Washington State Health Care Authority

# HTCC PUBLIC COMMENT GUIDELINES

**HTA Vision**

Achieve *better health care outcomes* for enrollees and beneficiaries of state programs by paying for proven health technologies that work.

**HTA Mission**

Base coverage on evidence that a medical procedure, device, or test is safe, effective, and provides value.

Purpose of this Document: The following guidelines for public comments to the Health Technology Clinical Committee (HTCC) have been developed to ensure the most productive use of the time available. Following the guidelines will ensure that your comments makes the most positive contribution regarding the safety, efficacy, effectiveness, and cost effectiveness of the technology being reviewed. Public comments should focus on the issues specific to the technology topic(s) before the committee. Consider the purpose and mandates of the HTCC, and the stage of the process, if providing public input and focus on evidence.

Public Comment Process

- *Scheduled:* For scheduled public presentations, individuals who register and submit an electronic / written copy of the presentation as instructed by the program in advance of the meeting are permitted to present during the identified scheduled public comment period. The time allotted for each presentation is five minutes. Presenters will speak in their assigned order. If presenters are not given an opportunity to speak because of time restrictions, the program will present any written public comments to the Committee.
- *Open:* For other public comments, individuals present may sign up to provide oral comments prior to the meeting. The time allotted for each comment is three minutes.

**Procedure for all Types of Public Comments: Transparency and Efficiency**

1. Declare any actual or potential conflicts or interest*: professional, intellectual, or financial, before making comments.
2. State capacity in which you are speaking and whether it is at the request or supported by any organization or company.
3. Limit comments to allotted time or 3 minutes.
4. Do not repeat points that have been made previously.
5. Time at meeting is limited. You may supplement or submit public comments electronically. Information received prior to the meeting will be collected and forwarded to the committee before the public meeting.

**What type of Information is helpful?**

1. This committee is charged with making decisions based on the most valid and reliable evidence. Educate and inform the committee and attendees by focusing on facts and direct scientific evidence, especially any issues related to the review of the scientific evidence itself including:
    a. Evidence not reviewed but available from peer-reviewed publications;
    b. Interpretations of the evidence cited in the technology review;
    c. Criticality of outcomes;
    d. Study design issues that limit the availability of evidence for review;
    e. The possibility of developing better evidence, including any pending studies;
    f. Size of the possible health effect from the technology relative to the existing standard of care; and
    g. Assessment of balance of potential or actual benefits, harms, and costs.
2. Avoid anecdotal information.
3. Base your recommendations on the committee's decision criteria.

*Conflict of interest is a potential bias created by intellectual or financial interests, employment or representation (paid or unpaid) of a group. Specific to health technologies, relationships with the manufacturer of any commercial products and / or providers of commercial services discussed are actual conflicts and include receipt of honoria, salary, consulting, or research support, intellectual property rights, stock or ownership interest. Honoraria includes public members paid for time or travel to attend this meeting and must be disclosed.

# Participant Conflict Disclosure

## Introduction

The HTCC Workgroup is a public service workgroup established to safeguard the public interest by identifying medical tests and treatments where evidence shows they are safe, effective, and cost-effective. Balance, independence, objectivity and scientific rigor are a basis for public trust and crucial to the credibility and integrity of decisions.

## Guiding Principle

Conflict of Interest decisions must be disclosed and balanced to ensure the integrity of decisions while acknowledging the reality that interests, and sometimes even conflicting interests, do exist. Individuals that stand to gain or lose financially or professionally, or have a strong intellectual bias need to disclose such conflicts.

> *For example,* the fact that a member or stakeholder is a health care provider that may use a service under review creates a potential conflict. However, clinical and practical knowledge about a service is also useful, and may be needed in the decision making.

## Procedure

Declaration of real or potential conflicts of interest, professional, intellectual, or financial is required prior to membership or provision of written or verbal commentary. Participants must sign a conflict of interest form; stakeholders providing comment must disclose conflicts.

The HTCC Chair or HCA Administrator shall make a decision, in his/her sole discretion, as to whether a conflict of interest rises to the level that participation by the conflicted participant could result in a loss of public trust or would significantly damage the integrity of the decision.

HCA defines conflict of interest as any situation in which a voting member or anyone who provides written or verbal testimony regarding products, services, or technologies discussed or voted on during the workgroup meeting, has a relationship with a manufacturer of any commercial products and / or provider of services discussed or voted on during the meeting. Relationship extends to include immediate family member(s) and / or any entity in which the member or person testifying may have an interest.

