

**CANADIAN COORDINATING
OFFICE FOR HEALTH
TECHNOLOGY ASSESSMENT
(CCOHTA)**



**CCOHTA's Transition to the
Canadian Health Technology Agency
Five-Year Business Plan**

2006 – 2011

For Public Distribution

EXECUTIVE SUMMARY

Canada is on the brink of implementing a coordinated, integrated strategy for the management of health technologies. The strategy calls on CCOHTA to expand its mandate to become the Canadian Health Technology Agency (CHTA). This will draw together and integrate the recently approved Canadian Health Technology Strategy (HTS 1.0) with CCOHTA's programs, providing a comprehensive, integrated and efficient approach to the management of health technologies.

"Strategic Renewal in the Context of CCOHTA's Transition to the Canadian Health Technology Agency 2006-2011" is a medium level five year business plan that provides the blueprint CCOHTA will follow to achieve its new mandate. It was prepared in response to direction received from the Conference of Deputy Ministers (CDM) at their June 2005 meeting. Consultation sessions with Federal, Provincial and Territorial (FPT) Deputy Ministers of Health were completed in July and August 2005 to gather feedback on the key elements of the plan. The plan focuses on supporting the implementation of HTS 1.0 and CCOHTA's transition to the CHTA, delivering and enhancing CCOHTA's programs, investing and collaborating with pan-Canadian researchers, delivering products and services that are relevant and responsive to stakeholders' needs, and increasing the uptake and utilization of these products.

CCOHTA is a trusted source of health technology information on drugs, medical devices, and health care systems. Its three programs are Health Technology Assessment (HTA), the Common Drug Review (CDR), and the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS). These programs provide timely, relevant, and impartial evidence-based information to support informed decisions on health technologies. Information is provided across the diffusion cycle of technologies, from emergence (horizon scanning), introduction, diffusion, and obsolescence (HTA and CDR), to promotion of best practices (COMPUS). Housing these programs at CCOHTA brings several efficiencies and synergies, including an awareness of national issues and priorities, an integrated program model supported by centralized business functions, shared governance and management structures, and access to a broad range of professional, research, office, and management staff.

CCOHTA's HTA program provides comprehensive peer-reviewed assessments of health technologies, and through its horizon scanning service, alerts decision makers to upcoming technologies. Recent expansion has doubled the HTA capacity, expanded horizon scanning, and introduced the Health Technology Inquiry Service, a rapid response service that meets more urgent information needs. The CDR program provides evidence-based reviews of new drug submissions and evidence-based listing recommendations to participating publicly funded drug plans. The COMPUS program develops evidence-based recommendations for best practices in the prescribing and use of drugs, and tools to support jurisdictions in their implementation of the recommendations.

CCOHTA uses a coordinated and collaborative approach, fostering, investing in, and leveraging pan-Canadian research capacity to maximize efficiencies in meeting health technology information needs. Substantial investments have been made to build Canadian HTA capacity.

CCOHTA employs a coordinated approach to knowledge translation, external relations, and ongoing communications with key stakeholders in support of its programs. Ongoing workshops, educational programs and awareness sessions are provided to support users in the uptake and application of evidence-based information. Liaison Officers have been recruited in partnership with the jurisdictions and are in place in nine provinces and territories. The Liaison Officers reside in the jurisdiction they represent and facilitate knowledge translation, communication, and the identification of jurisdictional needs and priorities. During the term of this plan, additional Liaison Officers will be recruited, and CCOHTA will continue to undertake a number of communications, public awareness, and outreach initiatives to support the transition of CCOHTA to the CHTA.

The future will bring an increased demand for health technology information. CCOHTA already provides a solid foundation for meeting these needs. The full implementation and growth of its current programs and the integration of HTS 1.0 mechanisms into its operation will position it well to serve as the CHTA. Its secretariat role and support in implementing the HTS mechanisms will advance the sharing of

information and collaboration in the management of health technologies. Investments will continue to build and lever existing capacity to bring further efficiencies in meeting information needs.

The HTA program will undergo a mandate change and provide recommendations (policy options) in its reports. Further enhancements will be made in consideration of the CCOHTA Review report and in response to stakeholder needs. The CDR will continue to implement program enhancements and if funding is approved, expand its mandate and provide reviews in areas such as new indications for old

drugs, oncology and hospital drugs, and drug classes. COMPUS will continue its best practices work in areas of interest to its stakeholders.

The implementation of the HTS Mechanisms (Policy Forum and Exchange) will require changes to the current CCOHTA structures, roles, and accountability. The major change is the reporting structure of the Policy Forum. Through consultations with Deputy Ministers of Health, CDM members indicated support for a model whereby the Policy Forum would report to the CDM through the CCOHTA Board.

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1. INTRODUCTION

1.1 Purpose and Scope

"Strategic Renewal in the Context of CCOHTA's Transition to the Canadian Health Technology Agency 2006-2011" is a medium level, five-year business plan developed by CCOHTA's Executive Team in consultation with the Federal, Provincial, and Territorial (F/P/T) jurisdictions, and the CCOHTA Board Executive Committee.¹ It was prepared in response to direction received from the Conference of Deputy Ministers (CDM) at their June 2005 meeting.

