



CADTH Fall Update Transcript– November 2, 2023

Graham Statt: Hello everyone and welcome to the 2023 CADTH Fall Update: Diverse Perspectives, Innovative Solutions.

Bonjour à tous, et bienvenue à la mise à jour de l'automne deux-mille-vingt-trois : Points de vue diversifiés, solutions novatrices.

My name is Graham Statt, and I am the Chief Administrative Officer for the District of Summerland in British Columbia, and I'm a health policy consultant.

Je m'appelle Graham Statt, chef de l'administration du District de Summerland, en Colombie-Britannique ainsi que consultant en politiques de santé.

I am speaking to you from Summerland, British Columbia which is blessed to be situated within the traditional territories of the Syilx Okanagan people who have resided here since time immemorial.

I recognize, honour, and respect these lands upon which I live, work, and play and am personally committed to do my part towards meaningful reconciliation, and to work to implement the spirit and intent of the Calls for Action from the Truth and Reconciliation Commission.

My disclosures are as follows.

- I am a sole proprietor and employed by the district of Summerland, BC.
- I'm also member of the advisory board for 'Idea to Utilization,' which fosters system readiness for new drugs and devices.

It's wonderful to have you join us to hear about the great work that CADTH has been doing.



I am familiar with CADTH, having been vice-chair of the pan-Canadian Pharmaceutical Alliance (pCPA) Governing Council in 2019.

In this role, I had many interactions with the CADTH board, as well as the opportunity to learn about the significant value that they bring to Canada's health care systems.

Today, we will hear reflections from CADTH as it approaches the midpoint of executing its 2022–2025 Strategic Plan.

In addition, we'll learn how the organization is incorporating diverse perspectives, and finally, how its developing innovative solutions to shape future-ready health systems.

There will also be an opportunity to ask questions at the end of the session.

The presentation will be recorded, so you'll be able to share it with your colleagues, or revisit any topics covered.

Before we get started, I'll introduce our speakers today.

Suzanne McGurn is the President and CEO of CADTH.

I've had the pleasure of working alongside Suzanne during my time on the pCPA board.

Her dynamic career has spanned clinical practice, patient support, and senior roles in government.

At the Ontario Ministry of Health, she served as the Assistant Deputy Minister of the Drugs and Devices Division and Executive Officer of the Ontario Public Drug Programs, as well as other senior roles.



She also led the implementation of the pan-Canadian Pharmaceutical Alliance and served as its first chair.

She's a current board member for the International Network of Agencies for Health Technology Assessment.

Heather Logan is Vice-President, Strategic Relationships, and Initiatives, at CADTH.

She oversees the organization's external engagement, building meaningful partnerships with health leaders, patient and health care provider organizations, Indigenous Peoples and communities, the pharmaceutical and medical devices industry, and other stakeholders.

With nearly 30 years of experience working with decision-makers at all levels of government, Heather is known for her facilitative leadership style and for being results-driven.

She brings a unique and collaborative perspective to her role at CADTH, with background as a nursing officer in the Canadian Armed Forces, a health care administrator, and a systems leader.

Sudha Kutty is CADTH's Executive Vice-President, Evidence, Products, and Services.

She's responsible for overseeing and administrating CADTH's pharmaceutical reviews and medical devices and clinical interventions portfolios.

She is a seasoned health care executive, with more than 25 years of strategic, health care leadership experience.

Sudha is passionate about health care and brings a wealth of experience in promoting health system improvements by supporting the adoption of evidence into practice.



She has led organizational change through equity, diversity, and inclusion initiatives, and well as developed continuous learning and educational opportunities.

And with that, I'll hand things over to CADTH President and CEO, Suzanne McGurn.

Suzanne McGurn: Thanks, Graham. I'm Suzanne McGurn, President and CEO of CADTH.

Je suis Suzanne McGurn, la PDG de l'ACMTS.

Thanks to everyone for joining us today.

