Washington State Health Care Authority
Health Technology Assessment

Health Technology Clinical Committee
Date: November 15, 2013
Time: 8:00 a.m. – 5:00 p.m.
Location: SeaTac Airport Conference Center
Adopted: March 21, 2014

Meeting materials and transcript are available on the HTA website at:

http://www.hca.wa.gov/hta/meetingmaterials/Forms/ExtMeetingMaterials.aspx

HTCC MINUTES

Members Present: C. Craig Blackmore, MD, MPH; Marie-Annette Brown, PhD, RN; Joann Elmore, MD MPH; David McCulloch, MD; Carson E. Odegard, DC, MPH; Richard C. Phillips, MD, MS, MPH; Seth Schwartz, MD, MPH; Michelle Simon, PhD, ND; Michael Souter, MB, Ch-B, DA, Christopher Standaert, MD; Kevin Walsh, MD

HTCC FORMAL ACTION

1. **Call to Order:** Dr. Blackmore, Chair, called the meeting to order. Sufficient members were present to constitute a quorum.
2. **September 20, 2013, Meeting Minutes:** Chair referred members to the draft minutes; motion to approve and second, and adopted by the committee.

   Action: Ten committee members approved the September 20, 2013 meeting minutes. One member was absent.
3. **Carotid Artery Stenting Draft Findings & Decision:** Chair referred members to the draft findings and decision and called for further discussion. One comment was received on the draft decision. Committee discussed and determined to make wording changes to the draft to address possible typographical errors in the draft determination.

   - On page four of draft Findings and Decision and under Action heading, the third sentence was modified to read, 'cover symptomatic extracranial CAS without a requirement of study participation for patients at high risk for CEA with a stenosis of 50% or greater.'
   - On page four under Action in the second paragraph, an incomplete sentence was corrected to read, 'the committee determined noncoverage for intracranial stents based on evidence indicating serious safety concerns and recognizing that state agency programs may provide coverage in the context of research'.

   Carotid Artery Stenting Draft Findings & Decision was approved and adopted by the committee.

   Action: Eleven committee members approved the Carotid Artery Stenting Findings & Decision document.

4. **Cardiac Nuclear Imaging:** Chair referred members to the draft findings and decision and called for discussion. No comments were received on the draft Findings and Decision document.

   Cardiac Nuclear Imaging Draft Findings & Decision was approved and adopted by the committee.

   Action: Eleven committee members approved the Cardiac Nuclear Imaging Draft Findings & Decision document.

5. **Hyaluronic Acid/ Viscosupplementation**

   Scheduled and Open Public Comments:

   The Chair called for public comments. Five individuals had scheduled time for public comments and one submitted a letter:

   - Ghislaine Robert, MD – Fidia Pharma USA Inc
   - Vinod Dasa, MD – Department of Orthopaedic Surgery, Louisiana State University Health Sciences Center
   - Michael W Schucker, MS, PAS, PA-C – Rockwood Clinic Bone & Joint Center
   - Jon E Block, PhD – The Jon Block Group
   - Samir K Bhattacharyya, PhD – Mitek Sports Medicine/ DePuy Synthes
   - Greg Devereux, Executive Director – WA Federation of State Employees (Letter)

   Presentation materials and conflict of interest forms are available with November 15, meeting materials.

   Open public comments were presented by:

   - Lynn McRoy, MD – Sanofi Biosurgery
   - Brad Bisson – DePuy/Synthes Mitek

   Agency Utilization and Outcomes:

   Robert Mootz, DC, Associate Medical Director, WA Department of Labor and Industries presented the state agency utilization rates for Hyaluronic Acid/ Viscosupplementation to the committee. The full presentation is published with November 15, meeting materials.

   Vendor Report and HTCC Q & A:

   The Chair introduced the clinical expert for both of the November meeting's topics, Howard A Chansky, MD, Professor and Vice Chair, Orthopaedics and Sports Medicine, University of Washington.

