Mission Statement

To encourage the appropriate use of health technology by influencing decision makers through the collection, analysis, creation and dissemination of information concerning the effectiveness and cost of technology and its impact on health.
Message from President and Board Chair

CCOHTA’s 10th anniversary is an opportunity to reflect on the milestones that have brought CCOHTA to its present position of a strong, credible organization recognized nationally and internationally.

CCOHTA, of course, wouldn’t be here without the original idea by the founders of a national health technology assessment body, and the continuing support of key individuals. These people educated others about the need for CCOHTA, lobbied for us and stood by the organization during difficult times. We were very pleased to show our appreciation to these people and commemorate their contributions at an elegant 10th anniversary banquet, held at the Chateau Laurier, Ottawa. Included was Dr. Devidas Menon, the first Executive Director of CCOHTA, whom over a period of seven years, along with his dedicated staff, established CCOHTA’s scientific credibility. In particular, CCOHTA became a leader in the area of pharmaceutical assessments and produced two editions of the Guidelines for Economic Evaluation of Pharmaceuticals: Canada, guidelines now adopted and used internationally.

Contents

CCOHTA’s 10th Anniversary! .........................3
Research Program .......................................4
Communications ....................................7
Awareness Initiatives ..............................8
CCOHTA’s Coordinating Role ..................10
Board of Directors, Advisory Committees 11
Financial Statements ..........................13

Confronting difficult issues

A few years ago, two of the principles under which CCOHTA operates, quality and independence, were questioned through a court challenge by a pharmaceutical company on CCOHTA’s right to publish a specific report. The importance of these principles to CCOHTA’s success as an organization devoted to health technology assessment (HTA), let alone the implications of a loss to the total research sector, led us to mount a strong defence; one that made significant demands on our finances, staff and voluntary scientific resources. These problems were accentuated by the fact that CCOHTA was still operating on an annual budget that restricted our investment in core activities, such as guideline development, that were needed to achieve a broader, long-term impact on the field of HTA.

Celebrating success

CCOHTA is a stronger, more confident organization after successfully overcoming these challenges. CCOHTA’s staff and advisory scientists expertly defended our report, and CCOHTA won the legal right to publish. Still undaunted by difficult issues, we celebrated our 10th anniversary by hosting a national symposium to debate the issue of evaluating emerging health technologies with stakeholder groups. This is a challenging area of HTA, addressing the need to anticipate the impact of new technologies on the health care system when there is still very little evidence and experience available. CCOHTA continues to lead a national scanning activity and disseminates rapid evaluations of emerging health technologies in Canada.
New Growth
Within the next year and a half, after targeted campaigning to the health ministries across Canada, CCOHTA gained approval for a five-year business plan that more than doubled our annual funding. We were now in a much stronger financial position to fulfill our mandate.

As a result, CCOHTA more than doubled in staff over the past year and holds a full complement of scientists with a broad range of expertise, a core group of information specialists and a significantly expanded communications and external relations unit. To manage the resultant growth in technology assessments and their dissemination, a more structured assessment methodology was introduced to guide both internal and external researchers; one which produces a very scientific, rigorous report.

Outreach and awareness
This year CCOHTA committed to a key strategic direction to go beyond the publication of research assessments. We initiated an Outreach campaign to hold workshops across Canada, with the goal of increasing the awareness of CCOHTA and HTA in general. With the active support of the local health ministries and regions in Newfoundland and Prince Edward Island, two workshops are planned for May 2001 to launch this campaign. These new Outreach activities will ensure that our assessments are relevant and timely to the needs and priorities of the ministries, regions and hospitals.

Strong Positioning
With a full complement of staff, dedicated support and expertise in our valuable advisory committees, and with over 40 projects in progress and an active awareness and dissemination program in place, CCOHTA is well positioned to play a leadership role in HTA and is equipped to meet any challenges the next 10 years may bring.

In a constantly changing environment such as the health care system, HTA remains a consistent, reliable source of information. This credible information continues to help decision-makers make evidence-based decisions about the appropriate use of health technologies.

Sincerely,

Dr. Jill M. Sanders
President

Ms. Eleanor Hubbard
Chair, Board of Directors
Hosting a Symposium

CCOHTA celebrated 10 years of excellence in HTA by hosting a successful symposium, *Early Assessment: Do the Risks Justify the Benefits?* About 200 participants gathered on October 12, 2000 in Ottawa to discuss the critical issue of assessing medical technologies early in their development. Canadian environmentalist and scientist, Dr. David Suzuki, led the program into discussions from different perspectives. Representatives from government, industry, hospitals, clinicians, consumers and the media voiced their support and concerns about the early evaluation of technologies before they reach the Canadian market.