Merci à tous d'avoir été des nôtres.

This is our standard CADTH disclosure to highlight that we are funded by the federal, provincial, and territorial ministries of health, except Quebec.

And that we receive application fees from the pharmaceutical industry for reimbursement reviews.

This year we are trying a new format for the CADTH Information sessions.

Many of you are used to sessions that are more detailed and technical in nature. (aka longer)

Rest assured that we will continue to share important updates with you as they evolve, just in a different way.

I am extremely proud of CADTH and what we've accomplished so far this year.

This year we have:

- Released new *Guidance for Reporting Real-World Evidence*, which lays the foundation for the use of RWE in regulatory approval and Health Technology Assessment (HTA) in Canada
- Received new federal funding specific to drugs for rare diseases, announced in March 2023, to improve the collection and use of evidence to support decision-making.
- And celebrated the 1-year anniversary of our Post-Market Drug Evaluation (PMDE) program, which launched in September 2022.

These are just a few of the many highlights at CADTH since we spoke to you last year, around this time.



There's lots to look forward to in the year ahead and my colleagues will focus on just a few of the many projects that we have planned in a few moments.

First, I'll provide a brief overview of CADTH, in case some of you aren't familiar with us.

CADTH is a not-for-profit organization.

We were founded by Canada's federal, provincial, and territorial governments, as a trusted source of independent information about drugs, and other health technologies.

Canada's health system leaders rely on CADTH, when they're making important policy and practice decisions.

We're experts at finding and interpreting health information and providing recommendations and assistance on the best – or appropriate – use of health technologies.

Having access to a resource like CADTH is essential for evidence-based decision-making.

Especially in the volatile health care environment we're operating in today.

And we are seeing the expansion of use of Health Technology Assessment around the world.

We're also seeing increased demographic diversity, more disruptive scientific and technological innovation, and more empowered patients who are taking ownership of their care.

However, we also recognize there's a need to respond to health inequities, issues of systemic racism, and more demands on finite resources.

It's in this context that we approach the midpoint in the implementation of the CADTH 2022 – 2025 Strategic Plan.

We launched this plan, 18 months ago, in April 2022, and it's built on 3 pillars:

1. Anticipate — Enable Future-Ready Health Care
2. Innovate — Unleash the Value of Technology Across Its Lifespan
3. Transform — Catalyze Health System Change

Our plan is guided by 5 key principles. These principles are about how we do our work.

1. We seek impact.



2. We are looking to increase our agility.
3. We value partnership.
4. Inclusion, diversity, equity, and accessibility (IDEA) needs to be recognized in the work we do.
5. Continue to enhance our transparency.

You may have noticed that when we launched our strategic plan in 2022, we referred only to inclusion, diversity, equity but we have added accessibility to this principle after hearing from stakeholders during the first year of our strategic plan.

So, you will commonly hear us refer to the term IDEA. This is our acronym for inclusion, diversity, equity, and accessibility.

I'm sure you'll hear it often this afternoon as we speak.

We're taking time to pause, assess our progress, and evaluate our plans for the next year and a half.

Similar to how a sports team would huddle at half-time to assess and evaluate their efforts and set an intention for the remainder of the game.

Since launching the strategic plan, I've had the opportunity to meet and talk with folks from across the country.

This includes regular contact with my peers at the other HTA groups in Canada – for example, INESSS in Quebec, Institute of Health Economics (IHE) in Alberta and from around the world.

NICE in England, ICER in the United States, and international associations that include:

- International Network of Agencies for Health Technology Assessment (INAHTA)
- Health Technology Assessment International (HTAi)
- and the Professional Society for Health Economics and Outcomes Research (ISPOR).

We're listening to stakeholders and partners from across the health system landscape, including government, industry, patients, clinicians, and Indigenous leaders, and we are working with them to incorporate **diverse perspectives** and adopt new **innovative solutions**.

