

**POSITION STATEMENT TO IMPROVE QUALITY AND
PRESERVE PATIENT & PHYSICIAN CHOICE
THROUGH NEEDED CHANGES TO
WASHINGTON’S HEALTH TECHNOLOGY ASSESSMENT PROGRAM**

**The undersigned organizations
and individuals endorse these
proposed changes:**

PHYSICIAN SOCIETIES

American Academy of Pain
Medicine
American Society of Interventional
Pain Physicians
International Spine Intervention
Society
North American Neuromodulation
Society

**PROFESSIONAL HEALTHCARE
SOCIETIES**

American Academy of Pain
Management

**CONSUMER ADVOCACY
ORGANIZATIONS**

American Pain Foundation
Neurotech Network

**THERAPY & DEVICE
MANUFACTURERS**

Boston Scientific
Depuy/Codman
InSet, Inc.
Medtronic
St. Jude Medical

UNIONS

EMPLOYERS

INDIVIDUALS

BACKGROUND

The endorsing organizations and individuals support the concepts and application of sound health technology assessment programs. These programs should embody and adhere to essential principles that address patient-centered care, therapeutic value, stakeholder involvement, transparency, and appropriate weighting of available evidence.

A number of the undersigned organizations and individuals have participated in the Washington Health Technology Assessment (HTA) program and have offered ongoing feedback and input to strengthen the program – some of which have been considered and implemented by the Health Care Authority. However, it is necessary that certain, critical changes be adopted through the legislative process. Therefore, the endorsing organizations and individuals commit to support legislative initiatives that reform and improve the Washington State HTA program and ensure that this program – the first of its kind in the United States – fulfills its intended purpose.

We seek legislative changes that require a fully transparent review process; comprehensive input by all affected stakeholders; and a comprehensive review of all relevant evidence.

Specifically, we agree that this program must be changed through legislation that accomplishes the following objectives:

OPENNESS/TRANSPARENCY (RCW 70.14.100–70.14.110)

- Codify and make fully transparent the existing opportunities for evidence-based input with adequate comment times for meaningful input

- Establish appropriate and meaningful public comment periods of at least 30 days at the following key junctures (these are similar to the program goals, but in practice have varied from 8-35 days):
 - Topic selection
 - Draft key questions
 - Draft report
 - Final Report
 - Draft coverage decision
- Establish blocks of time for expert testimony as well as unscheduled public comments. Public arrangements for testifying before meetings of the Health Technology Clinical Committee (HTCC) should also be finalized 15 days in advance of the meeting date.

EXPERT INPUT TO THE CLINICAL COMMITTEE (RCW 70.14.090)

- Ensure complete and appropriate review of evidence by requiring that one voting member of the HTCC be a practitioner with expertise in the technology under review.

The technology expert should be selected from nominations offered by the relevant medical specialty association in Washington State. If no state chapter of the specialty exists in Washington State, the HTA should solicit nominations from the relevant national society.

- Modify the existing Ad Hoc Advisory Group provision by requiring the formation of advisory committees representing other interested clinicians, patients/consumers and industry representatives. Despite the complexity of health technology assessments, this provision is rarely used by the HTCC.

These non-voting, ad hoc advisory committees must be allowed to provide input throughout the process and should be called upon to provide input when the HTCC makes coverage decisions subject to criteria or conditions. When developing such criteria or conditions it is important to have a broad spectrum of practitioners with actual experience in the technology. The HTCC would still retain the final authority to approve or reject the recommendations of advisory committees.

COMPLETE EVIDENCE REVIEWS (RCW 70.14.100-110)

- Require the HTCC to include in its decision-making all publicly available national guidelines authored by the medical specialty and patient/consumer organizations affected by the technology under review and give proportional weight to multi-society or jointly endorsed guidelines.
- Require that decisions contrary to Medicare coverage determinations must be fully documented with reference to evidence used as the basis for such determinations.

The HTCC is required to make determinations “consistent with decisions made under the federal Medicare program and in expert treatment guidelines...unless the committee concludes, based on its review of the systematic assessment, that substantial evidence regarding the safety, efficacy, and cost-effectiveness of the technology supports a contrary determination.” In one instance to date, a non-coverage decision by the HTCC did not provide clear documentation in refuting a Medicare national coverage determination.

The endorsing organizations urge state lawmakers to enact legislation in Washington State that makes these necessary changes and ensures that the state’s HTA process appropriately balances the needs of all stakeholders impacted by its decisions.