Community Technology Assessment Advisory Board

C **OMMUNITY**
T **ECHNOLOGY**
A **SSESSMENT**
A **DVISORY**
B **OARD**

2008

Report to the Community

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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 pleased to present the Community Technology Assessment Advisory Board's "2008 Report to the Community." CTAAB is committed to its mission of ensuring patient access to beneficial technology and quality care while assuring community costs are appropriately contained. CTAAB is regarded as a model for communities seeking to successfully manage the development of high technology and health care services by using evidence-based and community-based reviews.

An independent board, with members from the clinician, hospital, health plan, employer, and consumer sectors, CTAAB is in its sixteenth year. This year three applications were reviewed and recommendations were made to the local health plans. A list of these reviews and findings appears in this report.

In 2008 the Finger Lakes Health Systems Agency's Health System 2020 Commission brought new collaboration to health planning in the region with its consideration of Certificate of Need applications for projects for major modernization and new inpatient beds in Monroe County. CTAAB will work in concert with the new 2020 Performance Commission overseeing implementation of its Community Investment recommendations; CTAAB will review technology proposals and requests for additional capacity in light of the Commission's and the community's goal for a high performance health system in the region.

CTAAB has continued to improve its own process. In 2008 the composition of the board was reviewed and expanded to further ensure its community-based nature and diversity of membership. We invite community participation in the process. As technology continues to develop and to shape health care, CTAAB will continue to contribute to the area's commitment to value, affordability, and quality through cooperation.

John R. Lynch, Jr.
Chair 2008-2009

Comments from Health Plans

"... Preferred Care continues to appreciate the opportunity to participate in a forum of this type. Developing collaborative community positions regarding the capacity of new technologies within our community is of great value to us all. During calendar year 2008, Preferred Care carefully considered all of the recommendations received from CTAAB. They were an integral part of our process in making final coverage determination decisions."

Stephen H. Cohen, MD
Vice President, Medical Affairs

"... Excellus BlueCross BlueShield (BCBS)... remains supportive of the CTAAB mission and greatly values the advice and recommendations that [it] provides on these issues as our community seeks to balance the need for new technology with the reality of keeping health care affordable and accessible. Excellus BCBS acted upon all... of the issues reviewed by CTAAB in 2008 and... concurred with the findings of community need."

Douglas W. Stark
Vice President, Contract Negotiations-West
Network Management and Provider Affairs

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 employers, health care consumers, health plans, health care clinicians, 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.

Health plans 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, health plans, consumers, and business benefits the entire community.
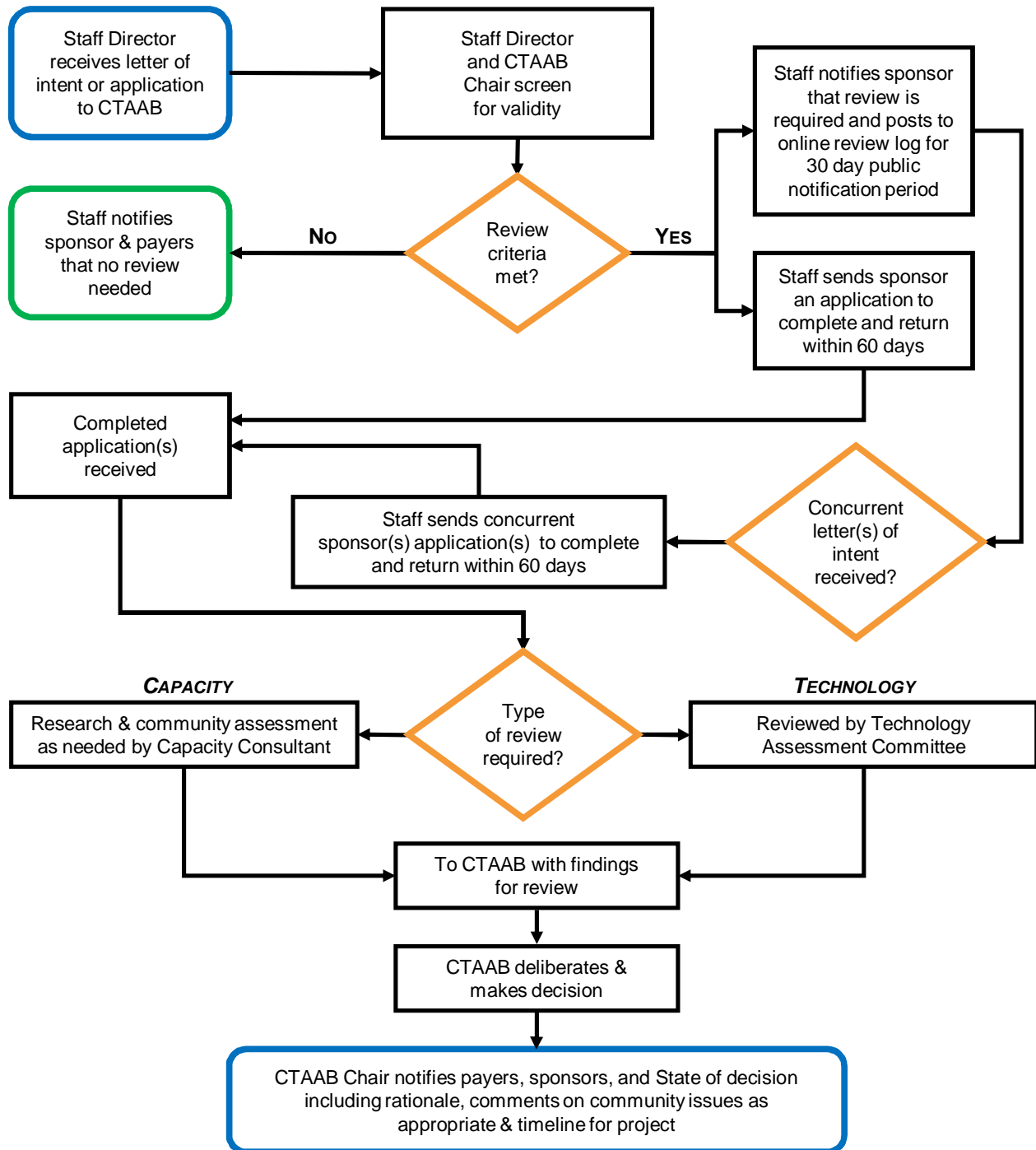
Scope of CTAAB Review

