there is need for the second surgical robot: • Patient and provider demand for robotic surgery continues to increase. • Indications for robotic surgery are expanding. • Available surgical robots in the region are operating close to capacity. • Highland Hospital has an established robotic surgery program with a dedicated surgical team. • The surgical robot is expected to be installed and ready for use by the end of 2011.
Unity Hospital of Rochester proposes to acquire a daVinci SI robot.	CTAAB concluded there is need for the surgical robot: • Patient and provider demand for robotic surgery continues to increase. • Indications for robotic surgery are expanding. • Available surgical robots in the region are operating close to capacity. • Unity has 12 surgeons trained in robotic surgery, eight of whom are currently performing such surgeries at other area hospitals. • The surgical robot is expected to be operational in the third quarter of 2012.
Clifton Springs Hospital proposes to acquire a daVinci robot.	At its September meeting, CTAAB decided to table a vote on the applications for surgical robots for Central Finger Lakes Hospitals (Clifton Springs, FF Thompson, Geneva General, and Newark-Wayne) to allow Central Finger Lakes hospitals to talk about collaboration around a robot and present a proposal at the November CTAAB meeting. At the request of the hospitals, consideration of robot applications was postponed until the January 2012 CTAAB meeting.
FF Thompson Hospital proposes to acquire a daVinci robot.	
Geneva General Hospital proposes to acquire a daVinci robot.	
Rochester General Health System proposes to purchase and operate a third daVinci robot at Newark-Wayne Community Hospital.	

BOARD MEMBERS, 2011

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

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

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

Jake Flaitz, Employer (*Chair Elect*)
Paychex, Inc.,
Director, Benefits and Human Capital

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

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

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

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

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
VP, Primary Care & Community Services

Richard Neubauer, Employer
Retired, Eastman Kodak Company

Kenneth Oakley, PhD, Consumer
Lakes Plains Community Care Network, CEO
Western NY 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
Retired Physician

James Wissler, Institution
Lakeside Health System,
President/CEO

Susan Touhsaent, Staff Director

* denotes term began in 2011 ‡ denotes resigned during 2011

CTAAB