The need for HTA agencies to communicate and collaborate when identifying priorities for early assessment was raised. In addition, challenges in balancing the timeliness of information with accuracy, and balancing the need to access information from industry and issues of confidentiality were discussed. CCOHTA's initiative in assessing emerging technologies leads the way in Canada, and we continue to exchange information internationally with similar agencies.

In Appreciation

CCOHTA's current credibility and status as an HTA organization could not have been achieved without the significant contribution and support of key individuals. An elegant 10th anniversary banquet at the Chateau Laurier, with guest speaker Canadian astronaut Dr. Roberta Bondar, was the setting to show our appreciation to the following people:

**CCOHTA Founders**
Renaldo Battista
David Feeny
Jo Hauser
Devidas Menon
Maurice McGregor
Leigh-Ann Topfer

**New President**
Jill M. Sanders

**Long Term Supporters**
Don Juzwishin
Paul LeBreton
Pat Lemay
Ed Norwich
Peter Tugwell
Joyce Thompson
Eleanor Hubbard

**Past Board Chairs**
Lauren Donnelly (1993-1994)
John Dicaire (1994-2001)

**Past Chairs of Scientific Advisory Panel**
Andreas Laupacis
John Hamerton
Building Research Capacity

This year CCOHTA concentrated efforts on a fundamental strategic priority in our five-year business plan - to expand our capability and capacity to conduct assessments.

New V.P. of Research

Dr. Vicki Foerster M.D., previously a medical consultant with the Ministry of Health, British Columbia, was appointed in July of 2000 as Vice-President of Research at CCOHTA. In response to our growth, Dr. Foerster implemented several guidelines and processes to formalize CCOHTA’s assessment process.

A hiring campaign more than doubled the CCOHTA research team to a total of eleven. CCOHTA’s additional expertise spans the areas of epidemiology, physiotherapy, medicine, medical devices, health economics and hospital pharmacy. To support the increased number of researchers and assessments, another information specialist and two part-time library technicians joined Information Services.

Advisory Expertise in Medical Devices and Systems

A new advisory committee, the Devices and Systems Advisory Committee (DSAC) was formed to provide expertise in these areas. These federal, provincial and territorial ministry of health representatives play a significant role in identifying, prioritizing and shaping the research question for these assessments.

Information Services

Information Services implemented Reference Manager, a bibliographic software, as a timesaving tool. This software uses the results of literature searches for interlibrary loans to generate the final references for a report, and to archive cited references as a permanent record of a publication.


Research Program (continued)

HEALTH TECHNOLOGY ASSESSMENT HIGHLIGHTS

Timely Report on Flu Treatment

How can government reduce the cost burden to the public health system caused by the flu in Canada each year? CCOHTA produced the Economic Evaluation of Zanamivir for the Treatment of Influenza to assess the cost-effectiveness of prescribing a new antiviral drug, zanamivir, for the treatment of influenza in Canada. By collaborating with the National Institute for Clinical Excellence, U.K., we were able to deliver a more timely report by using the clinical data from their report on the same topic. The CCOHTA report suggests that zanamivir could have a modest impact on reducing symptoms and recovery time from the flu. However, it is not a cost-effective strategy for those who are not at risk for influenza-related complications.

Collaboration with Health Specialists

Effectively collaborating with the Canadian Cardiovascular Society, CCOHTA evaluated the impact of the use of ICD therapy in Canada. In particular, its use as recommended by the Canadian Cardiovascular Society (CCS) Consensus Conference on Prevention of Sudden Death from Cardiac Arrhythmia was examined. This broad assessment included the economic, ethical and legal consequences of any recommended use and non-use of ICD therapy. To maximize the dissemination of this report to cardiologists, it was published as a special section of the Canadian Journal of Cardiology.

Technology Reports 2000 - 2001

Collaboration in Emerging Technologies

In collaboration with the Ottawa Valley Regional Drug Information Service, Ottawa, CCOHTA has initiated a new series of rapid assessments: the Emerging Drug and Technology Lists to alert decision-makers to technologies that we anticipate may impact the health care system. These short bulletins, available online only, briefly review the latest clinical evidence and highlight cost and safety implications.