The purpose of the Business Plan is to outline the strategy that CCOHTA will follow during the five-year period April 1, 2006 through March 31, 2011, to complete its transition to the Canadian Health Technology Agency (CHTA). Face-to-face or teleconference meetings were held with the Deputy Ministers (DMs) of all jurisdictions to gather feedback regarding the key elements of the plan, most notably those associated with the implementation of the Health Technology Strategy (HTS 1.0). Further

consultation is intended as the plan is implemented, including with CCOHTA jurisdictions, provincial HTA agencies, Health Canada and other key individuals and groups (e.g., HTA producers and users, and policy makers).

The scope of the plan includes the key initiatives necessary to:

- deliver CCOHTA's three core programs: Health Technology Assessment (HTA), Common Drug Review (CDR), and Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)
- address the key findings of the CCOHTA review
- support the implementation of HTS 1.0 and its related implementation plan
- complete the transition to CCOHTA's new role as the CHTA.

1.2 Background

In 2004-05, two initiatives crucial to CCOHTA's future planning were completed: the CCOHTA Review, and HTS 1.0 and its related implementation plan.

In addition, a Task Force to implement a National Pharmaceuticals Strategy (NPS) was established. The Task Force includes a number of actions and initiatives related to access to, use of, and best practices in pharmaceuticals. CCOHTA is involved in a number of NPS working groups, because the outcomes have the potential to impact CCOHTA's future work.

HTS 1.0 was approved by the CDM in September 2004 and endorsed by the Health Ministers in October 2004. The HTS 1.0 implementation plan was approved by the CDM in June 2005.

At its June 2005 meeting, CDM directed CCOHTA to draft a multi-year business plan, incorporating the CCOHTA Review recommendations and the HTS implementation plan, and return this to the December 2005 CDM meeting. Subsequently, the CDM changed this deadline to the end of August 2005.

1. It was agreed by the CCOHTA Board of Directors at their May 2005 meeting that given the tight timeframes in which to produce the Business Plan, that the Executive Committee of the Board would be responsible for acting on their behalf and would report back to the Board as required.

CCOHTA Review

In May 2003, the CDM agreed to conduct a review of CCOHTA's products, structure, and current and future role. The Statement of Work and the consultants for the review were approved in June 2004. The review focused on the quality of the Health Technology Assessment (HTA) products; how CCOHTA products are being used by governments and other health care providers; and their relevance, effectiveness, and timeliness. Also considered were the changes that are required to CCOHTA's mandate, mission, vision, governance structure, and staffing to fulfil its current roles and its new role as the CHTA.

The consultants retained to undertake the three elements of the review included, The National Institute for Clinical Excellence (NICE) from the UK; Steven Lewis, Access Consulting; and Steve Lough, Bearing Point Consulting. The CCOHTA Review report was submitted to the CDM in June 2005.

Several of the report's recommendations related to the quality, relevance, and timeliness of HTA reports have already been partially or fully addressed before its release, and work continues on the remaining areas. Other recommendations will be addressed as the Health Technology Strategy and this business plan are implemented.

Canadian Health Technology Strategy

HTS 1.0 has been approved by the CDM and endorsed by the Health Ministers; and the associated implementation plan was approved by the CDM in June 2005.

The three new mechanisms proposed in HTS 1.0 will be the cornerstones of its implementation. These include the Health Technology Policy Forum (The Forum), the Health Technology Exchange (The Exchange), and a Pan-Canadian field evaluation program. With the implementation of HTS 1.0, CCOHTA will evolve to become the CHTA.

National Pharmaceuticals Strategy

The F/P/T National Pharmaceuticals Strategy (NPS) contains nine actions. Through CCOHTA's current programs, there is the potential for linking to a number of these actions, including establishing a common National Drug Formulary; strengthening evaluation of real-world drug safety and effectiveness; and enhancing actions to influence the prescribing behaviour of health care professionals.

CCOHTA is involved in the NPS working groups relevant to the current CCOHTA mandate. For example, there is interest in exploring options to expand CDR beyond its current mandate of new drugs for publicly funded drug plans. CCOHTA will be working closely with jurisdictions involved in NPS to do a feasibility study into the expansion of CDR.

1.3 Efficiencies and Synergies with CCOHTA as the Canadian Health Technology Agency

Significant efficiencies and synergies have been achieved by housing the HTA, CDR, and COMPUS programs together at CCOHTA. As it evolves to fulfil its role as the CHTA, these efficiencies and synergies will increase.

Planning and management in CCOHTA ensures that the three programs work in cooperation with each other; each benefits from the other, and duplication of efforts is avoided. Shared advisory structures, and coordinated staffing and management ensure full efficiencies are achieved.

CCOHTA has an organizational responsibility for fulfilling its mandate in keeping with the priorities of the CDM. As an organization with a pan-Canadian perspective, CCOHTA is able to create an awareness of national issues and priorities regarding health technologies.

Through its three core programs (HTA, CDR, and COMPUS), CCOHTA is able to support the uptake and utilization of health technology information across the technology diffusion cycle, from emergence, (horizon scanning) introduction, diffusion, and obsolescence (CDR and HTA), to the promotion of best practices (COMPUS).

Working in an integrated program model that is supported by centralized business functions, CCOHTA staff and committees are able to seamlessly share information, anticipate and respond quickly to new information, and make changes as required to meet stakeholders' needs and priorities.

A broad range of professional research, office and management staff is accessible to all CCOHTA programs. CCOHTA's research staff and external researchers are recognized for their expertise in synthesizing clinical and economic information. As a world leader in clinical and economic comparative evaluations, CCOHTA is continually adopting new methods and processes to enhance its products and services.

