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**COMMUNITY TECHNOLOGY
ASSESSMENT ADVISORY BOARD
ANNUAL REPORT**

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MISSION STATEMENT

The purpose of the Community Technology Assessment Advisory Board (CTAAB) is to augment and provide an independent, professional and community-oriented appraisal to the health care planning process in the nine-county region (Genesee, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Wyoming, and Yates). The organization will advise the payers, providers, and other interested parties on the need for, or efficacy of, certain health care services and technologies on a community-wide basis. The payers, in turn, may use the recommendations of the organization in the development of their reimbursement or network adequacy policies. The role of the organization is advisory only, and its recommendations shall not be binding in any way on the payers. CTAAB will assess community need for new or expanded medical services, new or expanded technology, and major capital expenditures as proposed by public and private physicians and health facilities. A review by CTAAB will be guided by the following principles:

- Achieving and maintaining a health care system with adequate capacity to support community need;
- Promoting patient access to necessary services;
- Avoiding duplicative health care services and technology; and
- Appropriately containing costs.



MESSAGE FROM THE CTAAB CHAIR

I am proud to present the Community Technology Assessment Advisory Board (CTAAB) "Report to the Community" for 2013, CTAAB's 21st year. CTAAB reviews important health care issues in the Rochester community, providing independent, evidence- and community-based recommendations regarding technology and health care services.

CTAAB remains true to its goal of maintaining a health care system with adequate capacity and access and high quality care to meet community needs, while ensuring that health care services remain affordable.

In 2013, CTAAB reviewed and made recommendations to the local health plans regarding two applications; a listing of these applications can be found in this report. The board continues to closely monitor the closure of Lakeside Memorial Hospital and the subsequent re-engagement of outpatient services. An ad-hoc committee was formed with the purpose of reviewing and updating the by-laws and operating guidelines. I am proud to say that this committee presented recommendations and the board ratified the updated by-laws and operating guidelines in October. Amidst a national environment of uncertainty in healthcare, CTAAB is proactively researching technologies and services that may require review and is poised to continue its review of technologies and capacity throughout the next several years.

CTAAB members are community-minded individuals from the consumer, employer, clinician, hospital, and payer sectors; they review complicated issues and are willing to make tough decisions. I thank them for their dedication to their work and their commitment to the community. Please see the list of members at the end of the report.

At all times, CTAAB welcomes comments from community members. Questions or suggestions for improvement can be directed to the Staff Director at (585) 224-3114 or albertblankley@CTAAB.org. Visit our website www.ctaab.org.

Sincerely,



Jake Flaitz
Chair



OVERVIEW

The Community Technology Assessment Advisory Board (CTAAB) was established in 1993, in a spirit of cooperation and support for health care planning in the community. CTAAB is an independent board of business leaders, health care consumers, health plans, health care practitioners, and health care institutions. The Board:

- Reviews selected new services or technology and increases in capacity;
- Makes judgments on the issues; and
- Communicates its decisions to the health care community.

CTAAB's role is solely advisory. Payers use CTAAB's recommendations in formulating reimbursement policies. While recommendations are non-binding, the cooperative approach among health care providers, insurers, consumers, and business benefits the entire community.

CTAAB relies on the Finger Lakes Health Systems Agency for analyses of requests for expanded service capacity.

The CTAAB process begins with the submission of a letter of intent or application to the Staff Director. If the proposal meets CTAAB review criteria, it is posted on the CTAAB website for 30 days to allow other applicants to notify the Staff Director of their concurrent interest in the service or technology. Applications are available online at www.ctaab.org.

SCOPE OF CTAAB REVIEW

CTAAB assesses community need for health care projects in the areas of new or expanded services, new or expanded technology, and major capital expenditures as proposed by public providers (i.e., Article 28) and private providers (e.g. physicians, entrepreneurs and health care facilities). CTAAB makes a determination on whether:

- An application of a new technology or service or novel application of an existing technology or service represents appropriate evidence-based medical practice;
- Additional health service capacity is warranted, taking into account geographic location, access, cost-effectiveness, quality, and other community issues.

CTAAB reviews and makes recommendations on proposals that fall within its scope and that exceed \$750,000 in capital equipment costs or incremental community expenditure.

Some projects are considered to be of importance to the community and are always reviewed: new technology; new use of existing technology/service; replacement/renovation of existing CTAAB-approved equipment/facilities that includes a material increase or enhancement; cardiac catheterization labs; operating rooms; transplant services; hospital beds; diagnostic and treatment centers; and the addition of high tech equipment, such as computed tomography (CT) scanners, magnetic resonance imaging (MRI) units, positron emission tomography (PET) scanners, sleep beds, lithotripters, and Hyperbaric Oxygen therapy.



