Canadian Agency for Drugs and Technologies in Health

Annual Business Plan 2009-2010 (Final)

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1.0 INTRODUCTION

OVERVIEW

Celebrating 20 Years of Success and Preparing for the Next 20 Years!

The Canadian Agency for Drugs and Technologies in Health (CADTH) was founded in 1989. Initially created to establish a clearinghouse and to share information on new and existing health-related technologies, CADTH is now a full-fledged pan-Canadian health technology agency and is responsible for providing integrated services covering health technology assessment, drug formulary advice and listing recommendations, and optimal drug therapy practices. CADTH has become a significant contributor in meeting the need for reliable information and for supporting decision-makers as they contend with the demands of staying abreast of rapid technological changes.

CADTH's products and services continue to respond to and align with jurisdictional needs for high-quality, impartial, evidence-based information on drugs, vaccines, devices, medical and surgical procedures, equipment, materials and health care systems. CADTH has worked closely with decision-makers to ensure its deliverables respond to and support their efforts in achieving the best outcomes — both for patient health and the health care system.

In recent years, CADTH has grown and changed substantially. CADTH's national and international reputation has grown, and its work is highly respected. CADTH has also continued to broaden its range of services and products to match the evolving needs of its customers.

However, the expectations of health care decision-makers continue to evolve, and therefore the organization is poised to initiate the changes needed to respond to the changing environment in which it operates.

CADTH's Five-Year Strategic Plan

CADTH's overall direction is guided by the five-year Strategic Plan (2006-2011), approved by the Conference of Deputy Ministers (CDM) in October 2005, which contains the following seven strategic goals:

- Deliver the Common Drug Review (CDR), Health Technology Assessment (HTA), and Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) programs.
- Ensure that CADTH's products and services are relevant and responsive to stakeholder needs.
- Facilitate increased uptake and utilization of the products, services, and processes produced by CADTH and its partners.
- Invest in and collaborate with pan-Canadian research capacity in support of CADTH's programs.
- Support the implementation of the Health Technology Strategy 1.0 (HTS 1.0).
- Transition CCOHTA to CADTH.
- Manage change and growth within CADTH.

Priorities for 2009-2010

The 2009-2010 Business Plan focuses on achieving four primary objectives:

- CADTH will continue to deliver to its customers a full range of products and services in keeping with its mandate and strategic direction, noting however, that with the constrained funding, careful planning and management of expectations is essential while also preparing the organization for its "next chapter."

- In April 2009, CADTH will enter the second year of a five-year grant agreement with Health Canada (HC). HC has indicated its desire to have provincial and territorial (P/T) partners contribute more funds toward the operations of CADTH and to demonstrate value for money. CADTH will need to provide evidence that its products and services inform decision-makers and influence the way technologies are being used across jurisdictions. CADTH will also start to develop its next five-year strategic plan, working with the Board to determine new initiatives that will shape CADTH's future.

- CADTH will explore new initiatives and enhancements to further improve efficiency and product and service offerings.

- Facing fiscal constraints, CADTH will explore opportunities for changing its business delivery model, and funding models, including an assessment of the potential for revenue generation, while continuing to enhance its products and services. Working with the Board, CADTH will undertake an analysis that will be used to finalize the next five-year plan.

1.1 2009-2010 Business Plan Framework

2006-2011 Strategic Plan

In October 2005, the CDM approved CADTH's 2006-2011 Strategic Plan. It is a medium-level plan that provides the broad direction for CADTH to achieve its mandate. The planned funds for full achievement of the 2006-2011 initiatives were not ultimately available, and so CADTH is unable to achieve some of the expansion initiatives initially envisioned in the five-year plan due to the limited resources.

The scope of the 2006-2011 Strategic Plan includes key initiatives necessary to:

- Complete CADTH's transition to its role as Canada's health technology agency
- Support the implementation of HTS 1.0 in order to support an integrated and efficient approach to the management of health technologies
- Deliver and enhance its three core programs: HTA, CDR, and COMPUS
- Increase the uptake and utilization of CADTH's products.

2009-2010 Business Plan

Faced with funding pressures, CADTH has carefully assessed its capacity and has identified opportunities to further align its programs and services to respond to jurisdictional needs while optimizing use of the resources available. This Business Plan factors in the 2007 EKOS evaluation findings and ongoing stakeholder feedback, as well as the overall objectives of the 2006-2011 Strategic Plan. Based on these inputs, the 2009-2010 Business Plan development focuses on undertaking key initiatives that are most highly valued by CADTH's customers, correspond to jurisdictional feedback, and are affordable.

The HTA program will be the focus of the most significant change and enhancement efforts during 2009-2010. It will revamp its operations to absorb the funding decrease caused by Ontario's decision to cease its contribution to the HTA program while continuing to respond to demands for the delivery of a broader range of products and increased demands for rapid reviews.

CDR continues to perform clinical and economic reviews of drugs and provides the participating drug plans with reimbursement recommendations.

COMPUS recommendations and tools have been taken up and implemented in a number of jurisdictions and are making significant contributions to optimize patient outcomes, while also resulting in large budgetary savings. CADTH is looking for opportunities for COMPUS to deliver more optimal use products in support of drugs and non-drug technologies utilizing the existing work of CADTH's two other science programs.

CADTH will continue to promote its products and services and support its users and continue to look for new opportunities to enhance these activities. These Communications and Knowledge Exchange (CKE) functions are also very important mechanisms for collecting the evidence of

the impact and uptake of CADTH's products and services. Gathering this information is key to demonstrating the value CADTH contributes to the health care systems through its work.

CADTH continues to support two mechanisms of HTS 1.0: the Policy Forum and the Health Technology Analysis Exchange. Despite lower funding levels than originally anticipated in the 2006-2011 Strategic Plan, CADTH has made progress in achieving success through the support of the Policy Forum and the Exchange, which are proving to be successful pan-Canadian collaborations. These mechanisms are integrated into the activities of the HTA program and have specific objectives and deliverables for 2009-2010.

1.2 CADTH Vision, Mission, and Guiding Principles

The vision, mission, and guiding principles for CADTH remain unchanged. They continue to be relevant in the context of CADTH's current strategic direction. CADTH is committed to aligning its services to respond to the changing needs of the Canadian health care system and to support its stakeholders.