1.4 Assumptions

This Business Plan reflects a medium term view for CCOHTA, spanning a period of five years commencing April 1, 2006 and ending March 31, 2011. In developing this business plan, the following assumptions and considerations have been used:

Governance and Membership

- CCOHTA is accountable to the CDM for its programs through the CCOHTA Board of Directors. Funding is provided by the CDM through established funding formulas and by the federal government.
- Jurisdictions will provide full and appropriate representation in the governance and advisory committees of CCOHTA, and in the Policy Forum.
- HTA producers (e.g., provincial HTA agencies) will participate and contribute to the work of the Exchange.

Program

- CCOHTA's three programs (HTA, COMPUS, and CDR) will be fully implemented separately with operational linkages before consideration is given to blending them.
- CCOHTA will continue to rely on a combined use of internal and external resources and capacity to produce products and services, including potential partnerships with key centres that have HTA capability and capacity.
- COMPUS will complete its ramping up activities in 2005-2006 and will be well positioned to

increase deliverables throughout the duration of this plan.

- Proposals for the evolution of CDR will be developed for consideration by the participating jurisdictions in 2006. The National Pharmaceutical Strategy, also in development, could substantially impact CDR operations in the future; however, at this stage in the planning, the details are not yet available and not reflected in this plan.
- CCOHTA's support services, the Strategic Communications and Knowledge Exchange group and Corporate Services, will support all of CCOHTA's program areas.

Business Plan

- Given the longer term nature of this planning document, the level of detail provided is consistent with this approach. More detail is provided for the first three years of the five-year planning horizon.
- CCOHTA will continue to develop annual business plans for consideration and approval by the CCOHTA Board of Directors, based on this plan.

1.5 Guiding Principles

The implementation of “CCOHTA’s Transition to the Canadian Health Technology Agency Five-Year Business Plan 2006-2011” is based on a set of guiding principles. These include:

- support and build upon existing programs and structures across Canada
- build on and coordinate with 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 CCOHTA’s commitment to invest in external (to CCOHTA) 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 assessment producers and users; and coordinate work to better utilize existing capacity and resources, and eliminate or reduce duplication of effort.

2. STRATEGIC GOALS 2006-2011

- support the implementation of the HTS 1.0
- transition CCOHTA to the CHTA
- deliver the CDR, HTA, and COMPUS programs
- invest in and collaborate with pan-Canadian research capacity in support of CCOHTA’s programs
- ensure that CCOHTA’s products and services are relevant and responsive to stakeholder needs
- facilitate increased uptake and utilization of the products, services, and processes produced by CCOHTA and its partners
- manage change and growth in CCOHTA.

3. CCOHTA PROGRAMS

3.1 Health Technology Assessment (HTA)

3.1.1 Background

CCOHTA’s HTA program delivers timely, relevant, impartial, evidence-based information to support informed decisions on health technologies. CCOHTA’s HTA reports are used by jurisdictions to support coverage and purchasing decisions, and the reconsideration of existing technologies.

The HTA program’s three services are:

- health technology assessment (HTA)
- horizon scanning
- health technology inquiry (rapid response) service (HTIS).

These services have been designed to meet the wide range of jurisdictional needs.

Health Technology Assessment evaluates the clinical effectiveness of, cost-effectiveness of, and impact on patients’ health and the health care system of health technologies and their use. Its reports provide comprehensive peer-reviewed assessments of health technologies. Approximately half of these reports focus on drugs, and half on devices and health care systems. HTA work is performed by CCOHTA staff and through external contracting (20% to 25% of the HTA budget).

The topics for CCOHTA’s HTA reports are set by the jurisdictional advisory committees (Section 5.1). Their primary focus is on health technologies of broad interest and of significant impact to the jurisdictions.

The *Health Technology Inquiry Service (HTIS)* was launched in February 2005 to meet jurisdictional needs for more urgent access to health technology information. The program's scope includes drugs, devices, medical and surgical procedures, and health care systems.

Information based on the best available evidence is provided within 24 hours to 30 business days depending on the need, and on the urgency of the request. Accordingly, the HTIS products range from a list of the best evidence-based information to a formal report that includes an appraisal of the findings. When jurisdictions require more comprehensive information, the service can also provide a rigorously conducted, detailed report within four months (16 week). The HTIS has responded to more than 100 requests since its launch, and interest is continuing to grow. Users' feedback has indicated that the information is being used to support coverage and purchasing decisions.

The *Horizon Scanning Program* provides information on new and emerging health technologies in their early development and diffusion. The program is designed to assist jurisdictions in anticipating, planning, and managing the introduction and diffusion of new and emerging technologies. The products include bulletins that provide assessments of new technologies addressing clinical and cost-effectiveness, health services impact, and implementation issues. A new *Health Technology Update* newsletter, to be launched in 2005-2006, will provide information on innovative medical devices, diagnostics, and procedures that are topical in Canada.

3.1.2 Transition to a New HTA Program

CCOHTA's HTA program has undergone significant change during the past 18 months. The changes have included enhancements, growth, and revisions to existing processes, products, and services, and the introduction of new products and services. The majority of the changes will be completed by the end of 2005-2006. The growth, utilizing both internal and external resources, will result in a doubling of the number of full HTA reports, and an increase in the number of existing and introducing new horizon scanning products. The other major growth area was the establishment of the HTIS service.