A relationship is considered as:

1. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of $10,000.
2. Equity interests such as stocks, stock options or other ownership interests in excess of $10,000 or 5% ownership, excluding mutual funds and blinded trusts.
3. Status of position as an officer, board member, trustee, owner or employee of a company or organization representing a company, association or interest group.
4. Loan or debt interest; or intellectual property rights such as patents, copyrights and royalties from such rights.
5. Manufacturer or industry support of research in which you are participating.
6. Any other relationship that could reasonably be considered a financial, intellectual, or professional conflict of interest.
7. Representation: if representing a person or organization, include the organization's name, purpose, and funding sources (e.g. member dues, governmental/taxes, commercial products or services, grants from industry or government).
8. Travel: if an organization or company has financially paid your travel accommodations (e.g. airfare, hotel, meals, private vehicle mileage, etc).

## Disclosure

Any unmarked topic will be considered a "Yes"

| | Potential Conflict Type | Yes | No |
|---|---|---|---|
| 1. | Salary or payments such as consulting fees or honoraria in excess of $10,000 | | |
| 2. | Equity interests such as stocks, stock options or other ownership interests | | |
| 3. | Status or position as an officer, board member, trustee, owner | | |
| 4. | Loan or intellectual property rights | | |
| 5. | Research funding | | |
| 6. | Any other relationship, including travel arrangements | | |

If yes, list name of organizations that relationship(s) are with and for #6, describe other relationship:

_____

_____

_____

| | Potential Conflict Type | Yes | No |
|---|---|---|---|
| 7. | Representation: if representing a person or organization, include the name and funding sources (e.g. member dues, governmental/taxes, commercial products or services, grants from industry or government). | | |

7. If yes, Provide Name and Funding Sources: _____

_____

_____

_____

If you believe that you do not have a conflict but are concerned that it may appear that you do, you may ***attach additional sheets*** explaining why you believe that you should not be excluded.

**certify that I have read and understand this Conflict of Interest Form and that the information I have provided is true, complete, and correct as of this date.**

X_____ _____

_____

*Signature* *Date* *Print Name*

**FOR QUESTIONS:** Denise Santoyo, Health Care Authority, 360-923-2742,
PO Box 42712, Olympia, WA 98504-2712

# PUBLIC MEETING GUIDE

**HTA Vision**

Achieve *better health care outcomes* for enrollees and beneficiaries of state programs by paying for proven health technologies that work.

**HTA Mission**

Base coverage on evidence that a medical procedure, device, or test is safe, effective, and provides value.

Purpose of this Document: To familiarize attendees and others with the Health Technology Clinical Committee (HTCC) meetings and provide information on typical agendas and processes related to the meetings. The HTCC is charged with making a decision about whether state agencies that purchase health care must pay for (cover) selected health technologies. The HTCC must consider and base its decision on evidence that it deems as the most objective and reliable and is charged with reviewing the evidence about the selected health technologies' safety, efficacy, effectiveness, or cost-effectiveness.

The public meeting is the final stage in the public process that begins with selection and announcement of the technology, a request for public input and search for evidence, and an independent review of the evidence presented in a draft (posted for public comment) and final technology assessment report. This evidence report, by law, forms the primary basis for the technology discussion and coverage decision.

## Roles and Responsibilities

There are five primary participant groups at the HTCC Meetings:

Health Technology Clinical Committee

The Health Technology Clinical Committee is an independent group of 11 practicing physicians and other health care providers appointed by the Health Care Authority Administrator. The meetings are convened for the committee, and led by the committee chair, to review evidence related to selected technologies and make coverage decisions.

Health Technology Assessment Program Staff

The Health Technology Assessment Program arranges for the meeting and provides staff support. The HTA Director facilitates the meetings, provides program updates and clarification of program requirements. The HTA Clinical Consultant provides an introduction and background related to the technology, assists in facilitating the committee discussion, ensures the committee abides by required and agreed criteria and maintains an evidence based focus.

State Agency Representatives

State agencies that purchase health care are required to participate in the program and implement the coverage decisions by the Committee. Agency representatives supply agency specific data and serve as subject matter experts to the HTCC for questions concerning agency utilization, outcomes, current and historical coverage policies, administrative feasibility, and any other information requested by the HTCC.

Technology Assessment Center

The Technology Assessment Centers' role is to present the technology assessment report and findings related to the selected topic, and to answer questions relating to the systematic review or evidence findings as requested by the HTCC.