CADTH Vision
To facilitate the appropriate and effective utilization of health technologies[1] within the health care systems across Canada.

CADTH Mission
To provide timely, relevant, and rigorously derived evidence-based information to decision-makers and support for the decision-making processes.

Guiding Principles
To fulfill its mission, CADTH operates under the following set of guiding principles:

- Support and build upon existing programs and structures across Canada
- Build on and coordinate with federal, provincial, and territorial (F/P/T) investments in research, assessment, and appraisal to ensure best value for money
- Promote decision-making based on coordinated, objective, and evidence-based assessment of health technologies
- Continue CADTH's commitment to invest in external ("to CADTH") capacity across Canada
- Provide structures and transparent and inclusive processes to all jurisdictions to share information
- Build on and expand the existing networks of health technology producers and users, and coordinate work to better utilize existing capacity and resources and eliminate or reduce duplication of effort.

[1] Health technologies are defined to include drugs, vaccines, devices, medical and surgical procedures, and health systems (such as Telehealth) used in the maintenance, restoration, and promotion of health.

Cornerstones

Key cornerstones crucial to CADTH's success include:

- *Impartiality*: CADTH is a non-government body, working at arm's length from decision-makers, providing an impartial operational framework.
- *Relevance*: CADTH works closely with the jurisdictions to identify, prioritize, and refine topics that are most relevant to its stakeholders. This interaction will continue to be strengthened as CADTH moves into its mandate change of providing recommendations or policy guidance in its HTA reports as well as through its work on optimal utilization and prescribing practices. The processes and products for each of CADTH's programs are tailored to need; they are designed to be appropriate for the specific question or technology under study and include a range of products and timelines to deliver.
- *Facilitation and Collaboration*: CADTH collaborates and works with Canada's health ministries and health regions, provincial and international HTA agencies, the clinical community, and Canadian research organizations. The Liaison Officer (LO) Program complements these efforts through its interaction within the jurisdictions.
- *Quality*: The quality of CADTH's work is crucial to its success and expansion. Rigorous methodologies and peer review processes are central to its work. Clinical and methods experts are regularly consulted, and internal and external methods expertise continues to be enhanced.
- *Stakeholder Support*: Providing ongoing support to our stakeholders is integral to CADTH's continued success. Awareness and educational sessions, workshops, tools, and support for uptake and implementation better enable users to utilize CADTH's products. Knowledge exchange and communications efforts enhance accessibility to CADTH products.

2.0 CADTH PROGRAMS AND SERVICES

2.1 The Programs

With its pan-Canadian perspective, CADTH creates awareness of common issues and priorities regarding health technologies. Through its three core programs, CADTH supports the uptake and utilization of health technology information across the technology diffusion cycle, from emergence (HTA) to introduction, diffusion, and obsolescence (HTA and CDR), to promotion of optimal practices (COMPUS).

CADTH's three scientific programs are:

The Health Technology Assessment (HTA) Program provides timely, relevant, rigorously-derived evidence-based information and advice in a manner that is tailored to meet stakeholders' varying needs. Internationally renowned for the quality of its work and its leadership, the HTA program has evolved to further support decision-makers' needs, particularly through its rapid response program and the provision of education to facilitate the use of evidence to inform decision-making. Through the Health Technology Analysis Exchange and contracts to Canadian research organizations, the HTA program facilitates the sharing of information, discussion of methodologies, and production of HTA reports; builds capacity throughout the country; and facilitates uptake of evidence-based information among decision-makers. The HTA program includes four core services:

- **HTA** offers comprehensive analyses of the clinical-effectiveness, cost-effectiveness, and broader impact of drugs, medical technologies, and health systems. Topics selected for assessments are of broad interest and are expected to have a significant impact on the delivery of health care in Canada. Assessments are peer reviewed by leading experts from the scientific and medical communities. HTA projects are completed in four to 12 months depending on the level of complexity and the scope of the policy question(s) to be addressed.

- **The Health Technology Inquiry Service (HTIS)** delivers information tailored to meet the needs of decision-makers and takes into account the urgency and potential impact of a request. The HTIS provides responses to the request in 24 hours to 30 days depending on the urgency and level of analysis requested. The corresponding responses range from a reference list to a detailed assessment of the best evidence on the topic. Such information is also used to inform the process for identifying topics that may be considered for more substantive HTA work.

- **Environmental Horizon Scanning** identifies health technologies that are in early development and adoption stages and are likely to have an impact on health care practice and policy. This information assists decision-makers to anticipate, plan, and manage the introduction and diffusion of new technologies.

- **The Health Technology Assessment Library** provides access to an array of HTA reports produced by CADTH as well as other Canadian organizations.

The Common Drug Review (CDR) undertakes reviews of the clinical and economic evidence for new drugs and for old drugs with new indications and provides a formulary listing recommendation to the 18 participating F/P/T drug plans. Recommendations are based on established criteria and are developed by the Canadian Expert Drug Advisory Committee (CEDAC). The criteria are:

- Safety, efficacy, and effectiveness of the drug compared with alternatives
- Therapeutic advantages and disadvantages related to current accepted therapy
- Cost-effectiveness relative to current accepted therapy.

The status of drug reviews by CDR and the recommendations and reasons for recommendations are publicly available on the CADTH website.

The process, which takes 19 to 25 weeks from submission to recommendation, reduces duplication, maximizes the use of limited resources and expertise, and provides equal access to the same high level of evidence and advice by all participating plans.

A submission to CDR constitutes a submission for formulary listing to all participating plans. While submissions are typically made by the drug manufacturer, drug plans may also initiate a CDR submission.

Formulary decisions are made by each of the participating drug plans, based on the CDR recommendation, individual plan mandates, and jurisdictional priorities and resources. In practice, drug plans adopt CDR recommendations approximately 92% of the time.

The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) identifies and promotes optimal drug prescribing and use across Canada. Evidence-based recommendations, tools, and services to improve the prescribing and use of drugs are developed and delivered by COMPUS. These products and services support informed decision-making by F/P/T health ministries, health care providers, and consumers.