   Teresa L Rogstad, MPH, of Hayes, Inc, presented the evidence re-review addressing Hyaluronic Acid/Viscosupplementation. The full presentation is published with November 15, meeting materials.

   Committee Discussion and Decision:

   The HTCC reviewed and considered the Hyaluronic Acid/Viscosupplementation technology assessment report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert, the public, and agency medical directors. The committee

considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable. [See transcript for full committee deliberations.]

HTCC Committee Coverage Determination Vote			
	Not Covered	**Covered Unconditionally**	**Covered Under Certain Conditions**
Hyaluronic Acid/Viscosupplementation	3	0	8

Covered Conditions

Discussion: The Chair called for discussion of conditions of coverage for Hyaluronic Acid/Viscosupplementation following the majority voting for coverage under certain conditions. The following conditions were discussed and approved by a majority of the clinical committee:

- Restricted to patients who have a medical contraindication to other forms of non-surgical care;
- Is limited to two courses per year with at least four months between courses; and
- Documented evidence of clinical benefit in terms of pain and function from the prior course of treatment is required for subsequent treatment courses.

Limitations of Coverage

The committee checked for availability of a Medicare decision. CMS does not have a national coverage determination (NCD) for Hyaluronic Acid/Viscosupplementation. The committee also reviewed practice guidelines from The American Academy of Orthopaedic Surgeons, American College of Rheumatology; National Institute for Health and Care Excellence; and Osteoarthritis Research Society International. The committee concluded the draft determination is less restrictive than the guidelines from the American Academy of Orthopaedic Surgeons and the National Institute for Health Care Excellence (NICE), and is different from the American College of Rheumatology. The committee cited more recent evidence, the recent meta-analysis included in the review and the underlying trial data in the meta-analysis as reasons for differing from these guidelines.

Chair directed HTA staff to prepare a draft coverage determination document for the topic.

6. Hip Resurfacing (Re-review):

Scheduled and Open Public Comments: The Chair called for public comments. No public comments were presented.

Agency Utilization and Outcomes:

G. Steven Hammond, MD, MPH, Medical Director, WA Department of Corrections, presented the state agency utilization rates for Hip Resurfacing to the committee. The full presentation is published with November 15, meeting materials.

Vendor Report and HTCC Q & A

Clinical expert, previously introduced, for both of the November meeting's topics, Howard A Chansky, MD, Professor and Vice Chair, Orthopaedics and Sports Medicine, University of Washington.

Joseph R Dettori, PhD, MPH of Spectrum Research, Inc, presented the evidence re-review addressing Hip Resurfacing. The full presentation is published with November 15, meeting materials.

Committee Discussion and Decision

The HTCC reviewed and considered the Hip Resurfacing technology assessment re-review report and information provided by the state agencies. They also heard comments from the evidence reviewer, the clinical expert, the public, and agency medical directors. The committee considered all the evidence and gave greatest weight to the evidence it determined, based on objective factors, to be the most valid and reliable.

HTCC Committee Coverage Determination Vote			
	Not Covered	**Covered Unconditionally**	**Covered Under Certain Conditions**
Hip Resurfacing	11	0	0

Covered Conditions

None.

Limitations of Coverage

Not applicable.

The committee checked for availability of a Medicare coverage decision. There is no national coverage determination (NCD) for Hip Resurfacing. The committee reviewed and considered available guidelines including those of the American College of Occupational and Environmental Medicine (ACOEM) and the National Institute for Health and Clinical Excellence (NICE). ACOEM gives a recommendation of grade 'C' for certain patients and NICE includes the treatment as an option for some conditions. The HTCC determination differed from these guidelines; the committee specified the reasons for differing include the most recent evidence addressing safety including the registries and cohort studies included in the evidence report with no definable benefit compared to alternatives.

The Chair directed HTA staff to prepare a draft coverage determination document for the topic.

The Chair called for further comments. No further comments on re-review of Hip Resurfacing.

7. Meeting adjourned.