There's a renewed enthusiasm for the work CADTH does and its importance within Canada's health care systems in the context of this new environment.



Among the valuable feedback that I've received, I am humbled that we have been recognized that the system is changing, and we are responding.

Being noticed and appreciated is exciting to hear, and it's very motivating to our team.

But we know there is more to do, and we know that change – including change in HTA – can and has historically, taken a long time.

CADTH has built strong reputation over the past 35 years, our anniversary is nearly upon us – we've been recognized both at home and internationally – as experts in our field.

We want to reassure you that we will continue producing trustworthy products, products that deliver value and impact – but with new innovations and through change.

The organization has been evolving and changing, but this is just the beginning.

We know that there is so much more that needs to be accomplished.

As an organization, we are appraising ourselves reflecting on what we've done, and what's left to do, while following the foundational principles that guide us through our strategic plan.

We've built on our strong foundation, expanding our exceptional team, and leveraged our experience to not only achieve the goals in our strategic plan, but also to set us on a path forward to the future.

CADTH's people will help us advance our strategic plan and support health system leaders so they can make those important policy and system decisions that are so needed to transform our country's health systems.

I'll provide a brief overview of some of the changes we've made organizationally to align ourselves with our strategic plan.

We've continued building on CADTH's strength, its people, and added new people who bring new and diverse perspectives to the table.

This year, we've welcomed a new executive team member, and other new leaders, as well as staff to our organization.

Sudha Kutty joined us at the start of 2023 as executive vice-president.

You'll have an opportunity to hear from Sudha a little later.



We have new regional lead roles who have been developing relationships with government health leaders and ensuring that CADTH understands – and more importantly is aligned – to the federal, provincial, and territorial priorities.

We also have bolstered our organizational capacity to help with our focus on IDEA (inclusion, diversity, equity, and accessibility), Indigenous work, and new work in the real-world evidence space.

We've added capacity to improve the collection and use of evidence to support decision-making for drugs for rare diseases as part of the response to Health Canada's *National Strategy for Drugs for Rare Diseases that was launched in March 2023*.

Our new team members bring different types of experiences having worked in many other organizations, in different jurisdictions, other PCHO's and other places where we're all focused on preparing for the future and doing our job in the way we will need to in the coming days, weeks, months and years.

They bring a fresh outlook and different ways of approaching our business that complements our strong existing capabilities.

It's important to recognize these folks aren't simply new recruits who bring their exceptional knowledge and skills to CADTH – they are part of a strategic, focused effort to build a team that continues to position us to deliver the right evidence, to the right people, at the right time.

If I continue with the sports analogy of huddling at half-time, the next logical step is determining a plan for a successful second half of the game, our next 18 months.

Although CADTH's strategic plan serves as a guide for our game plan, we know that adjustments may be needed as we evaluate the changing environment and listen to our partners to align with their priorities.

To maximize the impact of our work, we endeavour to align with FPT government priorities and understand how to provide evidence to health system leaders in a way that values the important insights and preferences of patients, clinicians, and other stakeholders within the life sciences sector.

As we look ahead and anticipate what might be needed in the next few years across our health systems, we want to make sure we continue to have the right expertise in place.

We have added capacity to our team to provide the best expertise as we move forward.

We will continue to adhere to the principles that guide CADTH – impact, agility, partnership, inclusion, diversity, equity, and accessibility (IDEA) and transparency.



So, as I conclude my remarks, I'm excited about our future and how we can continue supporting the health systems across Canada.

Je suis enthousiaste à propos de notre avenir et du soutien que nous continuerons d'offrir aux systèmes de santé du Canada.

CADTH, and our reimbursement review and health technology assessment processes are based on our sound scientific and methodological strength. We will continue to provide that.

We are a trusted and essential player in the accessibility and life cycle management of drugs and health technologies in Canada.

Now, I'll pass it to my colleague Heather Logan, who will speak about how we are continuing to evolve and incorporate diverse perspectives into our work and how these important partnerships will help us shape the future.

