



Management Response to Independent Evaluation of CADTH From 2016–2017 to 2020–2021

Background

As a condition of its funding agreement with Health Canada, CADTH is required to undergo an independent evaluation. Bell Browne Molnar & Delicate Consulting conducted an evaluation of the period from April 1, 2016, to March 31, 2021, and completed the evaluation in December 2021. The primary objective of the evaluation was to assess the relevance, success, and cost-effectiveness of CADTH and its core products and services. The methodological approach to this evaluation included a review of documents and data, a literature review, a user survey, interviews with more than 80 key informants, and 6 case studies. The results of this evaluation are published in a [final report](#).

Recommendation 1: The current strategic planning process should confirm the needs of F/P/Ts with respect to CADTH's Formulary Program and identify the implications for CADTH's processes and capacity.

The process for developing CADTH's 2022–2025 Strategic Plan, [Ahead of the Curve: Shaping Future-Ready Health Systems](#), included a consultation phase during which we sought perspectives from stakeholders and health system leaders with diverse backgrounds, including representatives from federal, provincial, and territorial governments. There were additional opportunities to capture the input of federal, provincial, and territorial representatives at meetings of CADTH's Board of Directors, as many are members, and during the feedback phase of the draft strategic plan. CADTH's strategic objectives reflect the needs and priorities of our funders and emerging business opportunities, and position CADTH to grow and thrive during a period of change and uncertainty.

Since the evaluation was completed, CADTH has secured additional funding from jurisdictions to improve the sustainability of its Reimbursement Review program. Health Canada also announced that CADTH would be the new host of the Post-Market Drug Evaluation (PMDE) program (formerly the Drug Safety and Effectiveness Network) and committed funding for CADTH to develop expert-guided recommendations for a potential pan-Canadian formulary and to advance real-world evidence (RWE) guidance and practical application, particularly for rare diseases.



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Recommendation 2: Review CADTH’s role in the medical device space.

CADTH’s 2022–2025 Strategic Plan, *Ahead of the Curve: Shaping Future-Ready Health Systems*, articulates key ways in which we will concentrate our efforts related to medical devices: identifying and assessing the most promising advances in biomedical science through intensified horizon scanning, positioning health technology assessment (HTA) as an enabler for innovation through increased collaboration with the life science and biotech sectors, assessing the value of health technologies across the product life cycle and optimizing their use, and focusing our efforts on initiatives that offer the highest value to system leaders.

CADTH intends to focus topic development for HTA and Optimal Use on priority areas already identified by the jurisdictions. An activity in the 2022–2023 Annual Business Plan is to further promote the horizon scanning work done at CADTH and develop knowledge mobilization strategies to actively disseminate that work to appropriate and relevant stakeholders in the jurisdictions. Building on our Technology Trends to Watch report which highlights trends mostly likely to impact the health care system, CADTH will continue to assess emerging evidence and develop guidance for health system readiness to help systems prepare for new and emerging technologies.

In our continuing work with Health Canada, we are discussing how to share information more broadly between Health Canada and CADTH (e.g., Scientific Advice, pre-submission meetings, and RWE outcomes for approved products). In the coming year, CADTH is piloting a series of summits and roundtables with key jurisdictional decision-makers on specific topics, such as artificial intelligence and digital health, post-COVID-19 condition, and genetic testing. These summits will inform the development of action plans that ensure alignment of CADTH’s works with health system needs.

As the evaluators noted, the CADTH Implementation Support and Knowledge Mobilization team plays a role in gathering information about decision-maker priorities and enabling the use of CADTH reports. An external assessment of the functions of this team was completed after the evaluation and these recommendations are being used to inform our work commencing in 2022–2023.

Recommendation 3: Develop a comprehensive stakeholder engagement strategy building on CADTH’s successful efforts to date.

Respecting our commitment to entering and nurturing meaningful stakeholder relationships, CADTH will build on its patient engagement strategy by expanding our relationships with both individuals and patient groups and look for new ways to integrate patient knowledge into our products. CADTH will finalize the draft clinician engagement strategy that will be used to ensure that we have the expertise and perspectives from those who work with patients. CADTH also has plans to further connect with jurisdictions through new forums with senior decision-makers and policy-makers that will enhance our ability to anticipate work that will be needed in the future.



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Transparency is a guiding principle that underpins the way in which CADTH conducts its work. The 2022–2025 Strategic Plan, *Ahead of the Curve: Shaping Future-Ready Health Systems*, articulates that CADTH will increase the transparency of our processes, improve access to information and to the meetings of our expert committees, and enhance the way we communicate our findings and recommendations. This work will build upon what we heard about how we engage with decision-makers through the Strategic Plan engagement sessions and the recent review of our Implementation Support and Knowledge Mobilization function. Greater transparency of our work ensures stakeholders can provide the necessary feedback to help evolve the important processes that drive our recommendations.