Public

Public participants are welcome to observe the open meeting and are encouraged to take advantage of the program's opportunities throughout development of the topic to submit evidence for review by the Technology Assessment Center. The Chair has also designated a public

comment period for participants desiring to comment at the meeting. Additional comments and recommendations are received by the HTA staff throughout the process.

Clinical Expert
The HTCC may request an expert clinician be present. The role of the clinical expert is to answer any committee questions about the clinical topic or process. Expert opinion may be needed to understand the context or technical details. Clinical experts sign a conflict of interest disclosure and agree not to advocate for a position and to be responsive to the committee's questions.

## Typical Agenda

HTCC meetings generally have the following five basic components. HTCC meetings are open to the public and any interested person may observe. At the conclusion of the day, the clinical committee members will vote and the Committee will make its recommendation.

Convene Meeting and Topic Introduction
This segment consists of the Chair and / or program director starting the meeting, any administrative housekeeping; opening remarks; program background or update information; as well as a review of the previous meeting's minutes and actions. The technology topics to be discussed during the meeting are introduced.

Public Comments
This segment consists of taking comments and recommendations from the public. The committee will hear public comments during a designated time only. This segment, typically thirty to forty-five minutes, can consist of two components: (a) scheduled comments and (b) open public comments.

(a) Public attendees who contacted the HTA program and provided presentation materials prior to the meeting will address the committee and present information relevant to the agenda. Time is limited to five minutes each.
(b) Other attendees who are present at the meeting may give oral comments to the committee. Time is limited to three minutes.

Agency Data
This segment includes agency representative(s) presentation of agency experience, including information about topic selection; current coverage policy; agency utilization and outcomes experience; and recommendations. Overall time is typically limited to fifteen to thirty minutes.

Evidence Report
This segment consists of the description of the technology and a presentation of the types and strength of evidence as reported by the technology assessment center. Overall time is typically limited to thirty minutes.

Committee Discussion and Outcome
This segment is the main purpose of the meeting and is for the clinical committee to openly deliberate the technology topic(s) under review. Generally, one of four decisions is made by the committee: (1) Cover the technology, (2) cover the technology in certain circumstances, (3) not cover the technology, or (4) request further information or an ad-hoc advisory group input related to the technology or a certain aspect of the technology.

The Committee Chair directs staff to prepare a draft findings and decision document based on the committee vote. The committee votes to adopt the decision at the next public meeting after the document has been drafted and posted for public comment on the HTA website.

**HTCC - CLINICAL EXPERT – EMAIL ROLE INTRODUCTION**

Thanks for your consideration to be a clinical expert to the WA Health Technology Clinical Committee (HTCC).

In order to fulfill your role in assisting the HTCC, we have included information to familiarize you with the program and legislative requirements. More information, including the process, key questions, evidence report for the upcoming topic, can be accessed at our website: www.hta.hca.wa.gov.

Program Basics: By statute, WA state has a program (Health Technology Assessment or HTA) to use unbiased evidence and a committee of practicing clinicians to review and make coverage decisions on healthcare procedures, tests, and devices for beneficiaries of public financed healthcare (Medicaid, L&I, public employees). HTA solicits nominations of topics and selects topics for review where there is concern about safety, efficacy, or cost. HTA commissions an evidence vendor to review the evidence and rank its quality. Quarterly, a standing group of clinicians, the HTCC, meets to review topics, relying primarily on the completed evidence report, and it makes coverage decisions that the agencies abide by based on safety, efficacy and cost. All processes are subject to public comment. The HTA and HTCC are a national model, working diligently to combine clinician judgment with scientific evidence in a public forum to make important policy.

Clinical Expert Role: The committee recently requested HTA attempt to identify a clinical expert that would be available at the public meeting in order to answer HTCC questions about the technology or procedure that generally only an expert would know. The role of the clinical content expert is to answer technical or practical questions the committee has about the technology in question. The physician performing this role is compensated for their time at the meeting. It is a tricky role in that the clinical expert is not there as an advocate or to give recommendations on coverage policy or opine on the evidence. It is perfectly OK, expected actually, if the clinical content expert has an opinion about the technology, it's role, and whether or not it should be covered. However, the committee will NOT ask the clinical content expert whether they think it should be covered. It's the committee's decision to make based on the statutory criteria. This role is to support the committee and respond to technical questions posed by the chair.

Steps to complete prior to meeting: We need you to complete the conflict disclosure form, and send a short CV or bio for the Chair to make an introduction from.