Heather Logan: Good afternoon (or morning or evening, depending on where you're joining from) and thank you all so much for being here.

We are so pleased that you've chosen to join us and hope the new format for the CADTH Information Session is something that you will not only enjoy, but that you will be so inspired by what you hear today, by the evolution at CADTH, you'll want to join us.

Bonjour (ou bonsoir, selon l'endroit où vous vous trouvez), et merci beaucoup d'être parmi nous aujourd'hui.

Nous sommes ravis que vous ayez choisi d'assister à la séance d'information de l'ACMTS. Nous espérons non seulement que le nouveau format va vous plaire, mais aussi que vous serez inspirés par ce que vous allez entendre... par l'évolution de l'ACMTS... et que vous allez vouloir vous joindre à nous.

Join us as a patient partner, because your lived experience guides our work and recommendations in profound and important ways.

Join us as a committee member or contractor because you deepen our knowledge and help to ensure our work has value.

As an industry partner because of your knowledge of the technologies that are coming to market are so important to understand.

Or join us as staff, because CADTH is a place where excellence, commitment, equity and diversity, and change come together. The technologies coming to market are becoming increasingly complex and the way we work together is changing, and so are we.

Today I am going to share some of the exciting changes in the way we engage with our partners. While I'm the one providing the updates today, I want you to know that all of it is possible because of you and so I share today on behalf of you and with you.

If you walk away from my part of this presentation with 3 things it would be this:

1. We can and are doing more.
2. We can and are working differently.
3. We can and are preparing differently.

I'll provide some examples of how we are doing this.

You've heard Suzanne reference our commitment to IDEA, (inclusion, diversity, equity, and accessibility), as one of our guiding principles outlined in our strategic plan.

I'd like to clarify what and how we are advancing our commitments to engaging with Indigenous Peoples and communities.

1. CADTH's Board and leadership are fully invested and committed. In fact, the Board approved CADTH's first Reconciliation Declaration early in 2022 and we are working toward a similar declaration for the organization about IDEA.

Staff have embedded commitments to advance Reconciliation and Engagement in our annual business plan. These commitments are in writing, and we are collectively making progress. To support this, we are looking at how we present ourselves and do our work just like we do today.

Colonial processes are being revised as we learn and unlearn. We're learning together, and we have 2 new permanent roles at CADTH to support us through the journey – Amil Reddy, who is our strategic partner IDEA and a second parallel position focused on Reconciliation and Engagement with Indigenous Peoples.

We learned so much from Murray Maracle, who was the first to fill this role and has moved to an exciting role in support of First Nations families and communities across the country. If you're listening and think that you, or someone you know, would be a great fit for this role, please visit cadth.ca/careers to view the posting or contact me.

2. We recognize with humility that we need to learn and unlearn, and we've been doing that. pipikwan pēhtākwān, an Indigenous-owned and majority Indigenous, Black and people of colour staffed organization based out of Alberta, has come to visit with our staff. To provide unstructured ways for staff in groups or 1-1 to learn and ask questions.

A group of Indigenous health leaders came together earlier this year, to review how we prioritize requests for CADTH support and to provide us with guidance about how to think about those that are with, for or about Indigenous Peoples.

To walk the walk, so to speak, we are taking the guidance from Indigenous voices to ensure we understand and respond in a good way. We know and are thinking about how to replicate these learnings in the IDEA space.

3. Finally, as we deconstruct colonial processes and open ourselves up to be a more welcoming open space for Indigenous Peoples and all equity deserving groups, we're looking for ways to make our events, including our flagship Symposium event, a place to share, learn and build relationships.

We are also examining things like our approach to recruitment, procurement, and payment to reflect important principles like reciprocity and to ensure we aren't transactional in how we work.

The first example I want to highlight is about our patient partners.