During this growth period, it became apparent that there was a need to build the Canadian capacity for the production of HTA information. An HTA Capacity Building Grant Program was offered by CCOHTA in 2003-2004 and 2004-2005, with the goal of building this capacity.

Much of the recent enhancements and changes are in response to the findings of the CCOHTA Review and will be ongoing through 2006-2007. The primary focus of these changes has been to address timeliness, relevance, and quality issues; and to provide products and services that meet jurisdictional needs.

Relevance and timeliness issues have been addressed through work structure changes, process improvements, the enhancement of project management resources, a strengthened commissioning process, and the development of new products and services. The timeframe for the completion of a comprehensive HTA report has been significantly reduced. An enhanced process for identifying, prioritizing, and refining topics for HTA work focuses on providing additional background information to support priority setting, engaging a broader range of decision makers, and determining the appropriate research questions and products to meet stakeholders' needs.

The HTIS was introduced to respond to situations where jurisdictional needs are more urgent and can be handled with a lower level of information. Further improvements to the timeliness of HTA reports will be ongoing with consideration of quality and the balance between associated benefits and risks.

Quality issues have been addressed through the strengthening of author guidelines and the inclusion of more comprehensive information in HTA reports. Additional information on economic, budgetary, and health services impact are provided, with additional contextual information related to organizational, societal, ethical, equity, and political issues.

The implementation of HTS 1.0 will bring further changes to the HTA program. These will include

integration of the key HTS 1.0 mechanisms (Policy Forum and Exchange) into the HTA program, and a change in CCOHTA's mandate to provide recommendations (policy options) in its HTA reports.

Future changes will continue to focus on meeting jurisdictional needs, and providing value for their support and investment in CCOHTA. A flexible, adaptable, and collaborative approach will be used to accomplish this, recognizing the ongoing need to change and introduce new products and services. It is also recognized that the demand for health technology information will continue to increase and ongoing capacity challenges will require collaboration and investments to lever the HTA expertise and capacity across Canada.

3.1.3 Key Initiatives

2006-2007

Ongoing

- provide HTA service (HTA reports), horizon scanning service (bulletins, newsletter), and HTIS
- invest in building new and existing Canadian HTA capacity through grants and contracts
- revise existing and introduce new products and services to meet jurisdictional needs
- invest in and collaborate with pan-Canadian research capacity.

Enhancements

- expand the horizon scanning service to support the work of the Policy Forum and Exchange
- revise the HTIS based on the results of its evaluation
- refine the topic identification, prioritization, and refinement process
- expand investment in methodological advancements to support CCOHTA programs.

New

- lead and support the implementation of the Policy Forum:
 - set up the Secretariat
 - support the development of processes, structures and mechanisms
 - revise or implement new products and services to support its work.
- lead and support the implementation of the Exchange:
 - set up the Secretariat
 - support the development of processes, structures and mechanisms
 - implement a repository for the collection and distribution of health technology information.
- implement the revised CCOHTA mandate [i.e., recommendations (policy options) in HTA reports]
- negotiate partnerships or "Centre of Excellence Agreements" with established HTA producers in Canada to build and lever HTA and policy analysis capacity
- develop and implement a single point of entry and centralized HTA database to manage HT topics across all services.

2007-2008

Ongoing

- provide HTA service (HTA reports), horizon scanning service (bulletins, newsletter), and HTIS
- invest in building new and existing Canadian HTA capacity through grants and contracts
- revise existing, and introduce new products and services to meet jurisdictional needs
- provide Secretariat support for the Policy Forum and Exchange.

Enhancements

- refine HTA reports based on jurisdictional feedback on mandate changes (recommendations).

New

- contribute to the development of a business case for the establishment of a pan-Canadian field evaluation program.

2008-2009

Ongoing

- provide HTA service (HTA reports), horizon scanning service (bulletins, newsletter), and HTIS
- invest in building new and existing Canadian HTA capacity through grants and contracts
- revise existing and introduce new products and services to meet jurisdictional needs.

- contribute to further development of the field evaluation program
- provide Secretariat support for the Policy Forum and Exchange.

Enhancements

- review and refine processes in support of the Forum and Exchange.

2009-2010 and 2010-2011

Ongoing

- provide HTA service (HTA reports), horizon scanning service (bulletins, newsletter), and HTIS
- invest in building new and existing Canadian HTA capacity through grants and contracts
- revise existing and introduce new products and services to meet jurisdictional needs
- contribute to further development of the field evaluation program
- provide Secretariat support for the Policy Forum and Exchange

New and Enhancements

- given the rapid pace of change in health technologies, the identification of enhancements and new initiatives is not provided beyond 2008-2009. These initiatives will be identified as the five-year plan unfolds and included in annual CCOHTA business plans that are approved by the Board.

3.2 Common Drug Review (CDR)

3.2.1 Background

The Common Drug Review (CDR) provides participating F/P/T drug plans with systematic reviews of the best available clinical evidence, a critique of manufacturer-submitted pharmacoeconomic analysis and a formulary listing recommendation made by the Canadian Expert Drug Advisory Committee (CEDAC). The CDR reviews only new drugs at this time.

This year, the CDR process will be evaluated to identify process improvements and explore opportunities for operational efficiencies. CCOHTA will explore long-term external contracts for undertaking CDR reviews. As well, there will be

increased collaboration with major stakeholders to further streamline and integrate the CDR process.

