



2009

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) has completed its seventeenth year of service to the community, and I am pleased to present its “2009 Report to the Community.” CTAAB’s focus is on its mission of ensuring patient access to beneficial technology and quality care while assuring community costs are appropriately contained. As concern with health care costs, coverage, and accessibility are highlighted locally and nationally, CTAAB looks forward to continuing to build on the area’s reputation for value and quality through cooperation.

An independent board, with members from the clinician, hospital, health plan, employer, and consumer sectors, CTAAB provides recommendations to local health plans regarding proposed expansions in health care technology and services. This year seven applications were reviewed, and recommendations were made. A list of these reviews and findings appears in this report.

Following on the work of the Finger Lakes Health Systems Agency’s Health System 2020 Commission, CTAAB’s discussion of applications and its recommendations emphasized the need for applicant’s participation in a collaborative, regional planning process to assure effective and non-duplicative investment in the region’s health care delivery system, particularly in the Central Subarea of Livingston, Ontario, Seneca, Wayne, and Yates Counties.

In 2009 the Finger Lakes Health Systems Agency convened the 2020 Performance Commission to carry out the 2020 Commission’s Community Investment Recommendations. The Performance Commission’s purpose is to engage stakeholders in a process that will result in community initiatives and requisite investments to reduce demand for inpatient care and eliminate disparities in health status across the region. Work groups have been established to: reduce low-acuity visits to Emergency Departments (EDs), reduce preventable hospitalizations, and develop integrated strategies to ensure the continued viability of the community hospitals in the region and to improve the adequacy and access to health care services for the residents of those communities. CTAAB works in concert with the Performance Commission; CTAAB will review technology proposals and requests for additional capacity mindful of the Commission’s goals. For example, requests for ED capacity will be considered in light of the efforts of the Commission’s ED Work Group.

CTAAB has continued to improve its own process. Board members beginning service in 2009 were representative of the breadth of the CTAAB community in terms of ethnic and geographic diversity. Suggestion for improvement or questions about our process should be directed to Susan Touhsaent, Staff Director, at (585) 461-3520 x114.

In 2010 CTAAB will continue its focus of serving the community by providing a review process emphasizing need, quality, appropriateness, and effectiveness of new and expanded technology and services being proposed in the region as well as community planning efforts in the health care arena.

Sincerely,



John R. Lynch, Jr.  
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.

Payers use CTAAB's recommendations in formulating reimbursement policies.

CTAAB's role is solely advisory. While its 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. Questions about this process may be directed to the Staff Director. 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.

## SCREENING CRITERIA

CTAAB reviews and makes recommendations on proposals that fall within its scope as defined above 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 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 or enhancement; cardiac catheterization labs; operating rooms; transplant services; hospital beds; diagnostic and treatment centers (including new services offered in a treatment center); 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?
  - ✓ 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?



## SUMMARY OF 2009 RECOMMENDATIONS

Proposal	Outcome
<p>FF Thompson proposes to modernize its laboratory, rehabilitation units, dietary facility, operating rooms, and ambulatory procedures unit.</p>	<p>CTAAB concluded there is a need for the proposed modernization because:</p> <ul style="list-style-type: none"> <li>• The areas proposed for renovation do not meet contemporary quality standards.</li> <li>• The existing procedure rooms are operating at capacity, and the need for colonoscopies will increase as the population ages.</li> <li>• Anticipated project operational date is June 2012.</li> </ul>
<p>Nicholas Noyes proposes to add a second CT scanner.</p>	<p>CTAAB concluded there is a need for the CT scanner because:</p> <ul style="list-style-type: none"> <li>• The current scanner is at or above its volume capacity.</li> <li>• Access to CT scanning will be improved with the placement of a unit in Geneseo.</li> <li>• Anticipated project operational date is six months after the certificate of need approval.</li> </ul>
<p>Sleep Insights applies for recognition of a 6-bed satellite sleep laboratory.</p>	<p>CTAAB concluded there is need for the six sleep beds because:</p> <ul style="list-style-type: none"> <li>• There is an extensive wait time to obtain sleep consultations and diagnostic testing.</li> <li>• The occupancy rate at existing sleep facilities based on six nights of operation 50 weeks a year was over 95%.</li> </ul>
<p>Unity Hospital proposes to add a third cardiac catheterization laboratory.</p>	<p>CTAAB concluded there is need for the laboratory:</p> <ul style="list-style-type: none"> <li>• Monroe County facilities, including Unity Hospital's, are used at a rate well above state standards.</li> <li>• Literature supports the use of non-surgical approaches to treating cardiac problems.</li> </ul>
<p>Clifton Springs Hospital and Clinic proposes to convert its 3-day-per-week mobile MRI into a fixed MRI service.</p>	<p>CTAAB concluded there is a need for the fixed MRI:</p> <ul style="list-style-type: none"> <li>• The proposed fixed unit will increase the timely availability, accessibility, and quality of MRI services to the patients at the hospital, including its rural patient base.</li> <li>• The large bore unit will provide clinical benefit to some overweight and claustrophobic patients.</li> <li>• There is only a small cost difference between the present part-time service and the proposed full-time service.</li> </ul>