COMPUS addresses questions of appropriate drug prescribing and use in F/P/T priority areas. The topics addressed are drugs that have been on the market for some time where there are concerns about optimal use. Ministries have existing policies on the topic area, and there are established patterns of medical use. It is against this backdrop that quality assessments of drug therapies and practices, recommendations on evidence-based prescribing and use, and determination of gaps in knowledge and practice flow. Implementation of COMPUS recommendations often means changing previously established policies as well as influencing and changing health provider and consumer behaviour. Over the past two years, several jurisdictions have revisited previous policy decisions and made changes based on COMPUS recommendations. Stakeholders are provided user-friendly tools on specific drug topics as well as support for uptake and utilization of key messages and tools. COMPUS works with individual jurisdictions to adapt the information to local needs.

COMPUS is the only pan-Canadian initiative to support optimal drug therapy and one of the only programs of its kind in the world.

CADTH's support directorates are:

The Communications and Knowledge Exchange (CKE) Directorate is a knowledge management resource that supports CADTH's overall objective to increase jurisdictional understanding, uptake, and use of its products and services and increase CADTH's profile. CKE brings together four areas of expertise to support the achievement of these objectives: the Liaison Program, Knowledge Transfer and Program Communications, Corporate Communications and Government Relations, and Partnerships and Strategic Initiatives.

- **The Liaison Program** is one of CADTH's key knowledge transfer mechanisms and provides two-way communication and support between CADTH and decision-makers in participating jurisdictions. Liaison Officers are based in all participating P/T jurisdictions; they support decision-makers in access to and uptake and use of CADTH information. By virtue of being locally based, they highlight local needs, issues and priorities that can be used to guide program development and service delivery at CADTH.
- **Knowledge Transfer and Program Communications** provide support to CADTH's three program areas by supporting the development of products and tools that enhance the user's ability to access, understand, and implement the results of CADTH's research.
- **Corporate Communications and Government Relations** support CADTH's corporate communications and initiatives to raise awareness of CADTH and its programs and services.
- **Partnerships and Strategic Initiatives** support CADTH to build relationships and establish collaborative efforts with key external stakeholders and appropriate partners at national and international levels.

The Corporate Services (CS) Directorate provides the professional and management services that are essential to CADTH's effective performance. These services include Human Resources, Finance and Administration, Information Management (IM), Information Technology (IT), and Research Information Services.

2.2 Program Synergies

Housing these programs within CADTH results in efficiencies and synergies, including an awareness of issues and priorities; an integrated model supported by centralized business functions; shared governance and management structures; and access to a concentration of professional, expert research, and management staff. Planning and management within CADTH ensures that the three programs work in co-operation with each other to avoid duplication of effort.

In 2009-2010, CADTH will move towards a deeper integration model for the three programs, which will result in even greater efficiencies, improved triage efforts with respect to topic and product selection, expanded cross-directorate sharing of expertise and central resource pools; it will also capitalize more fully on the existing work of programs to expand the number of

information products and services available to CADTH's customers. The deeper integration model is described more fully in Section 3.2.

2.3 Internal and External Capacity

CADTH employs a collaborative and facilitative approach fostering, investing in, and leveraging pan-Canadian research capacity to maximize efficiencies in meeting health technology information needs. Its external investments in 2009-2010 will be approximately 18% of the total annual budget. In addition to the more than 250 experts contracted by CADTH to augment the work of its internal research teams, CADTH utilizes the services of a Partner in Health Technology Assessment (PIHTA) centre. This type of contractual arrangement further confirms CADTH's ongoing commitment to building research capacity within Canada.

2.4 CADTH Is Making a Difference

In considering plans for the next year, it is also helpful to consider some of the key successes CADTH has enjoyed in recent years and a number of demonstrable impacts associated with CADTH's work. The return on investment is growing each year.

HTA Program Key Accomplishments and Successes in 2008-2009

During the 2008-2009 fiscal year, the HTA program refined its internal organization, improved its management processes, and reduced project turnaround times while supporting a growing demand from program stakeholders that resulted in a **40% increase** in the total number of reports produced by the HTA program.

1. HTA Products and Services:
    - The total number of products delivered by the HTA program increased from 289 in 2007-2008 to more than 420 in 2008-2009.
    - The HTA program initiated a pilot Impact Survey for six of its HTA reports to measure uptake and impact, and provide a framework for ongoing measurement of the value it brings to its stakeholders. The HTA program has seen numerous reports achieve significant impact and positive feedback including:
        - *Reprocessing of Single-Use Medical Devices (SUDs):* received broad examination and critical acclaim (F/P/T Working Group is developing a Pan-Canadian Framework on reuse of single-use medical devices)
        - *Subcutaneous Versus Intravenous Immunoglobulin for Primary Immunodeficiencies: Systematic Review and Economic Evaluation:* used by national committee (F/P/T Blood Liaison Committee) for guiding policy regarding implementation
        - *Erythropoiesis-Stimulating Agents for Anemia of Chronic Kidney Disease: Systematic Review and Economic Evaluation:* used by at least one province (Alberta) and national professional association (Canadian Society of Nephrology) to change eligibility criteria
        - *Liquid-based Techniques for Cervical Cancer Screening: Systematic Review and Cost-effectiveness Analysis:* used by at least one major teaching hospital (McGill University Health Centre) to inform purchasing decisions.

The products and services produced by the HTA program continue to extend the program reach. In 2008-2009, more than half of the projects undertaken were targeted to regional health authorities and hospitals. For many of these stakeholders, the HTA program is a key supporter to local evidence-based decision-makers, and many of the requests received are from rural centres.

2. HTA Processes and Practices
   - The HTA program successfully revamped its processes for full HTA reports, resulting in an average report delivery time of less than nine months: a 25% reduction in the time required to complete projects compared with 2007-2008.
   - The HTA program has revised its topic identification, prioritization, and refinement processes to shorten the time taken to commission projects for topics put forward by stakeholders.

3. HTA Engagement and Transparency
   - The HTA program has focused its efforts on increased, and targeted, engagement of health care professional organizations, health care providers, and health care institutions in the selection, refinement, prioritization, and uptake of HTA program products. The HTA Impact Team has developed long-term relationships with key stakeholder groups through organizations including the Canadian Cardiovascular Society, Canadian Psychiatric Association, Canadian Association of Gastroenterology, and the Canadian Association of Radiologists.
   - The HTA program has continued to expand its support for the Policy Forum and the Exchange. A total of seven Policy Options papers were produced that will be considered by the Policy Forum in the next fiscal year.
   - The HTA program has continued to ensure transparency in its processes through the provision of public access to its current project list (including status updates) and stakeholder access to its topics database.