**OTHER PROGRAM EXAMPLES**

**California Technology Assessment Forum**

**Guidelines for Guest Testimony**

The following guidelines for guest testimony have been developed to ensure the most productive use of the time is available. Following the guidelines will ensure that your testimony makes the most positive contribution regarding the safety and efficacy of the technology being reviewed.

1. Declare any real or potential conflicts or interest, professional or financial, before making comments
2. Limit comments to 3 to 5 minutes
3. Speak to the recommendation
4. Specifically reference the technology assessment criteria
5. Focus on facts and direct scientific evidence, especially any issues related to the review of the scientific evidence itself including:
    a. Evidence not reviewed but available from peer-reviewed publications
    b. Interpretations of the evidence cited in the technology review

**Please note:** Unpublished evidence derived from abstracts is not considered in the reviews.

6. Do not repeat points made previously
7. Educate and inform the panel and attendees as to:
    a. Study design issues that limit the availability of evidence for review
    b. The possibility of developing better evidence, including any pending studies
    c. Size of the possible health effect from the technology *relative to the existing standard of care*. This should include any disadvantages / risks in addition to benefits.
8. Avoid anecdotal information

**Please note:** The meeting format does not support the use of hand-outs, PowerPoint or slide presentation at the meeting itself. Guest commentary in writing to the Forum is strongly encouraged prior to the meeting.

California Technology Assessment Forum Mission Statement:

"To identify medical technologies that improve health"

## CTAF Policy on Disclosure of Conflict of Interest

The Blue Shield of California Foundation defines conflict of interest as any situation in which a voting CTAF Panel Member or anyone who provides written or verbal testimony regarding technologies discussed and voted on during the CTAF meeting, has a relationship with the manufacturer of any commercial products and / or providers of commercial services discussed and voted on during the CTAF meeting. A relationship is considered as:

9. Receipt or potential receipt of anything of monetary value, including but not limited to, salary or other payments for services such as consulting fees or honoraria in excess of $10,000.
10. Equity interests such as stocks, stock options or other ownership interests in excess of $10,000.
11. Status of position as an officer, board member, trustee, owner or employee of a company.
12. Loan or debt interest; or intellectual property rights such as patents, copyrights and royalties from such rights.
13. Manufacturer support of research in which you are participating.
14. Any other relationship that could reasonably be considered a financial conflict of interest.

Relationship extends to include immediate family member(s) and / or any entity in which the voting Panel Member or person testifying may have an interest.

Any perceived conflicts of interest must be identified verbally or in writing by anyone who testifies on behalf of any commercial products and / or providers of commercial services discussed and voted on during the CTAF meeting.

http://www.cms.gov/FACA/Downloads/speakingguidelines.pdf

MEDICARE COVERAGE ADVISORY GROUP

**Guidelines for Speaking at Public Hearings:**

CMS encourages participation from the public during the public hearing portion of advisory committee meetings. A specific time allotment is scheduled at each of these meetings, so that individuals may have an opportunity to express their views.

If you wish to address the committee, please observe the following guidelines:

1. Submit your wish to participate orally or in writing by providing your name, address and telephone number to the designated CMS staff person listed in the *Federal Register* notice announcing the advisory committee meeting. In addition, please state the general nature of the presentation and the approximate time desired. If you are speaking on behalf of an organization or group, please include the name of the group and a brief description. Also, if you are a member of a group that will have more than one presenter, please list each presenter's name, address and telephone number. This notification may be submitted by FAX or telephone and should be received by CMS not later than the deadline date listed in the *Federal Register* notice announcing the advisory committee meeting. CMS staff will make every effort to accommodate requests to speak from individuals received after the deadline listed in the Federal Register notice. However, this may not always be possible and will depend upon the number of requests to speak.

2. Submit a copy of all written information to be discussed during the meeting in advance to the designated CMS staff person; this material may be distributed or mailed by CMS to the committee. [The mailing or distribution of materials to the committee may be undertaken only by CMS unless CMS grants permission to a person to mail or distribute the material.]

3. Once CMS receives requests, an amount of time will be allotted to each speaker. The time allotted to each speaker will depend upon the number of requests received and the amount of time that has been assigned to the open public hearing portion of the meeting. CMS staff will contact the speakers, by FAX or telephone, to confirm their participation, inform each speaker of the time that has been allotted for his/her presentation, and answer questions. If any extra time remains, every effort will be made to accommodate any late requests.

4. Specify the amount of time your presentation will require. CMS staff may ask speakers with similar viewpoints to consolidate their presentations.