In 2005-2006, CCOHTA will examine requests from participating drug plans for an expanded CDR mandate, and identify future capacity and resource needs based on any expansion. CCOHTA will actively participate in the NPS. By way of the NPS, CCOHTA will work with an F/P/T steering group to conduct a feasibility study in CDR expansion into new indications for old drugs, oncology drugs, hospital drugs, and drug class reviews.

3.2.2 Key Initiatives

2006-2007

Ongoing

- CDR will continue to conduct evidence-based reviews and provide a formulary listing recommendation to participating drug plans
- total number of submissions, reconsiderations and resubmissions will grow slightly, but without increased resources, it will not expand beyond its current scope.

Enhancements

- process improvements will be incorporated based on the early experience and the results of the CDR evaluation.

New

- NPS: if approval and funding are given, CDR expansion into new indications for old drugs will be initiated
- NPS: develop a framework for possible CDR expansion into oncology drugs
- initiate discussion with international partners on a model for collaboration on key issues related to CDR processes and decisions.

2007-2008

Ongoing

- CDR will continue to conduct evidence-based reviews and provide a formulary listing recommendation to participating drug plans
- total number of submissions, reconsiderations, and resubmissions will grow slightly, but without increased resources, it will not expand beyond its current scope.

Enhancements

- continued refinements of reviews to maximize the use of limited resources
- improved linkages with Health Canada, the Canadian Institute of Health Informatics (CIHI),

and other key players to enhance integration and efficiencies

- explore options for international collaboration on drug reviews.

New

- NPS: if approval and funding are given, initiate CDR expansion in oncology drugs
- NPS: develop a framework for possible CDR expansion into hospital drugs
- further evaluation and improvement of CDR research methods and review processes.

2008-2009

Ongoing

- CDR will continue to conduct evidence-based reviews and provide a formulary listing recommendation to participating drug plans
- total number of submissions, reconsiderations, and resubmissions will grow slightly, but without increased resources, it will not expand beyond its current scope.

Enhancements

- initiate international collaboration on drug reviews.

New

- NPS: if approval and funding are given, initiate CDR expansion into hospital drugs
- NPS: develop a framework for possible CDR expansion into drug class reviews.

2009-2010 and 2010-2011

- if the scope and funding of CDR is expanded as described above in 2006-2009, the last two years of the plan will focus on providing high quality

deliverables and managing the associated change.

3.3 Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)

3.3.1 Background

The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), launched in 2004, is a nationally coordinated program that was created to promote and facilitate best practices in drug prescribing and use among health care providers and consumers.

COMPUS has been directed to initially focus its work on best practices in drug prescribing and use for three areas: proton pump inhibitors, diabetes management, and anti-hypertensives.

COMPUS is evaluating and cataloguing information on evidence-based best practices, best practice initiatives (BPIs), and cost-effective strategies to support implementation of initiatives. COMPUS will design evaluation tools that are appropriate to specific BPIs, and which will facilitate evaluation of these

initiatives. COMPUS will also identify gaps in best practice knowledge that may guide future research in the field.

An early deliverable has been the development and launch of the Medication Prescribing and Utilization Project (MPUP) collection database on the CCOHTA web site. MPUP provides an opportunity for those who are interested and involved in the best use of drugs to learn of other projects and initiatives. MPUP assists in fostering a culture of awareness in best practices work.

COMPUS will develop evidence-based recommendations for best practices and tools that jurisdictions may use to implement the recommendations.

3.3.2 Key Initiatives

2006-2007

Ongoing

- update, refine, and continue delivery of evidence-based recommendations for best practices in the prescribing and use of proton pump inhibitors (PPIs)
- provide ongoing assistance to jurisdictions and stakeholders in implementing best practices
- promote and continue expansion of the MPUP collection database.

Enhancements

- host or support national conference and regional best practice workshops to create awareness, obtain input on program, and address specific issues
- improve linkages with organizations in Canada and in other jurisdictions that are involved in promoting best practices
- CCOHTA will explore engagement with Centres of Excellence in conducting some COMPUS work.

New

- develop evidence-based recommendations and implementation tools:
 - for the prescribing and use of anti-hypertensives
 - for best practice initiatives to support adoption of best practices in anti-hypertensives.
- begin delivery of evidence-based recommendations and implementation tools:
 - for the management of diabetes
 - for best practice initiatives to support adoption of best practices in diabetes management.
- research, develop, launch and promote online resources for consumers
- initiate a process for conducting an annual evaluation of COMPUS
- with stakeholders, determine the next priority prescribing areas for the program.

2007-2008

Ongoing

- update, refine and continue delivery of evidence-based recommendations and implementation tools for best practices in the prescribing and use of proton pump inhibitors (PPIs) and anti-hypertensives
- complete development and delivery of toolkits related to diabetes management
- provide ongoing assistance to jurisdictions and stakeholders in implementing best practices
- host or support national conference and regional best practice workshops to create awareness, obtain input on program, and address specific issues.

Enhancements

- process improvements will be incorporated based on the early experience and the results of the COMPUS evaluation

New

- develop and deliver evidence-based recommendations:
 - for additional priority prescribing areas assigned in response to F/P/T needs
 - for best practice initiatives to support adoption of best practices for these prescribing areas.