4. International Exposure and Recognition
   - CADTH is recognized as an international leader with respect to methodological aspects of critical appraisal, systematic review/meta-analysis, and economic analysis.
   - CADTH has been asked by countries such as Taiwan, Malaysia, and South Korea to provide advice and input in developing HTA programs.

CDR Key Accomplishments and Successes in 2008-2009

1. CDR Products
   - CDR processed 33 drug submissions in 2008-2009.
   - Drug plan congruence with CEDAC recommendations is 92%, reflecting a strong acceptance of CDR by participating jurisdictions.
   - CDR fostered dialogue with industry by participating in the CADTH Forum held in the fall of 2008. In addition to providing updated CADTH information, it allowed a two-way exchange. Through pre-submission meetings, manufacturers seek the advice of CDR in aspects such as trial design, timings, and processes.

2. International Exposure and Recognition:

- CDR is recognized as an international leader with respect to methodological aspects of critical appraisal, economic analysis, and systematic reviews.
- CADTH has been asked by countries such as Taiwan, Malaysia, and South Korea to provide advice and input in developing programs similar to CDR.

3. Litigation
   - In 2008-2009, CADTH successfully defended a legal challenge from a manufacturer claiming that the CDR process was unfair and lacked transparency. The decision, which dismissed all of the allegations in the claim by the manufacturer, provided further evidence that the structured, rigorous, and objective methods used by CDR in the drug review process are sound and stand up to judicial scrutiny.

4. Timelines
   - Since its inception, CDR has met the drug review process timelines 100% of the time.

5. Increased Transparency and Public Involvement
   - CDR has revised its submission guidelines and procedures to address the implementation of pre-Notice of Compliance submissions and drug resubmissions based on a reduced price during the embargo period. CDR has sought and used stakeholder feedback in the development of these procedures and guidelines.
   - CADTH shows national leadership in the role of public involvement on Canadian drug-related expert review committees.

COMPUS Key Accomplishments and Successes in 2008-2009

During the 2008-2009 fiscal year, COMPUS continued to support the uptake of the Proton Pump Inhibitor (PPI) recommendations, completed the research and recommendations on and delivered initial tools for the Rapid Acting Insulin Analogues and Long Acting Insulin Analogues topics, and has taken the Blood Glucose Test Strips topic to the stage of stakeholder feedback on the scientific reports.

1. Proton Pump Inhibitors
   - To date, five F/P/T drug plans (Newfoundland and Labrador, New Brunswick, Nova Scotia, PEI, and the Non-Insured Health Benefits [NIHB] program) announced policy changes in line with COMPUS findings. All academic detailing programs across Canada have used COMPUS PPI tools. CADTH will continue to work with stakeholders to support uptake of the PPI work in 2009-2010.
   - COMPUS has supported uptake and utilization in 2008-2009 in cases such as assistance with jurisdictional newsletter development in the Yukon and a joint NIHB / Northwest Territories newsletter; and 17 presentations delivered and six newsletter articles published using PPI materials.
   - Utilization of COMPUS materials by others is also an important impact indicator — in 2008-2009, this included continued academic detailing in Manitoba; adaptation of COMPUS work for a Continuing Professional Learning program for

physicians in Saskatchewan, and citing of COMPUS in the Canadian Pharmacists Journal supplement on gastroesophageal (reflux) disease (GERD).

2. Insulin Analogues
   - To date, four F/P/T drug plans, (Manitoba, Nova Scotia, Ontario, and Saskatchewan) initiated policy changes on insulin analogues (IAs) that are in line with COMPUS recommendations. The pharmacy and therapeutics committee for acute care facilities in Alberta also utilized the COMPUS IA work in making formulary recommendations.
   - Academic detailing initiatives have already taken place in Saskatchewan, Manitoba, and Alberta using and/or referencing the COMPUS science work. In addition there have been 10 presentations delivered and four newsletter articles published using diabetes materials.
   - COMPUS' scientific and economic work on IAs was published in the *Canadian Medical Association Journal* in February 2009, accompanied by an editorial supporting its quality and credibility. COMPUS's work was referenced in the *Canadian Pharmacist's Letter* and *Canadian Prescriber's Letter*, and the economic analysis was cited in the *Provincial Reimbursement Advisor*.

3. Growing COMPUS profile
   - CADTH's *Rx for Change* database welcomed its first funding partner, the National Prescribing Service in Australia, in 2008-2009.
   - Organizations are now approaching COMPUS to partner or pick up their work. Two examples include the National Opioid Use Guidelines Group (NOUGG) and the Canadian Committee on Antibiotic Resistance (CCAR).

3.0 DETAILED PLAN

CADTH has developed a Business Plan that ensures the organization continues to deliver a core set of programs and services based on the following criteria:

- Alignment with customer needs
- Feedback from the recent CADTH evaluation
- Maximum program efficiency
- Reductions in products and services with the least overall impact to CADTH and its stakeholders
- Reallocation of resources to tightly focus products and services in the right areas.

Since CADTH was alerted to the potential of budget reductions for 2009-2010, it has undertaken a comprehensive review of its program deliverables and associated costs to determine what efficiencies could be achieved without significantly impacting the programs and services.

That said, CADTH is at a juncture, and additional work to determine new business models including revenue generation initiatives must also be one of CADTH's business planning initiatives in 2009-2010. This is critical to the sustainability of the organization.

CADTH has identified new initiatives and enhancements to its operations as described in Section 3.2.

3.1 Context

CADTH's ability to adapt and change has been fundamental to its success and will continue to be a key factor in its future accomplishments. The organization is well positioned to continue to deliver on its core mandate while also moving forward with the analysis efforts required to define the business models, including potential revenue generation sources, which would be used to define CADTH's "next chapter." CADTH's current products and services position the organization well to examine its program model and make a number of adjustments that will provide further efficiencies and strengthen integration while preserving its core mandate and functions.

There is a need and a desire to extend the products provided in the areas of optimal uptake and utilization for both drugs and non-drug health technologies — in other words, to go beyond the assessment stage. These would include:

- Develop decision products and services for drugs and technologies that would include expert committee-generated recommendations, akin to the CDR/CEDAC approach
- Develop utilization products and services for drugs and technologies that would include expert committee-generated recommendations that promote optimal utilization, akin to the COMPUS/CERC approach.