5. Incorporate into your presentation an explanation of your financial association, if any, with the company(ies) whose products, services, or procedures are being considered by the CMS advisory committee. For example, if a company has paid your transportation or other expenses to appear at the meeting or your organization receives funding from a company, this should be disclosed in your comments.

6. Prepare paper copies (20) of slides or overheads you plan to use. The copies will be distributed during the meeting to members of the advisory committee and incorporated into the permanent record.

Please contact the designated CMS staff person if you cannot attend the open public hearing during the time scheduled and would still like to make a presentation, or if you arrive late to the meeting. In either case, every reasonable effort will be made to arrange for you to speak at another time during the meeting, to have your statement read by a representative, or to have your complete or summarized statement included in the record. However, once the public hearing portion of the meeting has ended, further oral comments from the public will be accepted only if time permits and at the discretion of the advisory committee Chairperson.

## SOME TIPS ON SPEAKING AT THE OPEN PUBLIC HEARING

- If CMS staff anticipate a large audience, reserved seats will be set aside for speakers at the open public hearing. Please check at the registration table to introduce yourself and to see if reserved seating has been arranged for you. If not, you are welcome to sit wherever you choose. The CMS executive secretary may be coordinating many last minute details and may only have a few minutes to greet you. However, there will be CMS staff available to welcome you and answer your questions.
- When your name is called to speak, you usually will have a choice about where to deliver your remarks. There are usually three microphone choices:
    - a podium microphone in front of the meeting room,
    - a lapel microphone, also on the podium at the front of the room,
    - an audience microphone, located on the floor in the middle of the aisle.
- If you speak from the podium, there may be a three-light system to assist you in keeping track of your time allotment. The green light comes on when you begin. The yellow light comes on near the end of your time allotment, and the red light appears when your time has expired. If you speak from the audience microphone, the CMS executive secretary will remind you when your time allotment is close to expiring.
- When you have completed your statement, the advisory committee members may ask you questions. Please remain at the microphone until the questioning is completed.

Thank you for your interest in participation in the CMS advisory committee process.

# CONFLICT OF INTEREST FORM

Health Resources Commission asks that you complete this Conflict of Interest form to help us in the decision making process for appointments to a Health Resources Commission or any of its subcommittees. IF YOU ARE SELECTED TO SERVE ON A HEALTH RESOURCES COMMISSION OR ITS SUBCOMMITTEES, YOU WILL BE SUBJECT TO CONFLICT OF INTEREST DISCLOSURE REQUIREMENTS IN ORS CHAPTER 244 AS A PUBLIC OFFICIAL.

This form is due on an annual basis, although you should update the form with the Health Resources Commission within 15 days of a material change in the information provided to the Commission. You may wish to retain a copy of this form.

**Your Name (Please Print)** **(Date signed)**

**1. BUSINESS OFFICE OR DIRECTORSHIP; ASSUMED BUSINESS NAME**

If you or a member of your household was an officer or director of a business during the immediate preceding calendar year, please indicate the following:

| Title of Office/Directorship | Business Name & Address | Business Type |
|---|---|---|
| | | |

If you or a member of your household did business under an assumed business name during the immediate preceding calendar year, show the following information:

| Name of Business | Business Address | Business Type |
|---|---|---|
| | | |

**2. HONORARIUM**

If you received an honorarium of more than $50 during the immediate preceding calendar year, please list all such honoraria:

| Received From | Address | Describe Appearance/Service |
|---|---|---|
| | | |

**3. SOURCES OF INCOME (Be specific as to identity & description of each source)**

Identify the income source(s) which produced **10% or more** of the combined total gross household income received by you or a member of your household during the immediate preceding calendar year. If you receive compensation for being a public official, include such compensation as a source of income.

| Name & Address of Source | Describe Source | Received By |
|---|---|---|
| | | |

Does an income source listed above do business, or could it reasonably be expected to do business, with the public body you wish to serve or over which you may have authority? Yes ☐ No ☐

Does an income source listed above have a legislative or administrative interest in the public body you wish to serve or over which you may have authority? Yes ☐ No ☐

**4. SHARED BUSINESS WITH LOBBYIST**

If you or a member of your household shared a partnership, joint venture, or similar substantial economic relationship with a paid lobbyist during the immediate preceding calendar year, or were employed by or employed a paid lobbyist during that time, please list the following: (Note: owning stock in a publicly traded company in which the lobbyist also owns stock is not a relationship which requires disclosure):

| Name of Lobbyist | Business Name | Business Type |
|---|---|---|
| | | |

***PROVIDE THE INFORMATION REQUESTED IN ITEMS 5, 6, 7 ONLY IF*:**

A. It involves an individual or business that did business with, or reasonably could be expected to do business with, the public body you wish to serve or over which you may have authority; or

B. The information requested involves an individual or business with a legislative or administrative interest in the public body you wish to serve or over which you may have authority.