CADTH has a long history of engaging with patients, families, caregivers and community members and we already have a large and growing number of individuals and patient facing organizations to work with.

We work hard to embed the lived experience in our work and to support those who engage with us to ensure their contributions feel and are valued every step of the way.

The Patient and Community Advisory Committee, under Marney Paradis and Zal Press' leadership, are exploring with us how we can expand our commitment and do better. And frankly, though we are proud of what we already do, we know we can do more.

We can support those who are involved in our expert committee's better. To help them as they come onto a committee, by helping them understand their role fully and to help them contribute in the best possible way.

Importantly, we need to think about how to engage those who don't yet have a voice. There are many - those with lived experience in poverty, those living with no fixed address, Indigenous Peoples. And others, many, many others.

The opportunity to engage and share their experiences with CADTH is part of our commitment to inclusion, diversity, equity, and accessibility – which you will hear me refer to later as IDEA.

1. Similarly, I have talked about our work with industry and how we are exploring and adapting where and about what we engage with our industry partners on. Of course, recognizing that there are times when CADTH should work independently to ensure our work is as free from bias as possible.

2. What I haven't spoken much about yet are clinicians so let me focus on that for just a minute. Frankly, there is much we could not do or do nearly as effectively without our clinician and clinical association partners.

During the reimbursement review process, their expertise is integral to helping us understand the impact of a particular therapy or clinical intervention or device.

Firsthand, direct experience using the technology and treating patients living with a particular disease or condition is critical.

Clinicians are represented on CADTH's Board of Directors, and on projects and initiatives including scientific advice, and many others.

But frankly this is an area we simply need to grow and do better. I look often to our partner, Choosing Wisely Canada, and see just how powerful engaging clinicians can be.

They have shifted clinical practice and have an incredibly engaged and growing group of associations to help them reduce unnecessary tests and treatments in Canada.

We expect to engage with the clinical community more often and in novel ways, to bring their experience and guidance to our work.

3. Finally, while what we do every day is in serve to patients, we recognize that part of how we do that best is by supporting evidence-informed decision-making.

Decision-makers – those who support and often must make choices about allocation of resources that are never enough to fund everything – are core to our work.

We will continue to engage you as often and as fully as we can. And to be unafraid and unapologetic about addressing some of the big hairy audacious problems in our health system together.

You'll hear from Sudha about emergency room [department] overcrowding as an example of a big hairy audacious health system problem from Sudha in the next presentation.

Partnerships are another one of our guiding principles – and these partnerships extend across Canada and around the world.

One example that illustrates power of both our domestic and international partnerships is the Post-Market Drug Evaluation (or PMDE) program.

It was launched in September 2022 and provides a way to raise and then answer questions about the safety or effectiveness of drugs once they have been approved for use in Canada.

We had the opportunity to leverage the experience of PMDE's predecessor, the Drug Safety and Effectiveness Network, and to work with some of the best researchers, methodologists, analysts, and others in the country.

Having just passed our 1-year mark, with more than 15 projects completed and nearly as many now or soon to be under way, we are extremely proud of the team that's making it happen.

The staff who sometimes come together to create new and better ways of working, funded research teams who have been incredibly responsive to the expectations and opportunities of the program and who are already delivering work that is influencing decision-makers, and of course to the multidisciplinary advisory committee that is helping guide the evolution of the program.

I'd like to call out 2 things about PMDE that are particularly noteworthy:

1. **FDA's Sentinel Partnership** The PMDE program is working on 3 new pilot queries in collaboration with FDA's Sentinel.

These projects will demonstrate the use of the Common Data Model (CDM) across borders to leverage data from the US and Canada for common queries. The Canadian Network for Observational Drug Effects Studies (CNODES), a member of the PMDE CoLab network, will apply the same data elements and data capture using their CDM to determine postmarket safety signals and/or use patterns in Canada.

This strategic partnership and functionality improves the generalizability, power, and timeliness with which we can answer questions from decision-makers.