3.2 New Initiatives and Enhancements

The new initiatives and enhancements have been identified to further streamline internal operations. They are in keeping with the 2006-2011 Strategic Plan and are responsive to the feedback CADTH has received in the past 12 months through the EKOS evaluation, the Board of Directors, advisory committees, and ongoing dialogue with affiliated health-related organizations. These will be important to CADTH's ongoing relevance and success and include such activities as the development of optimal use information and tools for drugs and non-drug technologies as well as an expert committee to provide recommendations on non-drug technologies. The key elements are:

- continue to deliver the three science programs through three separate directorates
- extend CADTH's efforts beyond the assessment stage to include advice and recommendations for all technologies
- develop and implement centralized processes which will determine:
  - appropriate internal resources/program to perform assessment
  - appropriate level of assessment required — for example, the HTIS, rapid review
  - appropriate final deliverable — for example, report, advice, recommendation
  - appropriate user support and dissemination — for example, Knowledge Transfer / LO action
  - appropriate impact evaluation.

Each program would be assigned a key part of the business and would subcontract to and from each other as described. The adjustments to the three programs to achieve these changes include:

HTA program

- continue to deliver all current products and services — that is, topic identification and triage, horizon scanning, the HTIS, and HTA assessments
- contracted to undertake large assessment projects related to optimal use drug therapy as are currently undertaken by the COMPUS program
- contracted to undertake drug class assessments as are currently requested by CDR users.

CDR program

- continue to provide drug reviews and recommendations for participating public drug plans
- enhanced role in contributing to identifying drug class reviews
- enhanced role in contributing to recommendations regarding utilization tools (guidance) and implementation support — to be undertaken by COMPUS.

COMPUS program

- under contract from HTA, expand optimal utilization work beyond drugs into non-drug technologies
- subcontract its large drug assessments to HTA
- conduct shorter analysis projects for developing new deliverables such as product and use reports, practice guidelines, and checklists.
- expand its efforts with respect to implementation support.

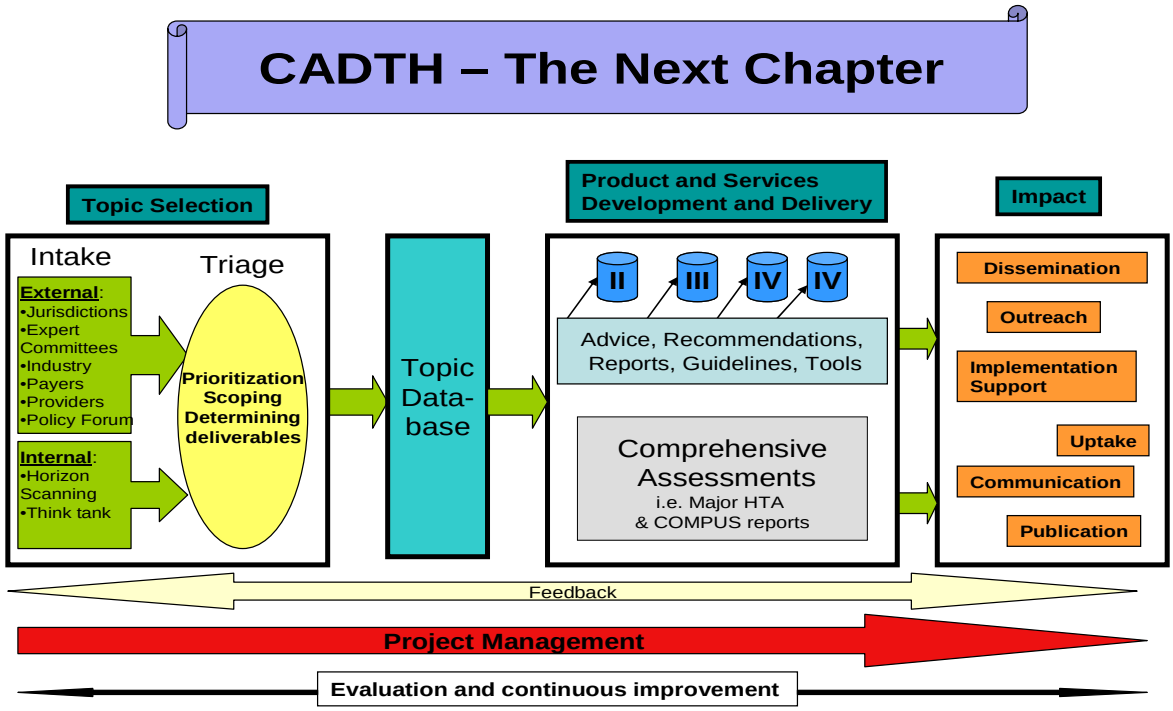
In addition, the following changes would be required:

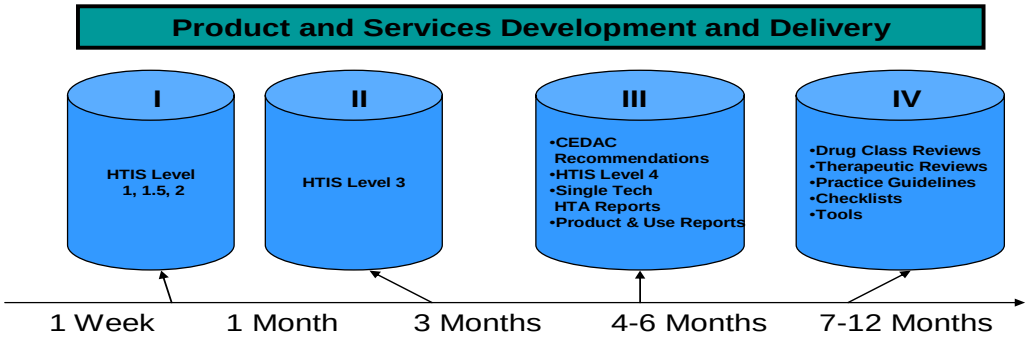
- Process for accelerated topic approvals that uses CADTH's jurisdictional committee structure to inform the "larger scope" topics as well as an internal staff "team" to review the "quick" deliverables (i.e., the HTIS, CDR submissions), which further ensures no duplication of effort, information sharing / "heads up" and better utilization of CADTH resources
- Extension of HTAs to include synthesis of data beyond adoption decisions, to include optimized utilization of non-drugs
- Pilot a process for developing adoption and utilization recommendations for select HTA topics, including use of an expert committee
- Based on the pilot, CADTH will examine its current expert committee structure and consider the concept of one major expert committee supported by technology-specific subcommittees
- Further exploration of enhancement of impact of CADTH's work through focused dissemination, uptake, and implementation support through provision of optimal utilization tools, interventions for priority areas to support implementation
- The ongoing tracking of uptake and use, which is an element of the work in the foregoing bullet, would support evaluation activities and support CADTH's ability to demonstrate value for money.