**5. INCOME OF MORE THAN $1,000**

List each source (not amounts) of income over $1,000, **other than a source listed under question 3 on this form,** which you or a member of your household received during the immediate preceding calendar year:

| Income Source | Address | Description |
|---|---|---|
| | | |

**6. BUSINESS INVESTMENT OF MORE THAN $1,000**

If you or a member of your household had a personal, beneficial interest or investment in a business during the immediate preceding calendar year of more than $1,000, list the following (DO NOT list the amount of the investment. DO NOT include individual items in a mutual fund or blind trust, a time or demand deposit in a financial institution, shares in a credit union, or the cash surrender value of life insurance):

| Business Name & Address | Brief Description of Business |
|---|---|
| | |

**7. SERVICE FEE OF MORE THAN $1,000**

List each person for whom you performed a service for a fee of more than $1,000 in the immediate preceding calendar year. (DO NOT list fees if you are prohibited from doing so by law or professional ethics including professional ethics for attorneys, physicians, psychologists, certified public accountants, etc.):

| Name | Name | Name |
|---|---|---|
| | | |

_____ _____

**Signature** **Date**

**Please return by mail or fax to: Health Resources Commission**

2010 WA HTA Topics -- **DRAFT**

| | Topic | Vendor | HTA KQ | fKey Qs | First draft | Final draft | HTCC dates |
|---|---|---|---|---|---|---|---|
| 1 | Hyaluronic Acid | OHSU | × | 1/15/10 | 4/2/10 | 4/16/10 | 5/14/10 |
| 2 | Spinal Cord Stimulation | SRI | × | 2/25/10 | 6/20/10 | 7/23/10 | 8/20/10 |
| 3 | Breast MRI | OHSU | × | 5/7/10 | 6/28/10 | 7/23/10 | 8/20/10 |
| | Total Knee Arthroplasty | SRI | × | 3/30/10 | *8/23/10* | *9/22/10* | *10/22/10* |
| | Vertebroplasty (V, K, S) | SRI | × | 4/22/10 | *9/13/10* | *10/13/10* | *12/10/10* |
| | Glucose Monitoring | | × | *5/7/10* | | | |
| | Ultrasound in pregnancy | | × | 5/7/10 | | | |
| | | | | | | | |
| | Sleep Apnea | | | | | | |
| | Abdominal/pelvis MRI/CT | | | | | | |
| | ABA Therapy | | | | | | |
| | Spinal Injections | | | | | | |
| | | | | | | | |

*Italics are preliminary dates*

| Technologies | HTCC Decision | | AGENCY (DSHS) Implementation | |
|---|---|---|---|---|
| **Topic** | **Date** | **Coverage** | **Date** | **Activity** |
| Upright MRI | 7-May | No | DONE 7/2009 | |
| Pediatric Bariatric Surgery - Under 18 | 7-Aug | No | DONE no change required | |
| Pediatric Bariatric Surgery - 18-21 yr | | Yes / Conditions | DONE 9/2009 | We revu the requests for this age group when asked, we may change WAC later, but it isn't necessary to follow this HTA recommendation. |
| Spinal Fusion for Chronic Low Back Pain and Uncomplicated Lumbar Degenerative Disc Disease | 7-Nov | Yes / Condition | Not Done ETA 1/30/2011 | Has to wait for at least 6 months post P1. We'll start working on developing pain clinic network late spring 2010. |
| Discography | 8-Feb | No | DONE 1/2010 | |
| Computed Tomographic Colonography (CTC) // Virtual Colonoscopy | 8-Feb | No | DONE no change required | |
| Intrathecal Pumps (for chronic non-cancer pain) | 8-Aug | No | DONE 1/2010 | DSHS cannot indicate a service is non-covered for specific diagnoses per CFR. Therefore, we are publishing medical necessity criteria to implement the HTA recommendations (e.g. to be reimbursable this has to be used for spasticity or pain related to cancer). |
| Arthroscopic Surgery of the Knee | 8-Aug | No | DONE 1/2010 | We require PA for this already; we are altering review criteria physicians apply. |
| Artificial Discs | 8-Oct | Yes / Conditions | In progress ETA 1/30/2011 | Cervical and Lumbar level requires PA; can't apply pain clinic requirement, will try for 6 months post P1, with lumbar fusion program. |
| Computed Tomographic Angiography (CTA for cardiac care) | 8-Nov | Yes / Conditions | DONE 4/20/10 | This now requires authorization usually retro. |
| Cardiac Stent (off label usage) | 9-May | Yes / Conditions | DONE 4/20/10 | This now requires prior authorization, but could be retro is emergency. |
| Calcium Scoring for Cardiac Disease | 9-Nov | | DONE 1/2010 | |
| Vagal Nerve Stimulation | 9-Aug | Depression = No<br>Epilepsy = Yes / Conditions | DONE no changes required | Publishing medical necessity criteria for providers |
| Hip Resurfacing | 9-Nov | | | to be implenented post P1. |
| Bone Growth Stimulators | 9-Aug | Yes / Conditions | In progress ETA Unknown | Already on PA, altering criteria for review, but some tasks to implement system requirements may have to wait until P1, determining this. |
| Electrical Neural Stimulation (ENS) | 9-Oct | No | DONE 2/2010 | Able to do emergency WAC to declare "Non- covered" in independent home setting. |