Recommendation 4: Improve engagement of Indigenous Peoples and other diverse communities to better reflect, at a very practical level, the different voices, values, and perspectives.

CADTH's 3-year strategic plan, *Ahead of the Curve: Shaping Future-Ready Health Systems*, acknowledges a commitment to engage, understand, and reflect the priorities and principles of Indigenous Peoples in CADTH's work. In its commitment as a co-participant in reconciliation with Indigenous Peoples, CADTH is currently in listening and learning mode to clarify and confirm how best to engage and contribute. In recognition of the distinct rights-based issues related to Indigenous health and wellness, and the breadth and complexity of addressing equity, diversity, and inclusion, our intent is to actively advance our commitments in both areas uniquely and separately. CADTH's new People and Culture team and the organization's Working Group on Indigenous Initiatives (WGII) will provide guidance to ensure CADTH's work for, with, and about Indigenous Peoples is done with respect, humility, and cultural competence, and that staff recruitment, retention, and training are based on leading human resources practice. We will continue to learn through collaboration with Indigenous Peoples, governments, and organizations, as well as with pan-Canadian health organizations and other partners.

Recommendation 5: Develop a strategy for collaborating internationally on drug reviews.

CADTH is an active member of many international HTA organizations, such as the 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), which share experiences and information about work done by individual HTA organizations across the globe. CADTH is a regular contributor at these meetings and has gained insights in global HTA work.

Recently, CADTH has met to discuss common issues with several Commonwealth HTA bodies including the [National Institute for Health and Care Excellence](#) in the UK, the [Scottish Medicines Consortium](#), [Health Technology Wales](#) and the [All Wales Therapeutics and Toxicology Centre](#), and the [Pharmaceutical Benefits Advisory Committee](#) in Australia. Although the impetus for these discussions was the impact of COVID-19 and preventing duplication of HTA work, the collaboration has extended to 5



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work streams to identify solutions to some of the common challenges they face. One work stream is for pharmaceuticals and, as part of this work, the feasibility for joint work will be explored. Unlike the regulatory setting, sponsors often stagger their submissions to HTA organizations for reasons outside our control (e.g., pricing constraints). As a result, the feasibility has to be assessed before developing a detailed work plan. Commitment to this work has been signalled through a recently approved collaboration agreement between all parties, which includes a framework for close and collaborative ways of working to support individual and shared strategic priorities.

Recommendation 6: Enhance the approach to Results-Based Management (RBM) [an approach that focuses on achieving outcomes, implementing performance measurement, learning, adapting, and reporting on performance].

CADTH's 2022–2025 Strategic Plan, *Ahead of the Curve: Shaping Future-Ready Health Systems*, specifies that CADTH will adapt methodologies and analyses to include equity considerations and indicates that CADTH will further invest in understanding and integrating the knowledge, history, perspectives, and realities of Indigenous Peoples. CADTH is developing new key performance metrics to assess progress on these (and other) objectives in alignment with this plan. In addition, CADTH will refresh its logic model and establish additional performance metrics in alignment with a new contribution agreement with Health Canada. Alignment between indicators in the Strategic Plan and the new contribution agreement will be important to allow CADTH to demonstrate its progress.

CADTH tracks all known instances of impact of its products and services in a central database. As a standard practice, CADTH assesses the impact of its demand-based products (i.e., Drug Reimbursement Reviews, evidence appraisals, and custom products such as those produced through the Policy Service or the Implementation Reference Search Service [IMPRESS]) at regular intervals through a mix of interviews, surveys, and other data collection methods. The impact of large-scale, proactive projects has a “long-tail” or extended form; therefore, the timing for focused assessments of uptake, use, and system change is informed by anecdotal understanding of progress in these areas. CADTH is currently developing an approach that will improve documentation of the effect of large-scale projects in a manner that links information on all knowledge mobilization and implementation support activities with their associated reach and impact. The redevelopment of CADTH's project prioritization process offers an opportunity to accelerate work with the greatest expected impact from the outset, which would better leverage our resources and incorporate long-term follow-up into the process.

In alignment with the findings of a review of CADTH's operations aimed at identifying process efficiencies, our organization has expanded its time capture program to all employees and activities as of April 4, 2022. This change is expected to allow us to more accurately determine the cost of our products and services, as well as investments in other strategic and business initiatives, and will generate information to help drive decision-making around resource investments to support an agile workforce. CADTH will review the value of completing activity-based costing in the 2023–2024 fiscal year.