

MINUTES

Health Technology Assessment Subcommittee

Portland State Office Building
800 NE Oregon Street, Room 1B

Portland, Oregon 97232

June 28, 2018

1:00-2:30 pm

Members Present: Vinay Prasad, MD, MPH, (Chair); Mike Adler, MD; Leda Garside, RN, MBA; Mark Bradshaw, MD.

Members Absent: Kathryn Schabel, MD

Staff Present: Darren Coffman; Wally Shaffer, MD, Jason Gingerich.

Also Attending: Adam Obley, MD & Craig Mosbaek (OHSU Center for Evidence-based Policy), Brian Duty, MD.

1. CALL TO ORDER

Vinay Prasad called the meeting of the Health Technology Assessment Subcommittee (HTAS) to order at 1:00 pm.

2. MINUTES REVIEW

Minutes from the April 26, 2018 meeting were reviewed and approved 4-0.

3. STAFF REPORT

Coffman said staff is recruiting new members. Brian Duty, a urologist, is attending today's meeting as he considers volunteering. Specialties of interest for HTAS include gastroenterology, family medicine, otorhinolaryngology. For HERC, a doctor of osteopathy is needed. Prasad suggested a couple of names for consideration.

Gingerich reported that the Evidence-based Guidelines Subcommittee (EbGS) has proposed revisions to the "boilerplate" language within the Urine Drug Testing Draft Coverage Guidance. This is in order to more clearly outline the process for decisionmaking, especially in the absence of sufficient evidence. These revisions will be reviewed by HERC in August and then incorporated into reports already in development. Bradshaw confirmed that CCOs have been seeing routine expensive testing for people in drug treatment. He said there is no indication for a more expensive test every time. Some tests cost \$3,000 and are ordered as frequently as every day for a 30-day residential program. Gingerich said the current recommendation is for 36 presumptive (less expensive) tests per year and up to 12 definitive

(more expensive) tests. This coverage guidance was open for public comment at the time of the meeting.

4. Single Fraction Radiotherapy for Palliation of Bone Metastases

Shaffer reported that there were no public comments. The subcommittee reviewed the draft recommendation. There was no additional discussion.

A motion was made to refer the draft coverage guidance to VbBS and HERC. **Motion approved 4-0.**

DRAFT HERC Coverage Guidance

Single fraction radiotherapy for palliation of bone metastases is recommended for coverage (strong recommendation). Single fraction radiotherapy should be given strong consideration for use over multiple fraction radiotherapy when clinically appropriate (e.g., not contraindicated by risk of imminent pathologic fracture, worsening neurologic compromise or radioresistant histologies such as sarcoma, melanoma, and renal cell carcinoma).

5. FDA-approved Next Generation Sequencing Tests for Tumors of Diverse Histology

Adam Obley reviewed the evidence for this topic. Shaffer reviewed the draft recommendations.

Adler asked for clarity about Medicare's decision to cover FoundationOne and its impact on the Oregon Health Plan. Prasad said Medicare covers it and has removed its requirement for outcomes to be recorded in a registry. Shaffer said that FDA and CMS reviewed it jointly using the same information in the draft and decided to cover it. The Medicare decision is not binding on the Oregon Health Plan or other payers. When a patient has Medicare and the Oregon Health Plan is secondary coverage, the Oregon Health Plan needs to cover the remaining portion of the cost. Adler noted that many patients with stage 3 or 4 cancer would qualify for disability, and therefore, Medicare. Shaffer said that is correct, though they may be required to spend down assets first.

Adler asked about ongoing studies and rapidly changing technology. Staff explained that topics can be nominated for an updated review at any time by a manufacturer or member of the public. In addition, staff set up an alert for the search terms for existing coverage guidances and are likely to become aware of new evidence through other means. Coffman said that previously staff re-reviewed topics every two years but this took more and more time and did not result in many new reviews or changed recommendations.

A motion was made to post the draft coverage guidance for public comment. **Motion approved 4-0.**

DRAFT HERC Coverage Guidance

Next generation sequencing tests of solid tumor tissue are not recommended for coverage (*strong recommendation*).

FDA-approved tests as of the approval date of this coverage guidance include:

- FoundationOne CDx
- MSK-IMPACT

6. Next Topics

The next topic will be spinal cord stimulators. Adler said he'd like to recommend uterine endometrial ablation versus hysterectomy for menorrhagia. This is a hot button for OB-GYNs. Coffman asked whether the issue was confined to the Oregon Health Plan. As that is the case, Coffman suggested it be referred to the Value-based Benefits Subcommittee. Coffman invited suggestions of other devices, tests, imaging technologies or surgeries for future topics.

7. ADJOURNMENT

The meeting was adjourned at 2:15 pm. The next meeting had been scheduled for September 20 but staff will poll members about September 27, 2018 from 1:00-4:00 pm as Prasad is not available. Location is to be determined.