| Health Technologies | HTCC Decision | | UMP Implementation | |
|---|---|---|---|---|
| **Topic** | **Date** | **Coverage** | **Date** | **Activity** |
| Upright MRI | May-07 | No | 01/07 | 3 MRI's of the same site are denied |
| Pediatric Bariatric Surgery - Under 18 | Aug-07 | No | 1/1/2007 to present | UMP Bariatric Surgery Program Participation Guidelines reflect HTA coverage criteria. |
| Pediatric Bariatric Surgery - 18-21 yr | | Yes / Conditions | | |
| Spinal Fusion for Chronic Low Back Pain and Uncomplicated Lumbar Degenerative Disc Disease | Nov-07 | Yes / Condition | 1/1/2009 | UMP TPA instructed in Work Order 824 to follow HTA coverage criteria. (pre-auth) |
| Discography | Feb-08 | No | 1/1/2009 | UMP TPA instructed in Work Order 824 to follow HTA coverage criteria. (pre-auth) |
| Computed Tomographic Colonography (CTC) // Virtual Colonoscopy | Feb-08 | No | 1/1/2009 | UMP TPA instructed in Work Order 824 to follow HTA coverage criteria. |
| Intrathecal Pumps (for chronic non-cancer pain) | Aug-08 | No | 1/1/2009 | UMP TPA instructed in Work Order 824 to follow HTA coverage criteria. (no coverage) |
| Arthroscopic Surgery of the Knee | Aug-08 | No | 1/1/2009 | UMP TPA instructed in Work Order 824 to follow HTA coverage criteria. (pre-auth) |
| Artificial Discs | Oct-08 | Yes / Conditions | 1/1/2010 | UMP TPA instructed in Work Order 899 to follow HTA coverage criteria. (Previously NC.) |
| Computed Tomographic Angiography (CTA for cardiac care) | Nov-08 | Yes / Conditions | | Pre-auth required then to follow HTA coverage criteria |
| Cardiac Stent (off label usage) | May-09 | Yes / Conditions | 1/1/2010 | UMP TPA instructed in Work Order 905 to follow HTA coverage criteria. (Previously no coverage conditions). (pre-auth) |
| Calcium Scoring for Cardiac Disease | Nov-09 | No | 1/1/2010 | UMP has never covered this service (experimental and investigational). |
| Vagal Nerve Stimulation | Aug-09 | Depression = No Epilepsy = Yes / Conditions | 1/1/20 | UMP can only change benefits at beginning of new benefit year (2011). **No restrictions on intracranial neurostimulators currently.** |
| Hip Resurfacing | Nov-09 | Yes / Conditions | 1/1/2011 | UMP can only change benefits at beginning of new benefit year (2011). **No restrictions on hip resurfacing currently. (Reviewed on back end)** |
| Bone Growth Stimulators | Aug-09 | Yes / Conditions | 1/1/2010 | UMP can only change benefits at beginning of new benefit year (2011). **No restrictions on bone growth stimulators currently. (pre-auth)** |
| Electrical Neural Stimulation (ENS) | Oct-09 | No | 1/1/2009, 1/1/2010 | UMP TPA instructed that TENS non-covered in Work Orders 824 and 905 (independent of HTA). |