2. We are seeing now that there may be ways of working differently and better with our industry partners and so we have recently established a time limited Industry Task Force to identify ways that information that only industry might have could potentially be used to look at safety or effectiveness questions.

The panel will report to the PMDE Advisory Committee who will provide guidance to CADTH about the use of the information and recommendations that come from the task force.

We have many other examples of how we are collaborating with other HTA organizations around the world.

- In 2022, we signed a [partnership agreement](#) with 5 HTA bodies to collaborate on shared priorities. Earlier this year, 2 more organizations came on board.
- Real-world evidence (RWE) is another area where global cooperation is moving us forward.
- CADTH is working on RWE at the international level by participating in the International Network of Agencies in Health Technology Assessment (INAHTA), you heard Suzanne talk about INAHTA. They have a RWE Learning Group and the European-based RWE4Decisions initiative. So, lots of connections internationally.
- The vision is to reach an agreement on what RWE should be collected for highly innovative technologies to inform decision-making.

Our involvement with global associations like HTAi, INAHTA, and ISPOR brings real benefits when it comes to partnerships.

For many years, CADTH staff have been participating in interest and learning groups with INAHTA, Health Technology Assessment International (HTAi), and ISPOR, the Professional Society for Health Economics and Outcomes Research. We leverage these groups to share experiences and build CADTH's capacity to learn and innovate.

We're now exploring the use of artificial intelligence in Canada and looking at how it can be used in our work, how industry might be using it, and how we can best understand that and provide guidance and assess those technologies.

Innovation is rife within the organization. We're all committed to it and to the change that we're living every day.

That's it from me. I'll hand it over to my colleague Sudha Kutty. Sudha, over to you.

Sudha Kutty: Thank you so much, Heather.

Bonjour, je m'appelle Sudha Kutty, et je suis enchanté d'être ici cet après-midi pour vous parler des approches novatrices que nous adoptons dans notre travail.

Hello, my name is Sudha Kutty, and I'm delighted to be here this afternoon to talk to you about the innovative approaches we're taking in our work.

Just note this is just a smattering of the work that we're doing, not the full range of the innovative work across CADTH, but really just intending to give you some concrete examples to share with all of you.

As Suzanne mentioned, I joined CADTH about 11 months ago to lead the evidence, Products and Services Directorate, which was a newly created program that brought together our pharmaceutical review program and our medical devices and clinical interventions program under one directorate to really be able to realize the synergies from both programs.

In discussing our work today, I really wanted to highlight innovation across our evidence, products, and services and how we are working differently to deliver on our strategic plan.

Over the past year and a half, we've made important changes to how we develop and present our work:

- A renewed focus on projects that have system-wide impact and address current system priorities.
- We know that the health care system is facing deep, challenging issues that could benefit from an understanding of what the evidence says.
- To this end, CADTH is rethinking some of our products and moving away from products that may be a bit more niche or lower impact to focus on products of broader system impact.

For example;

a) ED overcrowding

- In response to a jurisdictional request and pan-Canadian jurisdictional need, we have developed an innovative package of evidence and guidance on the topic of emergency department overcrowding.
- We recognized that an issue of this magnitude required a different approach.
- To this end, we engaged with people with extensive personal and/or professional experience with emergency department care as content experts, peer reviewers, members of our Health Technology Expert Review Panel, and through 3 multistakeholder dialogue sessions.

- The purpose of these multistakeholder dialogue sessions was to discuss interim findings, hear perspectives about local context and implementation issues, and identify issues of particular concern or relevance for patients, families, and staff.
- In addition, we used data collected by CIHI to support an analysis of system capacity and system demand, and multidisciplinary evidence to reflect the complex nature of the problem and drill down to the need to identify innovative solutions that match the multipronged root causes of emergency department overcrowding.
- 3 of 5 reports in the series are now published on our website, with the full package to be available later in November, along with final guidance developed by our Health Technology Expert Review Panel.
- We will formally launch this work with a distinguished panel of experts, both clinical and those with lived experience, via a webinar on November 28th.