New CCOHTA Author Guidelines

An author’s style guide and the template for CCOHTA Technology Reports are new additions to the more formal processes and guidelines put into place at CCOHTA over the past year. The key sections needed in a CCOHTA assessment are highlighted, as well as a list of credible methodology and literature resources. Available online only, these guidelines provide consistency and training to new staff and external authors of reports.

Emerging Technology Bulletins 2000 - 2001

Communications

CCOHTA continues to disseminate reports by print, with Canadian government and hospitals comprising 50 - 60% of our print mailing list. The electronic versions of our reports are advertised through our email notification service.

The website remains an efficient dissemination method - nineteen reports had more than 200 downloads each this year. As measured by the number of downloaded copies, the reports on Alzheimer disease attracted the most interest and our methodology reports remain highly popular:

- 1,126 downloads: Drug Treatments for Alzheimer’s Disease (Parts 1 and 2), 2000

Additionally, the results of key reports were disseminated to health care specialists and the general public through scientific journals, medical trade magazines, newsletters, newspapers, CBC radio and TV. CCOHTA researchers are also active in presenting assessment results at various academic meetings.

Presentations of Assessment Results

Following another key strategic priority in CCOHTA’s business plan, we implemented an Outreach campaign to increase the awareness of CCOHTA and health technology assessment (HTA) within Canada’s health care system.

We are planning a series of provincial workshops to reach regional and ministry health care policy makers and health care professionals who may not be aware of CCOHTA and our work, as well as other evidence-based information available in Canada. The purpose of the presentations during the workshops is to assist these audiences in using HTA findings by providing an understanding of HTA, its processes, and how to access HTA information resources.

Discussions structured to obtain feedback about CCOHTA during the workshops are of prime importance. This feedback will equip us to identify, and respond to, the needs of users of assessments.

With the significant input of the local health ministries of Newfoundland and Prince Edward Island, the first workshops are planned for May 2001. The agenda and selection of appropriate target audiences were developed in consultation with local expertise and the response has been very positive.

CCOHTA plans to continue this workshop series in other Canadian regions in the coming year.
Awareness Initiatives (continued)

Awareness Presentations

The Standing Senate Committee on Social Affairs, Science and Technology, Parliament Hill, Ottawa

CCOHTA's president, Dr. Jill Sanders appeared as part of a panel before the Standing Senate Committee on Social Affairs, Science and Technology on March 29, 2001. Dr. Sanders addressed the issue of health care technology and HTA.

As a result, the Committee drew attention to the importance of HTA and its report identifies the need for the federal government to invest more in health care technology assessment and to enhance the awareness and use of HTA findings.


Presentations by President, Dr. Jill Sanders


Exhibiting at Conferences

CCOHTA's presence at key national and international health care exhibitions strengthens our rapport with key audiences, and serves as a tool to increase awareness among the decision-maker and practitioner groups. These conferences also establish valuable contacts for CCOHTA's Outreach workshops.

- Saskatchewan Association of Health Organizations (SAHO), Saskatoon, Canada. March 2001.
- Canadian Association of Population and Therapeutics (CAPT) meeting Montreal, Canada. May 2000.
CCOHTA's Coordinating Role

COORDINATING COMMITTEE FOR HEALTH SERVICES RESEARCH

CCOHTA continues to strengthen its relationship with other national bodies involved in health research through the creation of a Coordinating Committee for Health Services Research (CCHSR). This Committee comprises representatives from:

- CCOHTA
- Canadian Institute for Health Information (CIHI),
- Canadian Health Services Research Foundation (CHSRF), and
- Canadian Institutes of Health Research (CIHR).

Two primary objectives of the committee were identified at its first meeting at CCOHTA in the fall of 2000: 1) to identify opportunities for collaboration in shared activities and programs, and 2) to reduce duplication of activities.

This spring these organizations conducted a national consultation called Listening for Direction, with additional support from the Advisory Committee on Health Services of the Conference of Deputy Ministers of Health. Close to 200 health care policy makers, managers and researchers participated in workshops to give their input about priorities for health services and policy research.