Rationale for this approach:

- Allows consolidation of internal expert resources to promote standardization of approaches; build "expert pools" housed together in one program but assigned to specific programs on a cost-recoverable basis as required
- Topic identification and scoping processes for all CADTH topics would engage a broad range of stakeholders in the health care system
- Strengthened triage process that has a common submission point for all topics, would ensure the appropriate level of response is provided. Levels of response range from:
  - assessment only to
  - assessment plus recommendations/advice to
  - assessment plus recommendations/advice plus implementation tools and support
- Builds on discussion at previous Board meetings and the March 2008 Board retreat
- Retains the three science programs, each performing to their strengths and expertise and continuing to deliver their core services and deliverables as funded by the F/P/T partners
- Funding envelopes and processes do not require modification
- Ensures research efforts are more closely aligned with the expectations and needs of customers
- Provides a broader range of outputs, products, tools, and services from information to assessment to advice to recommendations
- Deeper integration of CADTH's programs and services
- Maximizes efficient use of resources
- Centralized project management
- Able to address broader issues (e.g., disease states or drug classes)
- Enhanced and integrated optimal use, dissemination, and evaluation functions for drugs and health technologies.

A limited pilot of the process to develop adoption and utilization recommendations for select topics, including an expert committee, will be undertaken.





Expert Committee	x	x	√	√
Peer Review	x	(√)	√	√
KT	x	(√)	√	√

Major HTA and COMPUS Reports

12 – 18 Months

4.0 PROGRAM PLANS AND DELIVERABLES IN 2009-2010

In the sections that follow, the key initiatives and deliverables for each of CADTH's programs have been outlined. It should be noted that all initiatives contained in this business plan align with CADTH's five-year Strategic Plan and the seven strategic initiatives for the organization, as well as with stakeholder feedback regarding their needs and how CADTH could best meet them.

4.1 Health Technology Assessment Program

The HTA Directorate has responded to changes in the demand for its products and services from its stakeholders. These changes required both an increase in the overall output from the program and changes in the mix of products and services that make up that demand. Significant effort is directed at maximizing the relevance of topics selected for full HTAs and reducing time between topic approval and project delivery. The HTIS is extensively used and has reached an all-time high in terms of the number of inquiries addressed. The Horizon Scanning program was revamped, and a "one-stop shop" for Canadian health technology information has been created with the assistance and support of the Exchange Members through the CADTH website.

In 2009-2010, the HTA program will continue to produce a core set of products and services at similar levels to previous years, though one fewer full HTA will be initiated. The HTA Directorate's commitment to ongoing improvement continues.

An additional potential activity has been identified for the HTA program, though final decisions from the Board and the CDM would be required. A proposal to have CADTH provide secretariat services for the Blood Product Expert Advisory Committee is under development by the P/T Blood Liaison Committee and expected to be submitted to the CDM.

<table>
<tr><th>Key Initiatives / Deliverables — HTA</th><th>Impact / Comments</th></tr>
<tr><td>Provide a mix of health technology assessment products and services to support decision-making on health technology by federal, provincial, and territorial governments.

The HTA product mix will be responsive to the needs and priorities of the communities HTA serves and will be entirely customer-demand driven.

The predicted baseline output from the HTA program is 380 to 450 products.
The estimated breakdown by product is:

<table><tr><td>HTIS*</td><td></td></tr><tr><td>HTIS Level 1</td><td>230 to 250</td></tr><tr><td>HTIS Level 1.5</td><td>40 to 60</td></tr><tr><td>HTIS Level 2</td><td>80 to 100</td></tr><tr><td>HTIS Level 3</td><td>8 to 10</td></tr><tr><td>HTIS Level 4</td><td>8 to 10</td></tr><tr><td>HTA</td><td></td></tr><tr><td>HTA reports</td><td>10 to 12</td></tr><tr><td>Briefing products</td><td>10 to 15</td></tr></table>
*The HTIS is user driven — breakdown of products depends on requests made.</td><td>The product mix will be similar to that in 2008-2009. The HTA Directorate is expecting to deliver 10 to 12 full HTAs in 2009-2010, of which two-thirds are underway.

HTIS products are well received. Some shifting is anticipated among the type of requests (i.e., fewer Level 1s and more level 2s) to meet customer needs. The scope of topics to be considered by the HTIS will remain unchanged.

Topics are triaged to the appropriate stream (HTA or HTIS). As a result, topics with broad (pan-Canadian) support and the potential for the greatest health system impact are considered for full HTAs, and topics of more narrow scope and/or interest are responded to through the HTIS.

Overviews will no longer be produced in 2009-2010 in favour of devoting support to other communications materials, particularly Reports in Brief, Research Highlights, and Policy Options documents (outlined in the Policy Forum section below).

Briefing papers will be prepared for all topics that go forward for Advisory Committee consideration; such topics could become full HTAs or Level 4 HTISs.</td></tr>
<tr><td>Provide secretariat support to a number of jurisdictional and expert committees as follows:
▪ The Devices and Systems Advisory Committee (DSAC) and Advisory Committee on Pharmaceuticals (ACP) — establishing CADTH research priorities
▪ Policy Forum — developing joint policy initiatives in health technology
▪ HT Analysis Exchange — sharing information and methodologies to improve coordination of work and</td><td>Advisory committees (ACP and DSAC) continue to meet on a regular basis to advise on key research priorities. Two face-to-face meetings each year for each advisory committee; ACP also has monthly teleconferences. Secretariat function for ACP is shared by CDR and HTA.

Policy Forum — three face-to-face meetings and five teleconferences are planned for 2009-2010.