Proposal	Outcome
<p>Geneva General proposes to renovate and construct an addition to the facility: reconfigure medical/surgical patient rooms to create and construct 24 private rooms, expand the emergency department, replace the operating suites, create a replacement ICU, expand radiology and cardiology, and create a nursing education center.</p>	<p>CTAAB concluded that there is a need for the proposed modernization, with the contingency that the number of Emergency Department stations be reduced to 16 and that the number of pre-admission stations be reduced as FLHSA staff determines based on additional information from Geneva General Hospital:</p> <ul style="list-style-type: none"> <li>• Use of radiology services has increased. Increased demand for cardiology services is expected following the addition of two hospital-based cardiologists.</li> <li>• The rooms in the current intensive care unit (ICU) are small and outdated; no new ICU beds will be added during the renovation. Given current demand, the current number of ten beds is needed to have an ICU bed available 99% of the time.</li> <li>• The current operating suites are small and outdated; no new operating rooms will be added.</li> <li>• Based on available utilization data, the emergency department needs 16 stations. There are no utilization standards for pre-admission stations; FLHSA staff will work with the applicant to determine an appropriate number of stations.</li> <li>• Modernization of the applicant’s hospital rooms is important; current standards for acute care hospitals call for single patient rooms. The applicant’s renovation of current hospital rooms to create 17 single rooms and construction of 24 new single rooms will help the hospital meet these standards.</li> </ul> <p>CTAAB recognized the importance of community planning and expressed support for a community planning process, addressing, in particular, hospital bed capacity in the region. This sentiment is shared among key stakeholders.</p>

Proposal	Outcome
<p>Newark-Wayne Community Hospital proposes to renovate its Emergency Department.</p>	<p>CTAAB concluded there is need for the renovation:</p> <ul style="list-style-type: none"> <li>• There is need to replace or modernize the existing ED based on functionality and capacity.</li> <li>• Quality of patient care will be enhanced.</li> <li>• The design offers the opportunity to provide lower intensity care in a more efficient setting.</li> </ul> <p>CTAAB recommended that the hospital provide bilingual-bicultural staff within the ED and the hospital at large in accordance with New York State regulations.</p> <p>CTAAB further recommended that the hospital be an active participant in a collaborative, regional planning process to assure effective and non-duplicate investment in the region's and subarea's health care delivery system.</p>

## BOARD MEMBERS, 2009

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

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

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

**Mary Eileen (Mel) Callan, MS, RN**, Clinician  
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**Stephen Cohen, M.D.**, Health Plan  
MVP Health Care  
Vice President, Medical Affairs

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American Cancer Society, Upstate NY  
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**Christopher Dailey, PharmD**, Institution \*  
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**Michael Nazar, M.D.**, Institution  
Unity Health System  
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Olsan Medical Group

**Mary Beth Robinson, M.D.**, Clinician †  
Twelve Corners Pediatrics

**Victor Salerno**, Employer\*  
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**Arthur Segal, M.D.**, Clinician †  
Rochester Radiology Associates

**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 2009

† denotes term ended during 2009

‡ denotes deceased