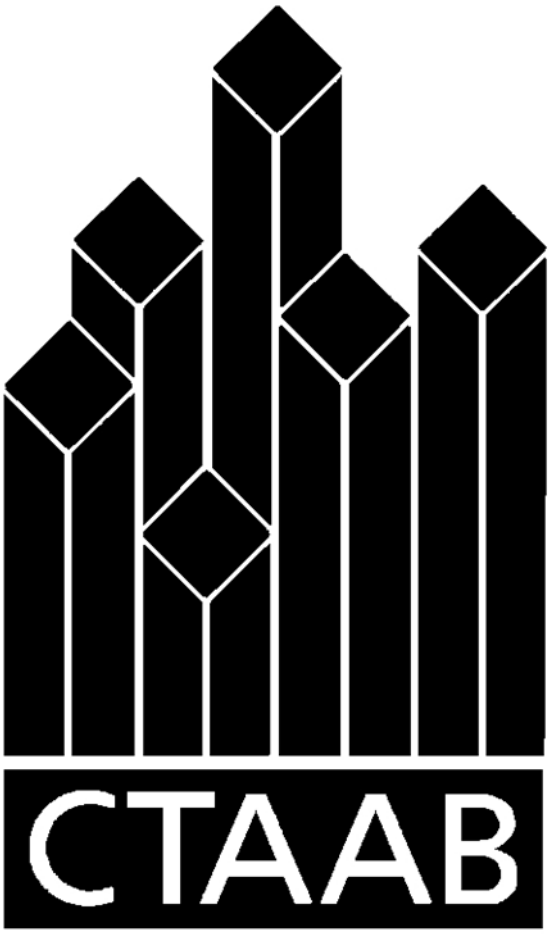
2012



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

I am proud to present the Community Technology Assessment Advisory Board (CTAAB) "Report to the Community" for 2102, CTAAB's 20th 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.

In 2012, CTAAB reviewed and made recommendations to the local health plans regarding seven applications; a listing of these applications can be found in this report. A review of robotic surgery systems in the Central Finger Lakes, where three hospitals submitted applications for these systems, was particularly challenging. CTAAB encouraged the applicants to work together to bring a robot to the region without duplicating services unnecessarily. A joint application from Clifton Springs Hospital and Rochester General Health System/Newark-Wayne Community Hospital was found to best meet the objective of fostering collaboration among hospitals.

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) 461-3540 or admin@CTAAB.org. Visit our website www.ctaab.org.

Sincerely,

Jake Flaitz
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 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 2012 RECOMMENDATIONS

Proposal	Final outcome
Rochester General Health System/Newark-Wayne Community Hospital and Clifton Springs Hospital propose a combined application for a daVinci robot platform. FF Thompson Hospital proposes to acquire a daVinci robot. (5/23/2011)	CTAAB concluded there is need for the daVinci robot: • CTAAB had previously recognized the need for a daVinci robot in the Central Finger Lakes (CFL) region based on the number of residents in the region receiving such surgeries and the growth in patient and provider demand for robotic surgery. • The anticipated volume of surgeries is considered adequate to consider that the robot will not be underutilized and that surgeons and surgical staff will be able to acquire and maintain needed skills. • The joint proposal best meets the CTAAB objective of fostering collaboration among CFL hospitals and between CFL hospitals and tertiary care facilities. CTAAB concluded there is no need for a daVinci robot at FF Thompson Hospital: • CTAAB had previously recognized the need for a daVinci robot in the Central Finger Lakes (CFL) region based on the number of residents in the region receiving such surgeries and the growth in patient and provider demand for robotic surgery. • The approval of a joint application determined as best meeting the CTAAB objective of fostering collaboration among CFL hospitals and between CFL hospitals and tertiary care facilities filled the recognized need.
Finger Lakes Bone & Joint Center in partnership with Great Lakes Medical Imaging proposes to add an open MRI scanner and low-dose CT scanner at its offices at 875 Pre-Emption Road, Geneva. The equipment will be owned by the partnership known as Finger Lakes Medical Imaging, LLC and the contract for reading services will be with Great Lakes Medical Imaging, LLC.	CTAAB concluded there is not a need for the proposed services: • There is not a community need for additional MRI or CT capacity. Appeal: CTAAB received an appeal from the applicant. Based on additional information presented, CTAAB concluded there is no need for the proposed scanner. There is not a large enough population who can solely be served by an open unit to justify adding such a unit when there is not community need for additional capacity.
Strong Memorial Hospital proposes to add two CT scanners and one MRI machine in new clinical space being constructed at the hospital.	CTAAB concluded there is need for the development of satellite imaging suite space for the Cancer Center and the Children's Hospital bed towers as well as the addition of a CT scanner in the cancer center: • Existing radiology services are excessively distant from proposed specialized bed units. It would be economic to design satellite suite space now while the buildings are being designed and constructed. • Quality of care will likely be improved by development of inpatient cancer center-specific imaging services. • It is expected that the cancer center CT scanner will be operational by the end of the second quarter of calendar 2013. No recommendation will be made on the need for additional CT or MRI capacity for the Children's Hospital until approximately one year prior to implementation, which is projected for 2015.