Exchange — two face-to-face meetings</td></tr>
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Key Initiatives / Deliverables — HTA	Impact / Comments
resources.	each year.
Increase early awareness and alerting of health technology in Canada.	The Horizon Scanning (HS) products will continue to be provided. The information derived from the HS activities feed CADTH's topic identification and development activities. The Exchange database will be populated with the information gathered to provide a "one-stop shop" for HT/HTA information.
Increase transparency and awareness of the products and services produced by the HTA program.	Updated information provided via the CADTH website regarding: - report status - guidelines and processes
Further advancement of the Policy Forum and implementation of HTS 1.0 through building infrastructure for provision of policy information and advice. Deliverables include: ▪ Policy Options documents will be developed for all full HTA reports to help jurisdictions gain a common approach to addressing technology matters locally. ▪ A common tool/framework for jurisdictions to follow in the introduction and management of health technologies (non-drugs).	Through information sharing and discussion, harmonization of policy decisions related to health technology may be achieved. This is in addition to the larger HTA dependent options and recommendations.
Oversee the Canadian Standards Association — Health Care Technology (CSA-HCT) program on behalf of P/T jurisdictions.	The oversight activity ensures that deliverables of the CSA-HCT program are aligned with P/T priorities.

4.2 Common Drug Review Program

The CDR Business Plan for 2009-2010 is essentially a status quo plan. The core business line for CDR is the drug review process leading to a detailed recommendation from CEDAC. The business plan assumes there will be 35 drug reviews and three requests for advice for 2009-2010, which is the same number as in 2008-2009.

The transparency initiative began in 2007-2008. Transparency documents for a number of drugs have been completed, and many others are in various stages of production.

Key Initiatives / Deliverables — CDR	**Impact / Comments**
Conduct drug reviews and provide formulary listing recommendations (assumes 35 drug reviews, three requests for advice).	Completion of drug reviews and the provision of evidence-based recommendations from CEDAC to drug plans in a timely manner.
Production of the following documents for 25 drugs as part of the transparency initiative: ▪ Plain language summaries of the CEDAC recommendations and reasons for recommendations ▪ Summaries of CEDAC discussions ▪ CDR Overviews or Concise Reports (shortened versions of the CDR Clinical Report).	Improved transparency in the CDR Process. Increased public understanding of CEDAC recommendations. Responds to recommendations from an evaluation of the CDR and a recommendation in the Standing Committee on Health (HESA) report.
Pre-Notice of Compliance Drug Reviews Initiative (in conjunction with HC) ▪ Conduct two to three drug reviews prior to HC issuing a Notice of Compliance (NOC) ▪ Pre-NOC reviews are initiated by the manufacturer.	Listing recommendations are issued sooner after a drug is licensed. In the case of a drug that has a unique clinical advantage, patients would be afforded quicker access to the drug, and if a drug is more cost-effective, the jurisdictions would be able to benefit from cost savings sooner.
Ongoing International Collaboration Initiative — share information; work on transparency, standardized submission requirements.	CADTH shares best practices with similar organizations in other countries. International collaboration allows CDR to continue to improve upon the drug review process and the methodological techniques used to conduct clinical and pharmacoeconomic reviews. These influence continuous improvements to the drug review process.
Continuous quality improvement of CDR processes — improved quality and efficiency of CDR reviews designed to meet CEDAC and drug plan needs.	Improvements planned in 2009-2010 include the development and implementation of custom templates for tailored reviews (e.g., fixed dose combinations, complex reviews, resubmission); further work on public member involvement to ensure it is meaningful; and continued use and expansion of the CDR database.

4.3 Canadian Optimal Medication Prescribing and Utilization Service

COMPUS recommendations and tools associated with proton pump inhibitors (PPIs) continue to be taken up across the country. Since the delivery of the PPI recommendations, five drug plans have made changes to their policies in line with COMPUS findings. The NIHB program, the fifth largest drug plan, has announced a policy change in line with COMPUS recommendations that took effect on April 1, 2009. The recommendations and reports associated with IAs are starting to be taken up with four F/P/T drug plans having made policy changes in line with COMPUS work. Jurisdictions have expressed interest in implementing policy changes based on the upcoming COMPUS recommendations on blood glucose test strips (BGTS). COMPUS implementation support services, including tool adaptation to specific jurisdictional needs are in demand, and the outputs from the COMPUS program — including publications in a peer-reviewed medical journal — are contributing to an increased profile for CADTH.

COMPUS priorities for 2009-2010 include:

- Deliver optimal therapy reports and intervention tools for the BGTS topic
- Work towards evidence based recommendations and reports for the next Diabetes Management topic: *Second-line therapy for type 2 diabetes*
- Initiate *Opiates for Chronic Non-Cancer Pain (OCNCP)* collaborative project to address optimal prescribing of opiates for managing chronic non cancer pain
- Support jurisdictional implementation and evaluation for all COMPUS topics.

Key Initiatives / Deliverables — COMPUS	**Impact / Comments**
Deliver five intervention tools for the *Insulin Analogue* topic. Deliver four or more intervention tools for the *BGTS* topic.	Jurisdictions and stakeholders will be provided with practical tools and strategies to improve the prescribing and use of insulin analogues and BGTS. Uptake and implementation of the recommendations will lead to improved health outcomes.
Deliver seven evidence-based reports for the *BGTS* topic. Initiate *Second-Line Therapy for Type 2 Diabetes* topic, deliver project protocol, and complete work towards optimal therapy reports to be delivered in 2010-2011. Initiate *OCNCP* collaborative topic and deliver project protocol and Collaborative Clinical Report.	Jurisdictions will be provided with evidence and recommendations on optimal therapy and gaps in practice/policy. This will enhance the ability to make informed decisions regarding health care policy and will ultimately result in improved health outcomes and quality of life and potential savings in drug expenditures. With this project, COMPUS will work with a pan-Canadian collaboration of the provincial Royal Colleges of Physicians and Surgeons who are producing guidance to support the optimal prescribing of opiates for managing chronic non-cancer pain.
Improve capacity to influence prescribing	Facilitates uptake and utilization of

Key Initiatives / Deliverables — COMPUS	Impact / Comments
behaviour for PPIs, IAs, and BGTS. Activities to include: ▪ Some secretariat support for Canadian Academic Detailers Collaborative (CADC). ▪ Offer advice, provide tool adaptation, and facilitate sharing of implementation plans among interventionists (i.e., academic detailers).	COMPUS products and services, thereby decreasing gaps in practice and/or policy.
Support for implementation and evaluation of interventions tools related to PPIs, IAs, and BGTS. Activities to include: ▪ Work in conjunction with the LOs, by offering advice, providing tool adaptation, identifying speakers, and sharing implementation plans among jurisdictions. ▪ Facilitate policy and program change related to COMPUS optimal therapy recommendations. ▪ Develop, maintain, and leverage linkages with (national) continuing medical and professional education groups (CME and CPE).	Implementation support facilitates uptake of COMPUS products and services thereby decreasing gaps in practice and/or policy.
Provide Optimal Therapy Resources — maintenance of Rx for Change ensuring continued relevance.	Database acts as a resource for decision-makers, health care professionals, and other stakeholders involved in improving drug prescribing and use.

