Community Technology Assessment Advisory Board

2007 Report to the Community

Community Technology Assessment Advisory Board
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CTAAB 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.

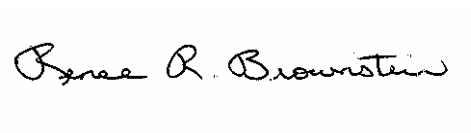
Message from the CTAAB Chair

I am proud to present the Community Technology Assessment Advisory Board (CTAAB) "2007 Report to the Community." This report highlights the activities of CTAAB, a committed group of community-minded individuals from the consumer, provider, insurer, and business sectors. CTAAB studies issues relating to area health care services and emerging technologies, with the assistance of its Technology Assessment Committee (TAC) and of the Finger Lakes Health Systems Agency. With the community's best interest as a foremost concern, CTAAB makes what are often difficult decisions and provides recommendations to the major health insurers in the area.

In 2007, its fifteenth year, CTAAB remained committed to promoting services that meet community needs, provide access to all consumers, represent quality care, and demonstrate fiscal responsibility -- and to do so with a spirit of cooperation. The development in 2007 of recommendations regarding insurance coverage of cardiac CT angiography and of guidelines for considering the addition of CT scanners capable of imaging coronary arteries is seen as a particularly significant contribution to the community.

CTAAB continues to be regarded as a model for other communities in the successful management of the development of high technology and health care services through the use of evidence-based and community-oriented reviews.

Thank you for your continued support. We invite you, as part of the community we serve, to participate in the process and send your suggestions and comments to the Staff Director.



Renee Brownstein, Chair 2007-2008

Comments from Health Care Insurers

"2007 was a very busy year for CTAAB, and Preferred Care greatly values its participation in this unique community forum…During calendar year 2007, all of the affirmative recommendations for the expansion of facilities or the purchase and installation of imaging equipment were acted upon favorably within our organization. The CTAAB recommendation regarding Cardiac CT Angiography was one of many sources used for the creation and ongoing modification of our medical policy for this important imaging technology. Preferred Care looks forward to participating in another interesting year of CTAAB deliberations and decisions."

Stephen H. Cohen, M.D.
Vice President, Medical Affairs

"Excellus BCBS incorporates CTAAB recommendations in our formal internal review and decision making process…both with new technology issues and with providers' proposals to add service capacity…Our Capacity Planning Committee formally reviewed the CTAAB recommendations and attendant rationale…The review criteria are heavily weighted in regard to consideration of community need for service capacity. We have consistently found the CTAAB findings to be accurate and its advice to be informative in our decision making process…We are pleased that our own findings have been generally consistent with those of CTAAB and we are very pleased with the important contributions to health services planning in the Rochester community that CTAAB provides."

Scott G. Ellsworth
Regional President

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 care insurers, 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 Technology Assessment Committee (TAC) conducts reviews of new technology slated for CTAAB consideration, relying on both scientific studies from peer-reviewed journals and input from experts in the field. The TAC is comprised of a diverse group of primary care and specialty physicians.

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

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.

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

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, 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 2007 Recommendations