Rochester General Hospital proposes to certify a wound care extension clinic housing two hyperbaric chambers to be located on the campus of St. Ann's Community residential health care facility.	CTAAB concluded there is need for the development of the advanced wound care center, including two hyperbaric chambers: • The organization of services into an integrated clinic will improve the quality of care provided to persons with chronic wounds. • Quality and continuity of care will likely be improved by the inclusion of hyperbaric oxygen therapy in the wound care center services. • The wound care center is not financially feasible without the hyperbaric chambers. It is expected that the wound care center will be operational by the end of the second quarter of calendar 2013.
Gregory Carnevale of Finger Lakes Allergy Clinic proposes to establish a two-bed accredited sleep lab in Geneva.	Withdrawn
Rochester General Health System d/b/a Lattimore Community Surgicenter proposes to relocate to 360 Linden Oaks Drive, Rochester, and add two operating rooms.	CTAAB concluded there is need for the proposed expansion. • Although there is not a community-wide need for additional OR capacity, Rochester General Hospital has demonstrated an institution-specific need for the proposed OR's. • The lease at the current site expires in 2013. The anticipated operational date for the surgicenter is the third quarter of 2013.
University Medical Imaging proposes to add a fifth MRI scanner, a 3.0 Tesla open-bore design.	CTAAB concluded there is need for the proposed services. • Although there is not a community-wide need for additional MRI capacity, University Medical Imaging has demonstrated an institution-specific need for the proposed MRI.

BOARD MEMBERS, 2012

Lynne Allen, Employer *
Mercer Health & Benefits
Principal

Matthew Augustine, EdD, Employer
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 †
Clinician
Highland Family Medicine

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

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

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

Mark Cronin, Consumer
University Cardiovascular Associates
Chief Administrative Officer

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

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

John Galati, Institution *
Clifton Springs Hospital & Clinic
President & CEO

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

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

Kayla Jenkins, Consumer *
Charles Settlement House
Health Project Coordinator

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

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

Becky Lyons, Employer *
Wegmans Food Markets, Inc.
Manager Health Care Design and Wellness

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

Kathleen Parrinello, Institution *
Strong Memorial Hospital
Chief Operating Offcer

Steven Rich, MD, Institution *
Rochester General Health System
Medical Dir., Div. of Long Term Care & Sr. Services

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

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Monroe Community College
Dean, Division of Science, Health & Business

Donna Schue, MD, Clinician *
Valley View Family Practice

Douglas Stewart, PsyD, Institution *
Unity Health System
Sr. Vice President, Acute and Ambulatory Services

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

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

Mervin Weerasinghe, M.D., Clinician †
Retired Physician

James Wissler, Institution †
Lakeside Health System
President/CEO

Susan Touhsaent, Staff Director

* denotes term began in 2012
† denotes term ended during 2012
‡ denotes resigned during 2012

CTAAB