CANADIAN HEALTH TECHNOLOGY ASSESSMENT NETWORK (CHTA NET)

CCOHTA continues to facilitate the Canadian Health Technology Assessment Network (CHTA Net), a network of publicly-funded agencies performing technology assessment in Canada. In addition to CCOHTA, the members of the Network are:

- British Columbia Office for Health Technology Assessment (BCOHTA)
- Alberta Heritage Foundation for Medical Research (AHFMR)
- Health Services Utilization and Research Commission (HSURC - Saskatchewan)
- Manitoba Centre for Health Policy Evaluation (MCHPE)
- Institute for Clinical and Evaluative Sciences (ICES - Ontario)
- Agence d’Évaluation des Technologies et de Modes d’intervention en Santé (AETMIS - Quebec)

CHTA Net provides the opportunity for agencies to share information ensuring that members are kept informed of member activities, including work-in-progress and planned projects thereby minimizing duplication of efforts.
CCOHTA Board of Directors

Dr. Renaldo Battista  
Agence d’Évaluation des Technologies et de Modes d’intervention en Santé  
(ending September 12, 2000)

Mr. Pierre Joubert  
Ministère de la Santé et des Services Sociaux, QC  
(commencing October 24, 2000)

Mr. André Corriveau  
Department of Health, NT  
(commencing April 2001)

Mr. John Dicaire  
Chair, Department of Health and Community Services, NB

Ms. Lauren Donnelly  
Saskatchewan Health, SK

Ms. Joanne Fairlie  
Yukon Health and Social Services, YT

Dr. Vicki Foerster  
British Columbia Ministry of Health, BC  
(ending May 23, 2000)

Dr. Alan Thomson  
British Columbia Ministry of Health, BC  
(commencing May 23, 2001)

Dr. Ricki Grushcow  
Ontario Ministry of Health, ON (ending April 17, 2000)

Mr. Brad Graham  
Ontario Ministry of Health, ON (May 29, 2000 - October 11, 2000)

Ms. Lauren Donnelly  
Saskatchewan Health, SK

Dr. Les Levin  
Ontario Ministry of Health and Long-term Care, ON  
(commencing October 11, 2000)

Ms. Eleanor Hubbard  
Department of Health, NS

Dr. Ed Hunt  
Department of Health, NF

Mr. Dann Michols  
Health Canada, ON (ending April 17, 2000)

Mr. Ian Shugart  
Health Canada, ON (commencing April 17, 2001)

Mr. Ed Norwich  
Member-at-large, Department of Health, NT  
(ending March 13, 2001)

Ms. Elaine Stakiw  
Alberta Health, AB

Ms. Joyce Thompson  
Department of Health and Social Services, PE

Mr. Glenn Thompson  
Baffin Region, Nunavut  
(commencing February 19, 2001)

Dr. Ian Wilkinson  
Manitoba Health, MB  
(ending April 17, 2000)

Mrs. Pat Hosang  
Manitoba Health, MB  
(commencing April 18, 2000)

Scientific Advisory Panel

Dr. Jeff Barkun  
Royal Victoria Hospital, QC  
(commencing January 01, 2001)

Dr. Gina Bravo  
Sherbrooke University Geriatric Institute, QC

Dr. Ruth Collins-Nakai  
University of Alberta, AB

Dr. Robert Côté  
Montreal General Hospital, QC

Mr. Doug Coyle  
Member-at Large, Loeb Health Research Institute, Ottawa Civic Hospital, ON

Dr. Richard Davies  
University of Ottawa Heart Institute, ON  
(ending December 31, 2000)

Dr. David Hailey  
Alberta Heritage Foundation for Medical Research, AB

Dr. John Hamerton  
(Past Chair), Professor Emeritus, University of Manitoba, MB  
(ending December 31, 2000)

Dr. Andrew Hill  
Ottawa General Hospital, ON

Dr. Phil Jacobs  
University of Alberta, AB

Dr. Murray Krahn  
Toronto Hospital, ON  
(ending December 31, 2000)

Dr. Kenneth Marshall  
University of Western Ontario, ON  
(commencing January 01, 2001)

Dr. Robin McLeod  
Mount Sinai Hospital, ON  
(ending December 31, 2000)

Dr. Jeffrey Mahon  
London Health Science Centre, ON

Dr. David Persaud  
Dalhousie University, NS

Dr. Caroline Reinhold  
Montreal General Hospital, QC

Dr. Jeff Scott  
Dept. of Health, NS  
(commencing January 01, 2001)

Dr. Robyn Tamblyn  
Chair, Royal Victoria Hospital, QC

Dr. George Wells  
University of Ottawa, ON  
(commencing January 01, 2001)