CTAAB CAPACITY ASSESSMENT CRITERIA

In its review of projects that develop or expand health care delivery services in the region, CTAAB shall consider the following needs assessment criteria in its deliberations:

1. What is the projected community need as compared to the projected capacity, both with and without the addition of the proposed capacity?
2. Does existing and/or estimated future utilization of the proposed service or technology exceed the currently available capacity?
3. Does the currently available capacity meet standards of care?
4. Are there alternative means to achieve the intended outcomes of the proposed addition to capacity?
5. How does existing or estimated future utilization compare to established benchmarking studies?
6. What is the expected financial impact of the proposed service or technology on the community health care system?
7. What is the cost of the proposed capacity compared to the benefits attained from using it?
8. Is there adequate access to existing or proposed service or technology for all community members including traditionally under-served populations?
9. CTAAB may also comment on other issues of community need on an as-needed basis during a review.

CTAAB TECHNOLOGY ASSESSMENT CRITERIA

In making its determination of need for a new technology, the Technology Assessment Committee (TAC) and CTAAB shall consider the following questions in an evidence-based review. This list of questions shall not be deemed to prevent the TAC or CTAAB from considering other relevant questions or concerns when they deem it appropriate:

1. Does the technology meet a patient care need?
2. How does the technology compare to existing alternatives?
3. Does community need justify this expenditure?
4. Under what circumstances should the technology be used?



SUMMARY OF 2013 RECOMMENDATIONS

Proposal	Final outcome
<p>After Hours Imaging, LLC proposes to add a parked, mobile CT scanner and a mobile MRI machine to their current location at 80 West Avenue, Brockport.</p>	<p>CTAAB concluded there is not a need for the proposed services.</p> <ul style="list-style-type: none">• There is not a community need for additional MRI or CT capacity.
<p>Strong Memorial Hospital proposes to build a 92,000 square foot outpatient building, including two floors dedicated to adult outpatient imaging services currently performed within Strong Memorial Hospital. Proposed site location is East River Road.</p>	<p>CTAAB concluded there is a need for the proposed building.</p> <ul style="list-style-type: none">• There is no change in CT or MRI capacity involved in this proposal.• The proposal will provide needed space for expansion of imaging services not available in the current hospital footprint.• Patient access to outpatient imaging services will be enhanced.• Quality of care may be improved by the acquisition of newer equipment and improved patient flow.



BOARD MEMBERS, 2013

Lynne Allen, Employer
Mercer Health & Benefits
Principal

Matthew Augustine, EdD, Employer †
Eltrex Industries
President/CEO

Carl Cameron, M.D., Health Plan
MVP Health Care
Vice President, Medical Director

Linda Clark, M.D., Clinician
Occupational Medicine Services
Physician

Christopher Dailey, PharmD, Institution
Thompson Health
Director of Pharmacy

Jake Flaitz, Employer †
Paychex, Inc.
Director, Benefits

John Galati, Consumer
Retired

Kevin Geary, M.D., Clinician
Vascular Surgery Associates

Aaron Hilger, Consumer*
Builders Exchange of Rochester
President

Kayla Jenkins, Consumer
Charles Settlement House
Health Project Coordinator

Cassandra Kelley, Consumer
Action for a Better Community
Human Resources Benefits Manager

Martin Lustick, M.D., Health Plan
Excellus BlueCross BlueShield
Senior Vice President & Corporate
Medical Director

Becky Lyons, Employer Wegmans Food
Markets, Inc.
Manager Health Care Design and Wellness

Dominick Mancini, Employer †
Postler and Jaeckle Corp.,
COO

Kenneth Oakley, PhD, Consumer †
Lakes Plains Community Care Network,
CEO

Louis Papa, M.D., Clinician ‡
Olsan Medical Group
Physician

Kathleen Parrinello, Institution
Strong Memorial Hospital
Chief Operating Officer

Steven Rich, MD, Institution
Rochester General Health System
Med. Dir., Long Term Care & Sr. Services

Victor Salerno, Employer
O'Connell Electric Company
CEO/President

Laurel Sanger, MS, RN, Clinician
Monroe Community College
Dean, Division of Sci., Health & Business

Donna Schue, MD, Clinician
Valley View Family Practice

Douglas Stewart, PsyD, Institution
Unity Health System
Sr. Vice President, Acute and Amb. Services

Christine Wagner, SSJ, PhD, Consumer
St. Joseph's Neighborhood Center
Executive Director

Mervin Weerasinghe, M.D., Clinician
Retired Physician
TAC Liaison

Albert Blankley, Staff Director

* Denotes term began in 2013
† Denotes term ended during 2013
‡ Denotes resigned during 2013





CTAAB

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