I'm really proud of this work and are proud of the team that led the development of this work. I think it will go a long way to helping support our health care system in this moment of need.

b) Aging in place

- CADTH has received and is currently working on a request about technologies to support aging at home/in the community.
- Again, this is a topic of pan-Canadian importance that addresses a high priority health system issue.
- We should have more details about this project posted on our website in the upcoming months.

c) Watch List 2024

You may be away that our CADTH watch list typically focuses on 10 technologies and issues of large-scale significance, and our 2024 Watch List will focus on the Top 10 Technologies and Issues for Children and Youth With Medical Complexity.

- the Watch List is an annual horizon scanning report that presents emerging technologies and issues that have potential to shape the future of health care in Canada.
- CADTH's list is impartial and intended to inform health systems planning in Canada.

The focus of our 2024 Watch list is Children and youth with medical complexity really is to acknowledge;

- These children and youth live with often complex chronic conditions.
- They live with functional limitations.
- They have high need for health care, often from multiple settings and health care providers; and
 - have high need for caregiving from their family or other informal caregivers, and this can have a significant social and financial impact.
- The watch list will be released in February 2024

We have also spent the past year focusing on processes that can enable timelier access to medicines for Canadians:

a) Time Limited Recommendations

- CADTH announced the launch of the first phase of Time Limited Recommendations (TLR) on September 28, 2023.
- The TLR process creates a new and innovative pathway for CADTH to issue recommendations to publicly fund a drug for a certain period of time on the condition that the manufacturer will gather additional clinical data that address uncertainty in the evidence.
- This new approach may help provide earlier access to promising new treatments that target the unmet needs of people in Canada living with severe, rare, or debilitating illnesses.
- There are certain criteria to be eligible for a TLR:
 - Drug must be reviewed through Health Canada's advance consideration process under Notice of Compliance with Conditions (NOC/c) policy; AND
 - Phase III trial is being planned and/or conducted in the same population: and
 - The study completion date will not exceed 3 years; AND
 - Sponsor commitment to file reassessment in accordance with CADTH TLR procedures.
- We are looking to have a few drugs go through the TLR process and then evaluate the program in terms of criteria and scope and determine the next steps.
- By launching TLR, CADTH is committing to finding a path through the uncertainty of evidence with appropriate safeguards.

- We would encourage our industry partners to step forward for at least a discussion about potential candidates for a TLR within your pipeline.

The next innovation that I'm proud to announce today is a new initiative that we're calling Target Zero. So today, CADTH is launching Target Zero.

- The purpose of Target Zero is to try to aim for i.e. I "target" zero days between Health Canada Notice of Compliance (NOC) approval and a CADTH draft recommendation.
- We can achieve this by making greater use of the existing parallel review process.
- The parallel review process was introduced in 2009.
- In the last 2 years we've had a little over 40% of submissions in the last 2 years have made use of this process.
- We want to encourage industry to work with us to increase this number.
- You'll see that intuitively, the top part of this slide is what our typical sequential process looks like, and you can see sort of the steps in this process moving from a Health Canada review to notice of compliance to a CADTH review then to a final recommendation, and then to the pCPA process.
- When you move from a sequential process to a parallel process, you automatically abridge the timeline to, a CADTH recommendation, and ultimately to the next step in the reimbursement pathway, the CADTH final recommendation and then the pCPA process.
- The goal of Target Zero is that the sooner you file, the sooner we can review and the sooner pCPA can pick up the file and begin their part of the process.
- I'm starting to realize that the reimbursement review process is like a relay race, with everyone holding a baton and handing the baton to the next person to begin their part of the relay. The faster we can hand that baton over, the faster we can ultimately run this race.
- The Target Zero mindset is to collectively focus as partners on the timeliness of access. CADTH is willing to play our part (as you have heard through my comments today). We want to work with you as part of this broader ecosystem to make it happen.

