

2
0
1
4



**COMMUNITY TECHNOLOGY
ASSESSMENT ADVISORY BOARD
ANNUAL REPORT**

TABLE OF CONTENTS

3	CTAAB MISSION STATEMENT
4	MESSAGE FROM THE CHAIR
5	OVERVIEW
5	SCOPE OF CTAAB REVIEW
6	SCREENING CRITERIA
6	CAPACITY ASSESSMENT CRITERIA
7	TECHNOLOGY ASSESSMENT CRITERIA
8	SUMMARY 2014 RECOMMENDATIONS
8	BOARD MEMBERS
9	CTAAB PROCESS



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 2014, CTAAB's 22nd 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 2014, CTAAB reviewed and made recommendations to the local health plans regarding five applications; a listing of these applications can be found in this report. This year the board re-engaged the Technology Assessment Committee (TAC) to review the issue of new Hepatitis C treatment protocols. Throughout 2013 and 2014 CTAAB reviewed a total of 8 projects representing more than \$32 million in capital costs and nearly \$5 million in incremental annual community cost. In early 2014, the board convened a committee of local experts to discuss the issue created by the emergence of new treatment protocols, which while effective, come at a significant cost. As national changes continue to impact our region, CTAAB is continuously improving and striving to improve its processes and structures to align with the current healthcare landscape.

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) 224-3114 or albertblankley@CTAAB.org. Please visit our website www.ctaab.org.

Sincerely,



Victor Salerno,
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 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 2014 RECOMMENDATIONS

Proposal	Final outcome
<p>Unity Hospital proposes to add a second CT scanner at its Long Pond Rd Location to serve inpatient and emergency department patients</p>	<p>CTAAB concluded there is a need for the proposed services.</p> <ul style="list-style-type: none"> • There is a need for capacity at Unity to care for non-ambulatory patients, even though there is sufficient capacity in the area for all patients. • There are likely to be improvements in quality of care as result of the additional scanner.
<p>Hepatitis C treatment protocols and drug therapy review for efficacy and cost effectiveness.</p>	<p>CTAAB recommended that statewide guidelines developed by NY State's Medicaid program regarding treatment protocols be adopted by the commercial insurers to ensure appropriate treatment of Hepatitis C patients in a manner which is economically sustainable.</p>
<p>Clifton Springs Hospital & Clinic proposes to renovate space on the second floor of the existing hospital facility to accommodate a Hematology Oncology Clinic, including 5 exam rooms and 13 chemotherapy bays.</p>	<p>CTAAB concluded there is a need for the proposed clinic:</p> <ul style="list-style-type: none"> • While the application represents an increase in 'system capacity' community capacity is not increased. • The acquisition allows for '340B' pharmaceutical pricing on an additional 10 chemotherapy stations in the region, which should reduce overall cost of treatment for this community. • The acquisition increases integration with regional oncology services and formally provides infrastructure (EMR etc.) to that end.
<p>The URMC Department of Imaging Sciences and F.F. Thompson hospital propose to add an additional CT scanner at F.F. Thompson Hospital</p>	<p>CTAAB concluded there is a not a need for the proposed CT scanner:</p> <ul style="list-style-type: none"> • There is no community need for the additional scanner. • There does not appear to be institutional need for the additional scanner. • The low volume of impacted patients (approximately 1 per month) and appropriate diversion protocols during CT scanner downtime should mitigate additional impact. • The nearest ED is approximately 18 minutes driving distance from FF Thompson. • The additional scanner does not represent an increase in access for most patients
<p>UR Medicine proposes to add two (2) infusion chairs and certify a radiation oncology extension clinic through conversion of a private practice, located at 262 Bank Street, Batavia.</p>	<p>CTAAB concluded that there is a need for the proposed Infusion Stations</p> <ul style="list-style-type: none"> • The addition of the two infusion stations provides an opportunity for integrated care for cancer patients being treated with radiation therapy that also need chemotherapy. • UR Medicine is currently treating a large number of cancer patients from this region at the Wilmot Cancer Center who could receive their care closer to their home • The applicant indicates that as patients of this region migrate to the new location, infusion stations that are no longer needed at the Wilmot Cancer Center will be removed from service.



BOARD MEMBERS, 2014

Lynne Allen, Employer
Mercer Health & Benefits
Principal

John Bartholf, Employer*
Relph Benefits
President

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

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

Christopher Dailey, PharmD, Institution†
Thompson Health
Director of Pharmacy

John Galati, Consumer
Retired

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

Aaron Hilger, Consumer
Builders Exchange of Rochester
President

Chris Jagel, Employer
Harris Beach, LLC
Managing Partner

Kayla Jenkins, Consumer
Charles Settlement House
Health Project Coordinator

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

Frank Korich, Institution*
Finger Lakes Health
VP & Site Administrator

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

Becky Lyons, Employer Wegman's Food
Markets, Inc.