2008-2009

Ongoing

- update, refine and continue delivery of evidence-based recommendations for best practices in the prescribing and use of proton pump inhibitors (PPIs), anti-hypertensives and diabetes management.
- develop and deliver evidence-based recommendations:
 - for additional priority prescribing areas assigned in response to F/P/T needs
 - for best practice initiatives to support adoption of best practices for these prescribing areas
- provide ongoing assistance to jurisdictions and stakeholders in implementing best practices

- host or support national conference and regional best practice workshops to create awareness, obtain input on program, and address specific issues.

Enhancements

- continue refinement of processes, products and services based on annual evaluation and stakeholders' needs.

New

- With stakeholders, determine the program's next priority prescribing areas.

2009-2010 and 2010-2011

- To be effective, the delivery and support of best practices in drug use will require sustained effort by COMPUS and by jurisdictions who implement the recommendations. The final two years of this

business plan will see COMPUS as a fully developed program providing evidence-based recommendations in a number of priority drug prescribing and use areas.

4. Support for Jurisdictional Uptake and Utilization of Health Technology Information

Through its programs, CCOHTA gathers significant information and knowledge, which are shared with the health technology community through a number of products and services. CCOHTA uses a coordinated approach to knowledge transfer, external relations and ongoing communications with key stakeholders. CCOHTA recognizes the needs of the jurisdictional users to have access to user-friendly products that translate research and scientific evidence into plain language that decision makers can use in managing health technologies. The process of ensuring that research results are packaged professionally and are effectively disseminated to help users make the most of our products while meeting their unique needs is resource intensive and requires a multitude of support services.

CCOHTA's communications, knowledge transfer and liaison program staff provide the following range of services and products to meet the internal and external requirements of the organization:

- internal editing and layout of publications to ensure that our products deliver a clear and concise message
- translation of publications in English and French
- production and dissemination of print and web-based products; on average CCOHTA produces approximately 100 publications annually, ranging from full HTA reports, company newsletters, to emerging technology bulletins
- access to CCOHTA publications and information through its web site

- development of complementary products and tools to facilitate the effective dissemination and use of scientific documents to address local health care issues (e.g., media releases, backgrounders, FAQs, reports in brief)
- a Liaison Officer Program that provides a two-way flow of information between CCOHTA and jurisdictions and supports decision makers in the uptake and application of CCOHTA information into decision making and practice
- outreach and education; ongoing workshops, educational programs, and awareness sessions are provided throughout the jurisdictions to support users in the uptake and application of evidence-based information; in April 2005, CCOHTA hosted the first annual symposium for HTA producers and users in Canada.

During the period of this business plan, CCOHTA will continue to undertake a number of communications, public awareness, and outreach initiatives to support the transition of CCOHTA to the CHTA. Given the importance of enhancing the uptake and utilization of our products and services, a consolidated directorate is being established in CCOHTA that will have responsibility for communications, strategic partnerships, knowledge transfer, and the Liaison Officer Program. Key initiatives during the next five years will include:

4.1 Key Initiatives

2006-2007

Ongoing

- produce and disseminate reports and publications – on average, 100 annually
- host or deliver a series of educational workshops, seminars and conferences to support the uptake and application of evidence-based information
- raise awareness of CCOHTA's products and services
- implement the annual work plan for the Liaison Officer Program.

Enhancements

- refine and improve products and services in response to user needs
- re-design the CCOHTA web site with an emphasis on enhancing electronic access to our products and services, and improving staff and committee communications and work processes.

New

- undertake a re-branding initiative in conjunction with the official launch of the CHTA
- develop a national repository of health technology information and best practices
- complete the implementation of the new Directorate for communications, strategic partnerships, knowledge transfer and Liaison Officer Program
- develop a Knowledge Transfer Strategy
- host a second annual symposium for HTA producers and users in Canada.

2007-2008

Ongoing

- produce and disseminate reports and publications – on average 100 annually
- host or deliver a series of educational workshops, seminars and conferences to support the uptake and application of evidence-based information
- maintain the national repository with up-to-date health technology information and best practices
- raise awareness of CCOHTA's products and services
- implement the annual work plan for the Liaison Officer Program.

Enhancements

- refine and improve products and services in response to users' needs.

New

- develop a Stakeholder Engagement and Strategic Partnership Plan to guide CCOHTA's outreach and awareness building activities
- develop and implement an annual environmental scan process to assess jurisdictional needs and priorities to help guide product development and refinement
- develop and implement a work plan to support the implementation of the Knowledge Transfer Strategy.

2008-2009

Ongoing

- produce and disseminate reports and publications – on average 100 per year
- host or deliver a series of educational workshops, seminars and conferences to support the uptake and application of evidence-based information
- maintain the national repository with up-to-date health technology information and best practices.
- raise awareness of CCOHTA's products and services
- implement the work plan for the Liaison Officer Program and the Knowledge Transfer Strategy.

Enhancements

- refine and improve products and services in response to users' needs.

New

- develop and implement a work plan to support the implementation of the Stakeholder Engagement and Strategic Partnership Plan
- develop and implement a work plan to respond to feedback received through the environmental scan.

