

P.O. Box 42712 • Olympia, Washington 98504-2712 360-923-2742 • FAX 360-923-2766 • TTY 360-923-2703 • www.hta.hca.wa.gov

November 29, 2011

HCA DIRECTOR SELECTS HEALTH TECHNOLOGIES

The HCA Director, in consultation with participating state agencies, has selected a group of health technologies that will undergo review and then be presented to the Health Technology Clinical Committee (HTCC) for coverage decisions. After reviewing the previously posted recommended technologies, agency input, committee input and public comments, the following 10 health technologies are selected for evidence based review beginning in 2012.

Selected Technologies

- 1. Prostate-specific Antigen (PSA) Testing
- 2. Ablation procedures for supraventricular tachycardia (SVT) including sinus tachycardia
- 3. Carotid artery stenting
- 4. Cervical level fusion for degenerative disk disease
- 5. Cochlear Implants (bi- or unilateral)
- 6. Fecal DNA testing for colon cancer screening
- 7. Hyperbaric Oxygen Therapy (HBOT) for wound care and brain injury
- 8. Intensity Modulated Radiation (e.g., Tomotherapy)
- 9. Cardiac Nuclear Imaging
- 10. Vitamin D testing for routine screening and monitoring

Public Comment

A thirty (30) day period to gather public comment on selected topics is the next step in the Health Technology Assessment (HTA) process. Please see 'Next Step' at the bottom of this document for more information including how to submit comments to the program.

Technologies not selected

Program constraints limit the technologies that can be selected. The prioritization process uses pre-established criteria to identify those technologies that are most appropriate for the health technology assessment process. Technologies that are not selected can be included for future consideration, generally reviewed semi-annually, and remain a concern for agencies. Agencies may prioritize these technologies in applying other evidence based processes and strategies to address concerns.

Oncotype $Dx^{®}$ for breast cancer and colon cancer risk recurrence prediction

Comparative Genomic Hybridization (CGH) Array Genetic testing for developmental disabilities

Technologies eligible for re-review but not selected

Technologies with final coverage decisions are considered for re-review at least once every eighteen months. By law, technologies are selected for re-review only to assess new evidence that could change a previous determination. For the current period, the program has not received any requests for re-review or submissions of new evidence supporting a request for re-review.

How Technologies are selected for Review

The time and resources required for the assessments limit the number of health technologies selected for a systematic review. The medical devices, procedures, and diagnostic tests are selected based on concerns about whether the technology is safe, whether it works as intended, and whether it is cost-effective, especially when compared to alternatives or where there is a variation in how it is used. State agencies and any interested parties identify potential health technologies of concern. These topics are prioritized with a tool that is based on legislative requirements and criteria widely used in technology assessment priority settings (available on web).

Next Step: Public Comment

A thirty (30) day period to gather public comment on selected topics is next. This public comment period is used primarily to gather information and evidence from stakeholders for our independent evidence reviewer to evaluate.

Organizations, researchers, physicians, product manufacturers, professional societies and other members of the health care community have important insights that can assist us. The health care community may have evidence relating to actual practice that is informative. Public comments that provide information, preferably published clinical evidence, relating to a health technology's safety, efficacy, effectiveness, or cost-effectiveness are most helpful. Public comments that give information on unpublished evidence such as the results of individual practitioners or patients are less rigorous and therefore less useful in the evidence based analysis.

Comments may be submitted by email to: shtap@hca.wa.gov/
HTA Program Web pages: http://www.hta.hca.wa.gov/