Dr. Charles Wright  
Vancouver Hospital and Health Sciences Centre, BC  
(commencing January 01, 2001)
Pharmaceutical Advisory Committee

Dr. Lesia M. Babiak  
Ontario Ministry of Health, ON (ending October 2000)

Ms. Linda Tennant  
Ontario Ministry of Health, ON (commencing October 2000)

Mme. Hélène Beaulieu  
Ministère de la Santé et des Services Sociaux, QC (ending March 2001)

Mme. Lucie Robitaille  
Ministère de la Santé et des Services Sociaux, QC (commencing March 2001)

Mr. David J. Bougher  
Alberta Health, AB (ending March 2001)

Ms. Christine Perras  
Alberta Health, AB (commencing March 2001)

Mr. Patrick Crawford  
Department of Health and Social Services, PE

Mr. John Downton  
Government of Newfoundland and Labrador, NF

Ms. Joanne Fairlie  
Yukon Health and Social Services, YT (ending spring 2000)

Ms. Doretha Talsma  
Yukon Health and Social Services, YT (commencing spring 2000)

Ms. Leanne Jardine  
Government of New Brunswick, NB

Mr. Bob Nakagawa  
CSHP representative, Simon Fraser Health Region, BC (commencing March 2001)

Ms. Karen Reynolds  
Health Canada (ending March 2001)

Dr. Robert G. Peterson  
Health Canada (commencing March 2001)

Mr. Jack Rosentreter  
Manitoba Health, MB

Ms. Suzanne Solven  
British Columbia Pharmacare Program, BC

Ms. Emily Somers  
Department of Health, NS

Mr. Warren St. Germaine  
Department of Health and Social Services, NT (ending March 2001)

Mr. Brad Gregor  
Department of Health and Social Services, NT (commencing March 2001)

Ms. Cynthia Sunstrum  
Patented Medicine Crisis Review Board (PMPRB)

Mr. Kevin Wilson  
Saskatchewan Health, SK (ending March 2000)

Ms. Margaret Baker  
Saskatchewan Health, SK (commencing March 2000)

Devices and Systems Advisory Committee

Dr. Catherine Bradbury  
Government of Newfoundland and Labrador, NF

Mr. Paul Childs  
Alberta Health and Wellness, AB

Dr. Neil Fatin  
Ministry of Health, BC  
Ms. Sandra Fedirchuk  
Manitoba Health, MB

Mr. Robert Jacob  
Institut national de la santé publique du Québec, QC

Mr. Scott Livingstone  
Saskatchewan Health, SK

Dr. Henry Phillips  
Ontario Ministry of Health & Long-term Care, ON

Ms. Lynn St. Pierre Ellis  
Health & Wellness, NB

Ms. Joyce Thompson  
Department of Health & Social Services, PE
FINANCIAL STATEMENTS
MARCH 31, 2001

McCay, Duff & Company LLP,
Chartered Accountants
AUDITORS' REPORT

To the Members,
Canadian Coordinating Office For Health Technology Assessment.

We have audited the statement of financial position of Canadian Coordinating Office For Health Technology Assessment as at March 31, 2001 and the statements of revenue and expenditure, changes in net assets and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the organization as at March 31, 2001 and the results of its operations and its cash flows for the year then ended in accordance with generally accepted accounting principles. As required by The Canada Corporations Act, we report that, in our opinion, these principles have been applied on a basis consistent with that of the preceding year.

McCay, Duff & Co. LLP
Chartered Accountants
Ottawa, Ontario,
# Statement of Financial Position

**As at March 31, 2001**

<table>
<thead>
<tr>
<th>Assets</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and short-term deposits</td>
<td>$1,107,285</td>
<td>$63,940</td>
</tr>
<tr>
<td>Grants receivable</td>
<td>7,330</td>
<td>577,631</td>
</tr>
<tr>
<td>Accounts receivable</td>
<td>94,875</td>
<td>52,282</td>
</tr>
<tr>
<td>Total Current</td>
<td>1,209,490</td>
<td>693,853</td>
</tr>
<tr>
<td><strong>CAPITAL</strong> (note 4)</td>
<td>224,375</td>
<td>168,012</td>
</tr>
<tr>
<td>Total Assets</td>
<td>$1,433,865</td>
<td>$861,865</td>
</tr>
</tbody>
</table>

| Liabilities                 |            |            |
| Accounts payable and accrued liabilities | $126,024 | $101,862 |

| Net Assets                  |            |            |
| Unrestricted                | 1,083,466  | 591,991    |
| Invested in capital assets  | 224,375    | 168,012    |
| Total Net Assets            | 1,307,841  | 760,003    |