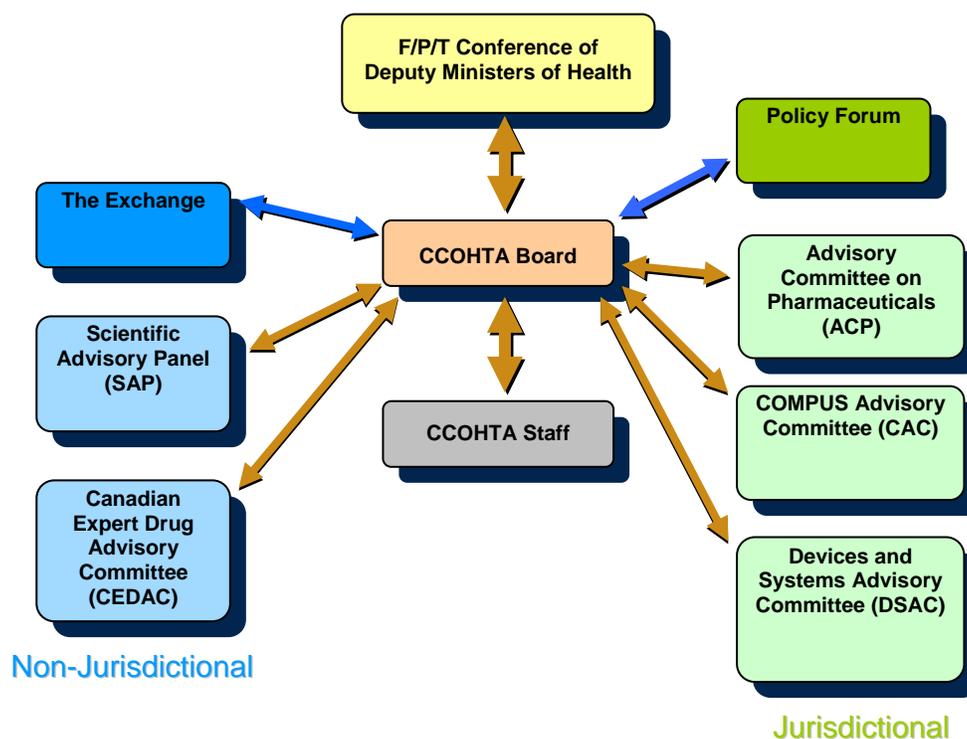
2009-2010 and 2010-2011

- due to the supporting nature of the Strategic Communications and Knowledge Exchange function, the annual plans will be updated at the

end of each year to incorporate specific initiatives required to support the changes in direction by CCOHTA's programs.

5. STRUCTURE, ROLES AND ACCOUNTABILITY

5.1 CCOHTA Structure



Conference of Deputy Ministers of Health (CDM)

- The Deputy Ministers of participating jurisdictions are Members of CCOHTA. They each appoint a Director to represent them on the CCOHTA Board to govern CCOHTA's affairs.
- The CDM participates in an Annual Meeting of Members for the purpose of:
 - receiving the Report of the Directors
 - receiving the financial statements and the report of the Auditors
 - appointing the Auditors for the ensuing year
 - other business of concern to the members, as required: (e.g., ratifying amendments to the organization's by-laws, approving increases to jurisdictional funding contributions to CCOHTA.)

CCOHTA Board

- representatives appointed by each of the DMs of Health of the federal Government, provinces and territories
- provide governance of CCOHTA including setting strategic direction, policies, and priorities; ensures necessary resources are in place to maintain the organization and providing oversight to financial management, risk identification, and management and program evaluation
- there are also two sub-committees of the Board:
 - Executive Committee comprising the Board Chair, Vice-Chair, and two Directors.
 - Audit Committee of the Board comprising of representatives of the CCOHTA Board.

Jurisdictional Committees

- Three jurisdictional Advisory Committees provide advice and guidance to CCOHTA's HTA, CDR, and COMPUS programs. CCOHTA provides financial and secretariat support for these committees.
 - ***Advisory Committee for Pharmaceuticals (ACP)***
 - representatives from the federal, provincial and territorial publicly funded drug plans, and other related health organizations, plus observers
 - provide advice to the CCOHTA Board, Common Drug Review (CDR) Directorate and Health Technology Assessment (HTA) Directorate
 - set priorities for pharmaceutical HTA work.
 - ***Devices and Systems Advisory Committee (DSAC)***
 - representatives from the federal, provincial, and territorial Ministries of Health.
 - provide advice to the CCOHTA Board and research staff regarding technology assessment issues related to medical devices, health systems, and services
 - set priorities for HTA work related to medical devices and health care systems.
 - ***COMPUS Advisory Committee (CAC)***
 - representatives from the federal, provincial, and territorial publicly funded drug plans, and other related health organizations, plus observers
 - provide advice to the CCOHTA Board and the COMPUS Directorate to help COMPUS meet its goals and objectives
 - set priorities for best practice initiatives, COMPUS activities, and products; and other issues.
-

Expert Committees - Non-Jurisdictional

- Two expert advisory committees (non-jurisdictional) provide advice to CCOHTA. CCOHTA provides financial and secretarial support for both these committees.
 - ***Canadian Expert Drug Advisory Committee (CEDAC)***
 - independent advisory body of health and other professionals with expertise in drug therapy and drug evaluation
 - provide formulary listing recommendations to jurisdictions participating in the CDR.
 - ***Scientific Advisory Panel (SAP)***
 - comprises researchers such as clinical methodologists, economists, statisticians, population health experts, pharmacoepidemiologists, and specialists from clinical fields
 - provide credible, independent, and expert scientific advice to the CCOHTA Board and staff on methodological issues, and provides peer review support of HTA protocols and reports.
-

Health Technology Strategy (HTS 1.0) Mechanisms

The HTS 1.0 Implementation Plan directs CCOHTA to provide Secretariat support for the Policy Forum and Exchange. The purpose, description, roles and needs of these two mechanisms are summarized below.