4.4 Communications and Knowledge Exchange Directorate

CADTH's communication and liaison activities have been successful. For example, the Liaison Program has been successfully implemented with positive reviews; CADTH's website has undergone substantial enhancements; interest and attendance at the CADTH Symposium have grown across jurisdictions, and it is considered a "must attend" event for many; and various innovative, outreach, and educational initiatives have been implemented to support decision-makers' understanding and use of health technology evidence (e.g., workshops, webinars, news articles, journal articles, podcasts, teleconferences).

In 2009-2010 CKE will continue to support CADTH programs, corporate communications, and knowledge exchange needs as well as revisit and update CADTH's strategic communications plan to increase CADTH's presence and its products and services within the health care systems. A key initiative in 2009-2010 that will contribute to these goals will be the CADTH 20th Anniversary.

Key Initiatives / Deliverables — CKE	**Impact / Comments**
Continue the LO initiatives: ▪ Promote and deliver outreach activities ▪ Develop an active network of contacts ▪ Deliver, co-host, and/or support +/- 800 education workshops, presentations, conference exhibits and networking meetings, ▪ Seek ongoing stakeholder feedback on relevance and impact of CADTH's products and services.	Direction of the LO Program will be combined with KTPC to take better advantage of the linkages between these activities. As the local and regional component of the CADTH front line, the LO program is key to the dissemination of CADTH products and services and provides vital feedback and input from stakeholders to allow for continuous improvement and response to stakeholder needs.
Continue KTPC initiatives including support to the three program areas to prepare reports, intervention tools, and other communications products to disseminate information to appropriate audiences and facilitate uptake and utilization of CADTH products and services.	KTPC activities respond to the volume and nature of the work product of the program areas and specific strategic and policy initiatives, for example, intervention tools and plain language reasons for recommendations.
Continue CCGR initiatives including: ▪ Provide program support to all directorates ▪ Maintain CADTH's interactive website, Board and Committee extranets, and CADTH's intranet portal.	In addition to ongoing activities, CCGR will complete the development of the CADTH Communications Strategy and take the lead in its implementation. It will also lead the development and delivery of CADTH's 20th Anniversary activities through 2009-2010.
Undertake Partnership and Strategic Initiatives including: ▪ CADTH 5th Annual Symposium	The CKE Directorate will build on the success of the Annual Symposium and existing partnerships and stakeholder relations to identify

Key Initiatives / Deliverables — CKE	Impact / Comments
▪ Partnership activities including conference exhibits / strategic collaborations ▪ Corporate memberships.	new strategies to enhance the profile of CADTH as Canada's health technology agency and strengthen relationships with key stakeholders and those impacted by CADTH products and services.

4.5 Corporate Administration

The Executive Office and CS directorate provide oversight to the operations of CADTH; support governance efforts of the Board of Directors; provide strategic, financial, and human resource guidance and support as well as the technological tools and expertise to ensure effective and efficient operation of CADTH; and support planning, implementation, and accountability activities across the organization. Additionally, the Research Information Services team is housed within the CS directorate and provides research information services and information management expertise to support the research scientific efforts of the HTA, CDR, and COMPUS programs. The Corporate Administration component of CADTH's budget and business plan initiatives is designed to respond specifically to the needs of CADTH's program areas and operates on a business model that combines internal staff with contracted resources to deliver core services.

Key Initiatives / Deliverables — CS	**Impact / Comments**
Provide corporate support to programs including Finance and Administration and Human Resources.	Responds to organizational need for appropriate tools, information, services, processes, etc. to support decision-making at CADTH. Human Resources programs and services support CADTH in securing and retaining its highly skilled workforce.
Provide Research Information Services to the HTA, CDR, and COMPUS programs.	Research information services staff retrieve and manage the scientific information required by the three CADTH programs to develop the products/services/deliverables for which they are responsible. Contribute to approximately 500 reports, products, or services annually.
Provide IM/IT services to support CADTH's information management and information technology needs.	Provides technology management, applications, tools, hardware and software platforms, and services that contribute to accessing information, document sharing, communications activities, etc. for the CADTH organization.
Provides corporate governance support initiatives (support to Board of Directors, Executive, and Audit Committees; orientation).	Assistance to the Board of Directors in carrying out its responsibilities to govern the organization.
Work with the CADTH Board to develop the next five-year CADTH Strategic Plan.	Development of an updated five-year plan to accurately reflect CADTH's evolution since 2005 and to incorporate changes in products and services based on customer feedback and the independent evaluation completed in 2007.

Special CADTH Initiative for 2009-2010

As described above, CADTH must introduce a new operating model and/ or business lines in response to reduced funding and to remain relevant and dynamic. Therefore, in 2009-2010, CADTH will engage in a special initiative: CADTH —The Next Chapter.

Many of the changes envisioned to position CADTH well for the future can be done internally through a retooling exercise (i.e., operational changes). CADTH anticipates being able to do most of this work within the existing budget. However, the retooling needs to be accompanied by an analysis of business development opportunities that will potentially result in revenue generation for CADTH in the future and that will require a nominal investment.

Key Initiatives / Deliverables — CADTH Special Initiative	**Impact / Comments**
Undertake an analysis of alternative business models for CADTH, including the identification and characterization of possible additional funding sources, revenue generating models, and a new product/service.	Responds to an organizational need to secure additional revenue and identify new business models/opportunities where CADTH's work could be made available. Assuming appropriate opportunities are found and approved by the Board and the CDM, CADTH could become less reliant on F/P/T funding, and reducing the burden of increased operating costs on its Members and moving into additional business lines would further increase potential uptake and use of CADTH's expertise and services.