<table>
<thead>
<tr>
<th>Approved on behalf of the Board:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director</td>
</tr>
</tbody>
</table>
# CANADIAN COORDINATING OFFICE FOR HEALTH TECHNOLOGY ASSESSMENT
## STATEMENT OF CHANGES IN NET ASSETS
### FOR THE YEAR ENDED MARCH 31, 2001

<table>
<thead>
<tr>
<th>Description</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UNRESTRICTED</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance - Beginning of Year</td>
<td>$ 591,991</td>
<td>$ 511,444</td>
</tr>
<tr>
<td>Net revenue for the year</td>
<td>547,838</td>
<td>72,913</td>
</tr>
<tr>
<td></td>
<td>1,139,829</td>
<td>584,357</td>
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<tr>
<td>Allocation from (to) Invested in Capital Assets</td>
<td>(56,363)</td>
<td>7,634</td>
</tr>
<tr>
<td><strong>Balance - End of Year</strong></td>
<td>$ 1,083,466</td>
<td>$ 591,991</td>
</tr>
<tr>
<td><strong>INVESTED IN CAPITAL ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance - Beginning of Year</td>
<td>$ 168,012</td>
<td>$ 175,646</td>
</tr>
<tr>
<td>Purchase of capital assets</td>
<td>133,655</td>
<td>56,434</td>
</tr>
<tr>
<td>Amortization</td>
<td>(77,292)</td>
<td>(64,068)</td>
</tr>
<tr>
<td>Increase (decrease) during the year</td>
<td>56,363</td>
<td>(7,634)</td>
</tr>
<tr>
<td><strong>Balance - End of Year</strong></td>
<td>$ 224,375</td>
<td>$ 168,012</td>
</tr>
</tbody>
</table>
# Statement of Revenue and Expenditure

**For the Year Ended March 31, 2001**

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants</td>
<td>$ 3,588,741</td>
<td>$ 1,764,575</td>
</tr>
<tr>
<td>Interest and other income</td>
<td>$34,392</td>
<td>$26,513</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$3,623,133</td>
<td>$1,791,088</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries and benefits</td>
<td>1,406,994</td>
<td>853,186</td>
</tr>
<tr>
<td>Travel</td>
<td>351,437</td>
<td>181,624</td>
</tr>
<tr>
<td>Rent</td>
<td>176,560</td>
<td>136,505</td>
</tr>
<tr>
<td>Professional fees</td>
<td>381,137</td>
<td>214,698</td>
</tr>
<tr>
<td>Amortization</td>
<td>77,292</td>
<td>64,068</td>
</tr>
<tr>
<td>Printing</td>
<td>67,499</td>
<td>46,861</td>
</tr>
<tr>
<td>Postage and courier</td>
<td>53,839</td>
<td>37,373</td>
</tr>
<tr>
<td>Office</td>
<td>67,273</td>
<td>23,551</td>
</tr>
<tr>
<td>Professional development</td>
<td>48,441</td>
<td>8,675</td>
</tr>
<tr>
<td>Recruiting</td>
<td>104,138</td>
<td>28,158</td>
</tr>
<tr>
<td>Telephone</td>
<td>22,011</td>
<td>24,086</td>
</tr>
<tr>
<td>Equipment rental</td>
<td>22,550</td>
<td>18,604</td>
</tr>
<tr>
<td>Translation</td>
<td>70,332</td>
<td>24,197</td>
</tr>
<tr>
<td>Memberships</td>
<td>20,746</td>
<td>3,657</td>
</tr>
<tr>
<td>Repairs and maintenance</td>
<td>60,439</td>
<td>5,588</td>
</tr>
<tr>
<td>Library</td>
<td>42,619</td>
<td>27,855</td>
</tr>
<tr>
<td>Meetings</td>
<td>65,767</td>
<td>6,579</td>
</tr>
<tr>
<td>Marketing and promotion</td>
<td>21,579</td>
<td>7,273</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>9,799</td>
<td>1,274</td>
</tr>
<tr>
<td>Insurance</td>
<td>4,843</td>
<td>4,363</td>
</tr>
<tr>
<td><strong>Total Expenditure</strong></td>
<td><strong>3,075,295</strong></td>
<td><strong>1,718,175</strong></td>
</tr>
</tbody>
</table>