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); sleep centers; 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 Review Process

Staff Director receives letter of intent or application to CTAAB

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Staff Director and CTAAB Chair screen for validity

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Review criteria met?

No → Staff notifies sponsor & payers that no review needed

Yes → Staff notifies sponsor that review is required and posts to online review log for 30 day public notification period

Staff sends sponsor an application to complete and return within 60 days

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Concurrent letter(s) of intent received?

Staff sends concurrent sponsor(s) application(s) to complete and return within 60 days

Completed application(s) received

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Type of review required?

CAPACITY ← Research & community assessment as needed by Capacity Consultant

TECHNOLOGY → Reviewed by Technology Assessment Committee

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To CTAAB with findings for review

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CTAAB deliberates & makes decision

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CTAAB Chair notifies payers, sponsors, and State of decision including rationale, comments on community issues as appropriate & timeline for project

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 2008 RECOMMENDATIONS

PROPOSAL	FINAL OUTCOME
Highland Hospital proposes to purchase a daVinci robot.	CTAAB concluded there is need for the proposed robot: - Highland Hospital does not have a robotic system. - Demand for this type of surgery will continue to grow. - The proposed unit will not add to community cost from a reimbursement perspective. - Quality of care is improved. - Anticipated project operational date is January 2009.
Rochester General Hospital proposes to purchase a second daVinci surgical system.	CTAAB concluded there is need for the proposed robot: - Volume of robotic-assisted procedures at the facility exceeds the capacity of the existing system. - Demand for this type of surgery will continue to grow. - The proposed unit will not add to community cost from a reimbursement perspective. - Quality of care is improved. - Anticipated project operational date is June 2008.
Rochester General Hospital proposes to provide in-house mobile lithotripsy in an existing operating room in the hospital.	Following an appeal, CTAAB recommended approval of the proposed lithotripter for two half days per week: - Extracorporeal shock wave lithotripsy appears to be the standard of care for treating kidney stones. - No supply-induced demand is expected to result from the additional lithotripter. - Concern regarding additional community costs is not significant. - A mobile unit would allow flexibility in responding to demand. - Anticipated project operational date is January 2009.

Technology Assessment Committee Members, 2008

Jonathan Broder, M.D., CTAAB Liaison
Radiology

Stamatia Destounis, M.D. ‡
Radiology

Daniel Mendelson, M.D.
Geriatrics

Jason Merola, M.D.
Internal Medicine

Vito Potenza, M.D.
Anesthesiology

Edward Sassaman, M.D.
Pediatrics

Ronald Schwartz, M.D.
Nuclear Cardiology

Sidney Sobel, M.D.
Therapeutic Radiology

Brian Steele, D.O.
Family Medicine

Ronald Umansky, M.D. ‡
Internal Medicine

Maurice Vaughan, M.D. *
Cardiology

Mervyn Weerasinghe, M.D. *
Internal Medicine

* Term Began During 2008   ‡ Term Ended During 2008

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CTAAB