Policy Forum

The Policy Forum is a mechanism for Canadian policy makers to identify areas of common policy interest, share health technology information, and collaborate where beneficial to the jurisdictions. Its membership will be voluntary and consist of representatives from the federal, provincial, and territorial Ministries of Health.

The Forum is intended to be pragmatic and functional, providing a safe, in-camera venue for frank discussions regarding the adoption and management of health technologies. Its responsibilities may expand over time and evolve to a more formal collaboration on the implementation, appropriate use, and decommissioning of health technologies. The

Forum may also play a role in identifying health technologies suitable for field evaluation trials. The Forum's information needs will be met by the Exchange.

HTS 1.0 envisaged a broader table of experts to support the work of the Policy Forum. Initially, it is proposed existing expert groups such as CCOHTA's enhanced Scientific Advisory Panel (SAP) is accessed by the Forum for expert advice. Additional experts or groups can be accessed in response to the needs of the Forum.

CCOHTA, in its new role as the CHTA, will serve as the Secretariat to the Policy Forum.

The Exchange

The Exchange is a network of HTA producers and will coordinate the gathering of evidence and policy advice regarding health technologies to support the needs of jurisdictions. Its membership will be voluntary. CCOHTA, the provincial HTA agencies [(Alberta Heritage Foundation for Medical Research (AHFMR) HTA Unit; Ontario Health Technology Advisory Committee (OHTAC), Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS)] and other HTA producers make up the group of potential members. Secretariat services and support of Exchange business and meetings will be provided by CCOHTA. The Exchange will also link and consult with health technology innovators and developers including the industry.

The Exchange's key responsibilities will include:

- scanning the technology horizon, identifying the priority needs of the health systems, and providing information to support the Forum's work
- providing communication mechanisms to accept and support the dissemination of health technology information (i.e., repository)
- supporting the harmonization of HTA methods and report preparation protocols
- supporting ongoing methodological development.

CCOHTA, in its new role as the CHTA, will serve as the Secretariat to the Exchange.

Field Evaluation

Field evaluation is a mechanism for collecting primary data on a new or experimental technology. It tests the effectiveness in a real environment and provides information to support investment decisions. HTS 1.0 calls for a pan-Canadian field evaluation program. However, the structure, roles, accountabilities, and

funding of the program are not identified in the Strategy. The HTS 1.0 implementation plan calls for the preparation of a business case for the pan-Canadian Field Evaluation program, and it is anticipated that the CHTA will provide a support role for this task.

5.2 Implementation of HTS 1.0 Mechanisms

5.2.1 Assumptions

The following assumptions are applicable:

- CCOHTA is the CHTA as directed by the CDM and Ministers of Health (2004).
- CHTA will continue to be accountable to the CDM through its Board.
- Management and Secretariat aspects for the Exchange and Forum will be a line of business for the CHTA.
- Accountability for management and secretariat functions undertaken by CHTA is part of the overall accountability of the CHTA.
- Performance of the Exchange will depend on the members and partners performing their respective roles; however, the CHTA Board is accountable for ensuring it carries out its mandate.

Consultations

CCOHTA engaged in consultations with Deputy Ministers of Health in all jurisdictions in July and August 2005. Feedback gathered through these consultations indicated support for a model whereby the Policy Forum would report to the CDM through the CCOHTA Board. The majority of Deputy Ministers indicated the Policy Forum seemed to fit well with CCOHTA's current and future mandate as the Canadian Health Technology Agency.

Reporting Relationships and Accountabilities:

- The Policy Forum reports to the CDM through the CHTA Board.
- Because the CHTA will be responsible for ensuring the work of the Forum is undertaken, it needs the authority to ensure the Forum fulfills its mandate.
- The CCOHTA Board will be accountable for ensuring that the Policy Forum and the Exchange carry out their respective mandates, and work within the Terms of Reference. This model is similar to that of the relationship between the CCOHTA Board and the Canadian Expert Drug Advisory Committee (CEDAC).
- Unless there is a serious concern regarding its operations with respect to mandate or Terms of Reference, the CCOHTA Board will not interfere with or overturn the findings and directions coming from it.
- Performance of the Policy Forum will depend on its members performing their respective roles; the CCOHTA Board is accountable for ensuring it carries out its mandate.
- Existing CCOHTA expert Committees (e.g., SAP) will support the Forum and provide some of the expertise envisioned for the Forum "outer" table.
- Deputy Ministers appoint their Policy Forum members and so it will be their choice whether to appoint their CCOHTA Board Members to serve a dual role, or to appoint separate members.

6. PERFORMANCE EVALUATION

Since 2003-2004, CCOHTA has grown and changed significantly. One of the organization's strategic thrusts has been to manage CCOHTA's change and growth in a systematic fashion. A key initiative to help achieve this direction has been the development and implementation of a rigorous performance evaluation and reporting framework. This framework is used to support:

- strategic and business planning
- performance management and reporting
- priority setting and decision making

- performance reporting, feedback and continuous improvement
- accountability to stakeholders.

The comprehensive process used by CCOHTA for planning and measuring its work will continue to be applied to all aspects of the work included in this business plan. This rigorous approach to performance evaluation, management and reporting will play an instrumental role in ensuring that the organization makes substantial progress in achieving the strategic course outlined in this business plan.