**Net Revenue for the Year**

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 547,838</td>
<td>$ 72,913</td>
</tr>
</tbody>
</table>
CANADIAN COORDINATING OFFICE FOR HEALTH TECHNOLOGY ASSESSMENT

STATEMENT OF CASH FLOWS

FOR THE YEAR ENDED MARCH 31, 2001

<table>
<thead>
<tr>
<th>CASH PROVIDED BY (USED FOR)</th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash from operations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net revenue for the year</td>
<td>$ 547,838</td>
<td>$ 72,913</td>
</tr>
<tr>
<td>Item not involving cash</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Amortization</td>
<td>77,292</td>
<td>64,068</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>625,130</td>
<td>136,981</td>
</tr>
<tr>
<td>Net change in non-cash working capital balances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Increase) decrease in grants receivable</td>
<td>570,301</td>
<td>(577,631)</td>
</tr>
<tr>
<td>(Increase) decrease in accounts receivable</td>
<td>(42,593)</td>
<td>39,577</td>
</tr>
<tr>
<td>Increase/(decrease) in accounts payable and accrued liabilities</td>
<td>24,162</td>
<td>(17,349)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>551,870</td>
<td>(555,403)</td>
</tr>
<tr>
<td><strong>INVESTING ACTIVITIES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Purchase of capital assets</td>
<td>(133,655)</td>
<td>(56,434)</td>
</tr>
<tr>
<td><strong>INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS DURING THE YEAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1,043,345</td>
<td></td>
<td>(474,856)</td>
</tr>
<tr>
<td>Cash and cash equivalents - beginning of year</td>
<td>63,940</td>
<td>538,796</td>
</tr>
<tr>
<td><strong>CASH AND CASH EQUIVALENTS - END OF YEAR</strong></td>
<td>$1,107,285</td>
<td>$63,940</td>
</tr>
</tbody>
</table>
CANADIAN COORDINATING OFFICE FOR HEALTH TECHNOLOGY ASSESSMENT
NOTES TO FINANCIAL STATEMENTS
MARCH 31, 2001

1. PURPOSE OF THE ORGANIZATION

Canadian Coordinating Office for Health Technology Assessment (CCOHTA) is a national organization formed to facilitate information exchange, resource pooling and coordination of health care technologies in accordance with priorities of the Federal and Provincial Ministers of Health, which technologies include without restriction, all procedures, devices, equipment and drugs used in the maintenance, restoration and promotion of health. CCOHTA is incorporated, without share capital, under The Canada Corporations Act as a not-for-profit organization and files as such under the Income Tax Act.

2. SIGNIFICANT ACCOUNTING POLICIES

(a) Accrual Basis of Accounting

Revenue and expenditure are recorded on the accrual basis, whereby they are reflected in the accounts in the period in which they have been earned and incurred respectively, whether or not such transactions have been finally settled by the receipt or payment of money.

(b) Capital Assets and Amortization

Capital assets are recorded at cost less accumulated amortization. Amortization is provided on a straight line basis over five years.

3. FINANCIAL INSTRUMENTS

The Organization's financial instruments consist of cash, short-term deposits, receivables, accounts payable and accrued liabilities. Unless otherwise noted, it is management's opinion that the Organization is not exposed to significant interest rate or credit risk arising from these financial instruments.

4. CAPITAL ASSETS

<table>
<thead>
<tr>
<th></th>
<th>2001</th>
<th>2000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost</td>
<td>Accumulated Amortization</td>
</tr>
<tr>
<td>Library</td>
<td>372,182</td>
<td>254,490</td>
</tr>
<tr>
<td></td>
<td>$ 735,748</td>
<td>$ 511,373</td>
</tr>
</tbody>
</table>

McCAY, DUFF & COMPANY LLP, CHARTERED ACCOUNTANTS
5. COMMITMENT

The Organization has leased premises at an annual rental of $70,060 plus operating expenses expiring August 31, 2004.

6. ADDITIONAL ACTIVITIES

CCOHTA is mandated to collect revenue for the Canadian Standards Association Health Care Technology Program. Under the arrangement with this organization the management of CCOHTA is not involved in the day to day activities. Therefore, the revenue and corresponding expenditures are not recorded in these financial statements.