- We are ultimately hoping this will ultimately result in faster access to drugs for Canadians.

You will hear more about Target Zero in the upcoming months, but I wanted to officially launch this initiative today with a snazzy new logo in the top right-hand corner of the screen.

The final “innovative solution” I wanted to discuss was the creation of a “test and learn” environment to support innovation.

- In 2023, CADTH created the formulary management expert committee (FMEC)
- The intent of FMEC is two-fold:
 - To be a committee where FPT-driven questions are reviewed:
 - nonsponsored single-drug reviews.
 - streamlined drug class reviews, and therapeutic reviews
 - the pilot will assess
 - 8 nonsponsored reviews,
 - 2 class reviews, and
 - 1 therapeutic review.
- You can find more information about FMEC on our website under the heading [‘Advisory Bodies’](#)
- Secondly, and maybe even more exciting aspect has really provided us with an innovation sandbox where we’ve had the ability to trial different innovations that we would want to eventually launch across our other expert committees.
- Through FMEC we’ve been able to trial:
 - More succinct review and recommendation reports (e.g., final recs 7-9 pages).
 - Having patients and persons with lived experience present directly to the committee as opposed to written feedback.
 - Recorded votes and dissenting opinions.
 - A new deliberative framework.

As we wrap up the pilot we are evaluating and determining what steady state for FMEC looks like as well as which of these innovations should remain and be spread and scaled to our other committees CDEC and pERC



I pleased to share that we've received very positive feedback from patients on this new committee and we'll continue to receive input from our stakeholders and partners on how this group is working.

In closing, I wanted to provide a high-level overview of some of the work under way in Evidence, Products, and Services.

The theme of my portion was innovation. I firmly believe that innovation is not only about what you do, but about how you do it- in other words, innovation is a mindset.

And if I could leave you with one key message on behalf of all the speakers today- it's not that change is underway- CHANGE IS HERE.

At CADTH we are actively thinking about how to improve the work that we do and how we partner with others to do so.

I hope our presentations this afternoon have given you a sense of this as we move past the midway point of our strategic plan.

If you have any questions about any of this content, please feel free to email us or visit our website for more information, and of course submit your questions for the Q&A portion of this presentation.

I will now turn the podium back to Graham to moderate the Q and A portion of this webinar.

Graham Statt: Thank you, Sudha. And thanks to Heather and Suzanne as well for your informative presentations.

Now I'd like to open it up to questions and comments from the audience. You can ask questions using the chat function on Zoom.

[Q&A Period]

Graham Statt: We're almost out of time, so we'll have to wrap up the question period and move to some closing remarks here.



We've heard about some of the great work at CADTH and the exciting things to come as the organization moves forward to implement the last year and half of the strategic plan.

You will receive an email in the coming days that includes a link to the recording and a short evaluation survey.

If you wish, you can complete the survey today after the session by selecting the checkmark button within the Zoom platform.

Please take a moment to fill it out.

In particular, we would like to know what you thought of the new format for the information session, and how CADTH can improve future events.

There are a few upcoming CADTH events that I'd like to highlight before we go.

On November 28, CADTH will host a webinar to discuss emergency department overcrowding.

This is a topic that receives frequent news coverage and may be of interest to many of you.

And it's never too early to start planning for next year.

The 2024 CADTH Symposium will return September 4 to 6 next year as a hybrid model – virtual and in Ottawa.

Watch CADTH.ca for more information and for the call for abstracts, coming this month.

CADTH's work wouldn't be possible without the community that's here today.



It includes stakeholders and partners from across the health system landscape: government, industry, patients, clinicians, and Indigenous leaders, and many others.

Thanks for joining us today for the 2023 CADTH Fall Update.

Merci encore d'avoir été des nôtres pour cette mise à jour.

Thank you. Merci.

-END-