| Technologies | HTCC Decision | | AGENCY (L&I) Implementation | |
|---|---|---|---|---|
| **Topic** | **Date** | **Coverage** | **Effective Date** | **Activity** |
| Upright MRI | May-07 | No | July-06 | In place prior to HTCC review in 2007. Updated coverage policy with HTCC reference. |
| Pediatric Bariatric Surgery - Under 18 | August-07 | No | January-10 | No action |
| Pediatric Bariatric Surgery - 18-21 yr | | Yes / Conditions | January-10 | No action |
| Spinal Fusion for Chronic Low Back Pain and Uncomplicated Lumbar Degenerative Disc Disease | November-07 | Yes / Condition | November-09 | Developed structured, intensive, multidisciplinary program (SIMP) for comprehensive treatment of pain. Updated lumbar fusion medical treatment guideline. Defined policy in administrative code (WAC 296-20-12055 and 296-20-12095). Published in Provider Bulletin 09-07. |
| Discography | February-08 | No | June-08 | Published coverage decision in Provider Bulletin 08-01. |
| Computed Tomographic Colonography (CTC) | February-08 | No | | No action |
| Intrathecal pumps for chronic noncancer pain | August-08 | No | January-09 | Published coverage decision in Provider Bulletin 09-01. |
| Arthroscopic surgery of the Knee | August-08 | No | December-08 | Published coverage decision in Provider Bulletin 08-03. |
| Artificial Disc | October-08 | Yes/Conditions | March-2009 | Published coverage decision in Provider Bulletin09-03 |
| Computed Tomographic Angiography (CTA for cardiac care) | 8-Nov | Yes /Conditions | | No policy action. Codes are not payable in L&I fee schedule (0144T-0151T). |
| Cardiac Stent (off label usage) | May 2009 | Yes/Conditions | | No action |
| Calcium Scoring for Cardiac Disease | 9-Nov | | | No policy action. Codes are not payable in L&I fee schedule (0144T-0151T) |
| Vagal Nerve Stimulation | 9-Aug | Depression = No Epilepsy = Yes | | Pending |
| Hip Resurfacing | 9-Nov | Yes/Conditions | | Pending |
| Bone Growth Stimulators | 9-Aug | Yes/Conditions | January 2010 | Published coverage decision in Provider Bulletin 09-11. |
| Electrical Neural Stimulation (ENS) | 9-Oct | No | March 2010 | Published coverage decision in Provider Bulletin 10-01. |

# Implementation of Health Technology Clinical Committee Decisions in Washington State Department of Corrections

May 14, 2010

# HTAP Implementation in DOC

- Health services provided to offenders incarcerated in DOC are delineated in the Offender Health Plan (OHP)
- Medically necessary services (as defined in OHP) are covered
- Possible interventions fall into 3 categories
  - Level 1 – medically necessary
  - Level 2 – medically necessary under certain circumstances
  - Level 3 – not medically necessary

Department of Corrections
WASHINGTON STATE

# HTAP Implementation in DOC

- OHP includes a Levels of Care Directory that lists selected medical/dental/mental health interventions as Level 1, 2, or 3 to assist prospective review
- Most of the HTCC decisions have been incorporated into the OHP Levels of Care Directory

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# HTAP Implementation in DOC

| Intervention | HTCC Coverage Decision | OHP Listing |
|---|---|---|
| Upright/Positional MRI | No | Level 3 |
| Pediatric Bariatric Surgery | Yes/conditions | Level 3* |
| Spinal Fusion for LBP | Yes/conditions | Level 2 |
| Discography | No | Level 3 |
| CT Colonoscopy | No | Level 3 |
| Intrathecal Pump (for NCCP) | No | Level 3 |
| Knee Arthroscopy for OA | No | Level 3 |

*all bariatric surgery designated level 3 in OHP

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# HTAP Implementation in DOC

| Intervention | HTCC Coverage Decision | OHP Listing |
|---|---|---|
| Lumbar/Cervical Artificial Disc | Yes/conditions | Level 2 |
| Coronary CT Angiography | Yes/conditions | Level 2 |
| Drug-Eluting Cardiac Stents | Yes/condition | Not listed* |
| Vagal Nerve Stimulation - Epilepsy | Yes/conditions | Level 2 |
| Vagal Nerve Stimulation - Depression | No | Level 3 |
| Bone Growth Stimulation | Yes/conditions | Level 2 |
| Electrical Neural Stimulation | No | Level 3 |

*not amenable to prospective review

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