Director, Health and Wellness Programs

Mark Nickel, Employer*
Rose and Kiernan
Executive VP

Steven Ognibene, Clinician*
Rochester Colon and Rectal Surgeons
Partner and VP

Kathleen Parrinello, Institution
Strong Memorial Hospital
Chief Operating Officer

Steven Rich, MD, Institution†
Rochester General Health System
Med. Dir., Long Term Care & Sr. Services

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

Laurel Sanger, MS, RN, Clinician†
Monroe Community College
Dean, Division of Sci., Health & Business

Donna Schue, MD, Clinician
Valley View Family Practice
Physician

Douglas Stewart, PsyD, Institution†
Unity Health System
Senior VP, Acute and Amb. Services

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

William Walence, Ph.D., Consumer*
Rochester Institute of Technology
Program Director

Mervin Weerasinghe, M.D., Clinician
Retired Physician
TAC Liaison

Albert Blankley, Staff Director

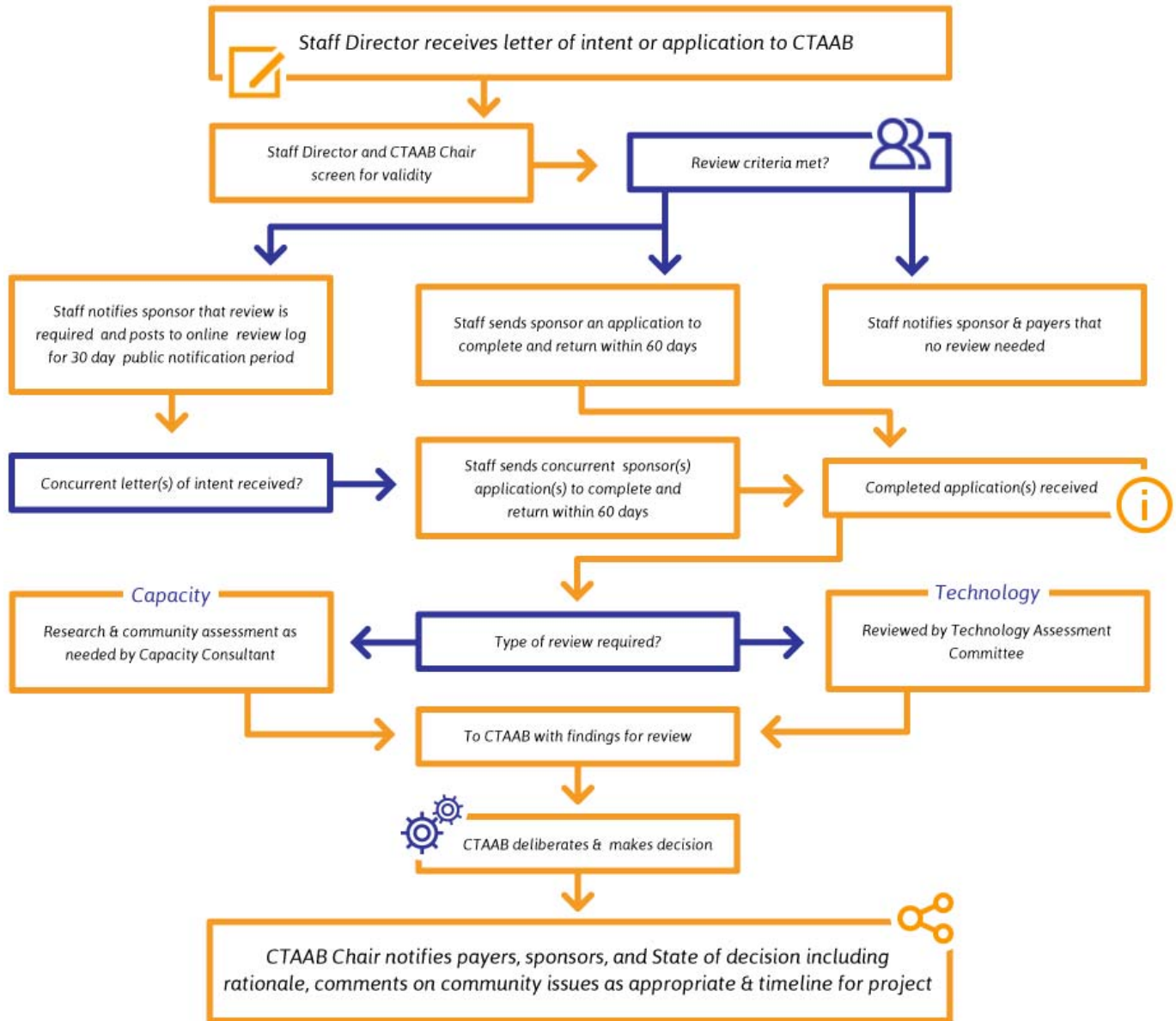
* Denotes term began in 2014

† Denotes term ended during 2014

‡ Denotes resigned during 2014



CTAAB PROCESS





CTAAB

COMMUNITY NEED • COMMUNITY CAPACITY