Proposal	Final outcome
Cardiac CT Angiography: Using CT scans to visualize coronary arteries has been receiving increasing attention. Although insurers have considered this technique investigational, the published scientific evidence has been growing.	Based on its review of the Technical Advisory Committee (TAC) report on Cardiac CT Angiography, CTAAB recommends to insurers that: • Cardiac-related CT angiography by advanced CT scanners (CTA) should be accepted for insurance coverage. Coverage should be limited, however: a. Cardiac CT angiography should be approved and reimbursed when careful clinical assessment by a cardiologist finds that the patient has a low to moderate pre-test risk of coronary artery disease and the test will resolve clinical uncertainty; b. Cardiac CT angiography should not be approved or reimbursed when the test is done for screening purposes; c. Cardiac CT angiography will only be reimbursed when ordered by a cardiologist. • Calcium scoring should be reimbursed when performed as part of a contrast enhanced cardiac CT angiography study which is otherwise clinically indicated; • The quality of machine and training requirements of those interpreting cardiac CT angiography tests should be further evaluated by the insurers. Consistent with the TAC Cardiac CT Angiography Report, CTAAB has established as operating policies to: • Review all requests for increase in the number of CT scanners. As part of the analysis of such a proposal, review the ICD-9 or other diagnostic codes to determine if the current and/or projected volume of scans is justified only on the basis of cardiac-related procedures; • Permit current CT providers to continue to replace units one-for-one with the level of unit they believe is appropriate.
Beverly Prince, MD, (Warsaw ENT) proposes to build and operate a two-bed sleep lab.	Application was withdrawn.
Elizabeth Wende Breast Clinic proposes to obtain a 1.5T MRI to replace the mobile unit currently in use part-time.	CTAAB concluded there is need for the proposed fixed MRI unit: • General community MRI capacity is fully utilized; while other centers could provide the service, capacity to perform breast MRIs is presently limited; • Clinical indications for breast MRI are increasing; • Delay or lack of MRI appears to negatively impact the course of clinical care for some patients; • Operating cost of the proposed unit is similar to the operating cost of the present mobile arrangement; • The applicant states the MRI should be operational in the third quarter of 2007.
Finger Lakes Radiology proposes to purchase a 1.5T MRI and make it a fixed unit in Geneva General Hospital.	Application was withdrawn.
Geneva General Hospital proposes to replace a 1.5T mobile MRI with a 1.5T fixed MRI.	CTAAB concluded there is need for the proposed MRI: • The change from a mobile to a fixed unit will afford improvements in quality; and • MRI ownership will enable greater scheduling flexibility and extended coverage, as needed, and thus improve access. • Anticipated project completion date is within one year of approval of the Certificate of Need application.
Geneva MRI proposes to provide mobile MRI service, followed by fixed magnet service, in Geneva, NY.	CTAAB concluded there is no need for the proposed MRI services: • Community MRI capacity is sufficient to meet current and projected demand.

Summary of 2007 Recommendations

Proposal	Final outcome
Pluta Cancer Center proposes to add a second linear accelerator.	CTAAB concluded there is need for the proposed linear accelerator: • While Monroe County facilities are utilized at benchmark levels, Pluta Cancer Center is over-utilized; its volume greatly exceeds benchmarks; • Pluta Cancer Center is the only program in the region without treatment capacity redundancy, either on site or at an affiliated site, leaving its patients at risk of treatment interruption; • Pluta Cancer Center is the natural service area for Southeast Rochester and Monroe County which have received less than average radiation therapy, compared with the local average adjusted for age/sex/race and cancer incidence (based on information provided by the New York State); • The second linear accelerator is expected to be functional by April 1, 2008.
Radiologists of the University of Rochester propose to use the PET-CT at Science Park on a full-time basis.	CTAAB concluded there is need for recognition of the full-time use of the PET-CT: • Although there is not community need for additional PET capacity, the RUR unit is nearing full utilization of its "approved" capacity of 0.6 full-time-equivalent use; and • With consideration of the machine's use for research applications, movement to "full-time" use represents minimal expansion of capacity.
Rochester General Hospital proposes to add a 64-channel CT scanner unit in conjunction with the expansion of its Emergency Department.	CTAAB concluded there is need for the proposed 64-slice CT scanner: • There is evidence supporting an institutional need despite the lack of community-wide need for additional CT scanner capacity. Specifically, current RGH CT scanners are utilized beyond benchmark levels and additional growth in CT volume is reasonably anticipated; • The need for the proposed unit is not premised on cardiac imaging; • Anticipated project operational date is first quarter 2008.
Rochester General Hospital proposes to obtain an additional linear accelerator.	CTAAB concluded there is need for the proposed linear accelerator:: • Rochester General Hospital's radiation therapy units are currently operating above benchmark volume levels, suggesting the need to increase capacity; • The project will decompress the medical oncology services, enhancing patient privacy; • The project will reduce wait times to initiate cancer treatment; • The project will increase capacity to relatively underserved portions of the city of Rochester and Monroe County; • The project will be sited at Linden Oaks; anticipated project completion date is June 2008.
Rochester General Hospital proposes to provide in-house mobile lithotripsy in an existing operating room in the hospital.	CTAAB concluded there is no community need for the proposed lithotripter: • The units that are currently available are not fully utilized; • The proposed service would duplicate existing resources and increase community cost; • There is no compelling evidence the proposed unit would provide improved quality of care.
Soldiers & Sailors Memorial Hospital proposes to expand and upgrade its Emergency Department, Rehabilitation Services, and Cardiology department.	CTAAB concluded there is need for the proposed renovation and reconfiguration: • The project will improve function in the Emergency Department; • The project will improve accessibility and function of a number of high-traffic services; • The project will improve the facility's infrastructure; • Anticipated project date is third quarter 2009.

Summary of 2007 Recommendations

Proposal	Final outcome
Strong Memorial Hospital proposes to add a 64-slice CT scanner and a 1.0T open MRI.	CTAAB concluded there is need for the proposed 64-slice CT scanner: • There is evidence supporting an institutional need despite the lack of community-wide need for additional CT scanner capacity; • The need for the proposed unit is not premised on cardiac imaging; • Anticipated project operational date is first quarter 2008. CTAAB concluded there is need for an open MRI unit at Strong Memorial Hospital (SMH): • Certain classes of patients (obese, pediatric, ICU) would experience improved quality of imaging and improved safety with the use of an open MRI; • There are few community alternatives to provide open MRI services to SMH patients; • Anticipated operational date is first quarter 2008.
Strong Memorial Hospital proposes to add an extension clinic certified for outpatient medical oncology infusion services at Highland Hospital; this clinic would consolidate the Highland Hospital infusion center within the Wilmot Cancer Center and would expand the services at the Highland Hospital site.	CTAAB concluded there is need for the proposed outpatient medical infusion center at Highland Hospital: • Cancer chemotherapy volume continues to increase; • The change in auspice will enable qualification for 340b "best federal price" purchase of pharmaceuticals; • Anticipated operational date is third quarter 2008.
Strong Memorial Hospital proposes to add an incremental linear accelerator within the Wilmot Cancer Center.	CTAAB concluded there is need for the proposed radiosurgery linear accelerator: • Indications for radiosurgery are increasing; • Radiosurgery appears to be less costly than the alternative treatment (invasive surgery) for many tumors; • Radiosurgery permits treatment of some tumors that are otherwise not treatable; • Anticipated project completion date is the end of the calendar year 2008.
Strong Memorial Hospital proposes to build an off-site hospital-based ambulatory surgery (outpatient) center.	CTAAB concluded there is need for the proposed ambulatory surgery center: • Although there is no community-wide need for additional operating room capacity, Strong Memorial Hospital (SMH) has demonstrated institution-specific need; • Development of hospital-sponsored capacity will maintain and may increase financial access to care; • The requirements of medical education and training and recruitment of physicians will be served by a hospital-sponsored ambulatory surgery center; • The ambulatory surgery center will be located on Sawgrass Drive; anticipated project completion date is April 2009 (assuming New York State Department of Health approval).
Thompson Health proposes to expand its Sleep Center from two to four beds.	CTAAB concluded there is need for F.F. Thompson to expand its sleep beds, with the further proviso that physician availability be improved at the earliest possible time: • Thompson's existing capacity is maximally used; • Wait times for services are up to six months; • Expansion will be completed within 180 days of the State's approval of the certificate of need application.
United Memorial Medical Center proposes to construct an outpatient diagnostic radiology center and add a 40-slice CT scanner and ultrasound and EKG services at its Bank Street Campus (the former St. Jerome's Hospital) in Batavia, Genesee County.	CTAAB concluded there is need for UMMC's proposed 40-slice CT scanner: • Evidence supports institutional need despite the lack of community-wide need for an additional CT scanner; • The proposed CT scanner is technologically superior to the existing scanner and will improve quality of care; • UMMC received NYSDOH approval and HEAL funding for the proposal; • Anticipated operational date is second quarter 2008.
University Cardiovascular Associates proposes to install a 64-slice multidetector CT scanner at its office.	CTAAB concluded there is no community need for the proposed 64-slice CT scanner: • There is adequate available community capacity of CT scanners capable of performing cardiac CT angiography.

Summary of 2007 Recommendations

Proposal	Final Outcome
University Medical Imaging proposes to install a second Computed Tomography (CT) scanner.	CTAAB concluded there is need for the proposed 64-slice CT scanner: • There is evidence supporting an institutional need despite the lack of community-wide need for additional CT scanner capacity. Specifically, the existing UMI CT scanner is utilized well beyond benchmark levels; • The need for the proposed unit is not premised on cardiac imaging; • Anticipated project operational date is first quarter 2008.
University Medical Imaging proposes to purchase and install a fourth MRI, which will be a 3T.	CTAAB concluded there is need for the 3.0 Tesla MRI: • Although there is not a current community-wide need for additional MRI capacity, UMI is operating its MRIs significantly above CTAAB's benchmark for scanner utilization; • The 3.0T MRI currently available in the community is fully utilized; and • Given UMI's overall MRI volume, it is reasonable to add a specialized scanner to its mix of capabilities when adding incremental capacity. • Anticipated project completion date is March 2008.

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* Term Began During 2007 ‡ Term Ended During 2007

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