Canadian Agency for Drugs and Technologies in Health (CADTH)

Annual Business Plan 2006/07

OVERVIEW

Meeting the Needs of Health Care Decision Makers

Health care decision makers continue to operate in an increasingly complex environment. Staying abreast of rapid technological changes remains a challenge. Information is more abundant than ever, however finding reliable sources of data that address specific needs is crucial.

Since 1989, the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) has supported health care decision makers by providing high quality, impartial, evidence-based information on drugs, medical devices and health care systems. Reflecting the rapid pace of change within Canada's health care system, CCOHTA has been evolving – particularly over the past four years – to offer a broader range of services and products to support informed decisions on health technologies throughout Canada.

As a result, CCOHTA's Health Technology Assessment (HTA) program has undergone significant changes and now offers a more complete range of services. In 2002, the Common Drug Review was established within CCOHTA, providing a common advisory process for assessing new drugs for potential coverage by federal, provincial and territorial drug benefit plans. In 2004, the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) was established within CCOHTA. With COMPUS, Canada became one of the few countries in the world to establish an evidence-based best practices program. In addition, a Liaison Officer Program, providing on-the-ground support to jurisdictions, was established. Also in 2004, the Health Technology Strategy (HTS 1.0) was approved by the Conference of Deputy Ministers of Health (CDM) and endorsed by the Health Ministers. In June 2005, the HTS 1.0 Implementation Plan was approved by the CDM, providing CCOHTA with the mandate to become Canada's health technology agency and moving the organization into the realm of providing recommendations or policy options.

In October 2005, the CDM took the next step in CCOHTA's evolution by approving "CCOHTA's Transition to the Canadian Health Technology Agency Five-Year Business Plan 2006-2011". This Business Plan draws together and integrates the approved HTS 1.0 with CCOHTA's programs, providing a comprehensive, integrated and efficient approach to the management of health technologies. It is the blueprint which CCOHTA will follow to achieve its new mandate.

During the 2006-2011 period, CCOHTA will be guided by the following Strategic Goals:

- Deliver the CDR, HTA and COMPUS 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.

- Invest in and collaborate with pan-Canadian research capacity in support of CCOHTA's programs.

- Support the implementation of the HTS 1.0.

- Transition CCOHTA to CADTH.

- Manage change and growth within CCOHTA.

This Business Plan provides the detailed activities for 2006-07.

To start, in keeping with the Canadian Health Technology Strategy (HTS 1.0), the organization will adopt a new name on April 1, 2006 and become the Canadian Agency for Drugs and Technologies in Health (CADTH), Canada's health technology agency. This new moniker reflects not only a broader mandate but is also a more accurate description of CADTH's three core programs.

Underscoring its commitment to integrate client input into new product development and illustrating a concerted effort to communicate more effectively with target audiences, CADTH has established a new department – Strategic Communications and Knowledge Exchange (SCKE) – to lead efforts for the organization in these areas. By harnessing the combined efforts of the liaison officer program, knowledge transfer, partnerships and strategic initiatives, and communications under a single umbrella, CADTH will provide health care decision-makers with more effective knowledge transfer and communications mechanisms.

In 2006-07, CADTH will introduce new information materials, an improved Web site, more workshops, educational programs and outreach activities. Staffed in locations throughout Canada, liaison officers will be actively supporting jurisdictional clients and serving as an information conduit between the provinces and territories and CADTH. Knowledge exchange activities will also increase significantly over the coming year, ensuring that CADTH's work reaches decision-makers in ways that will readily assist them in its use and its uptake. As well, in April 2006, CADTH will once again host a symposium bringing together evidence-based information producers and users to explore new ways to integrate evidence into decisions about drugs and other health technologies.

HTA will expand its services moving towards policy options and possibly recommendations. In 2006-07, the HTA program will use its refined topic identification and prioritization process to deliver more relevant HTA products, expand its horizon scanning capabilities and augment its Health Technology Inquiry Service (rapid response service) which was introduced in February 2005.

The HTA program will also integrate the mechanisms described in HTS 1.0 (the Policy Forum and the Exchange) into its operations. Its secretariat role and support in implementing the HTS mechanisms will support inter-jurisdictional collaboration on policy, the co-operative development and sharing of evidence, information and policy advice. Ultimately, this work will assist the HTA program to address policy–related aspects in its reports.

The Common Drug Review (CDR), will continue to provide participating drug benefit plans with timely, reliable formulary listing recommendations. In 2006-07, the CDR will work to address the recommendations contained within the independent program evaluation which was conducted in 2005. The evaluation showed that the founders and funders of CDR are very pleased with its progress and they solidly support the objectives of CDR. As well, the CDR will work with the National Pharmaceuticals Strategy to develop a business case for expansion of the Common Drug Review. CADTH has been committed to delivering the CDR program since it was assigned to CADTH in 2002. This has required augmenting the resource levels provided by the funders using other CADTH resources. CADTH will also be seeking input from its federal/provincial/territorial partners to prioritize and direct CADTH's efforts.

With respect to the COMPUS program, the previous year has, by necessity, been focused on building the COMPUS team, consulting with stakeholders, selecting the appropriate methodologies and developing needed processes and procedures. In 2006-07, CADTH will take the opportunity to assess and reconfirm the COMPUS direction with stakeholders and COMPUS will start to release products related to its priority areas and stakeholder needs. As a result, jurisdictions will be in a position in 2006-07 to implement these products with a goal to improving medication prescribing and use practices throughout the country.

CADTH is excited about its expanded mandate and is committed to meeting it through shared information and strategy development with our stakeholders and partners. Through external investment, CADTH will continue to foster and leverage pan-Canadian research capability and to build Canadian HTA capacity. CADTH's stakeholders, partners and end users of its products and services are paramount. Through clearly understanding their needs and priorities, CADTH will support them in their efforts to address the increasingly complex health care issues and demands facing Canada's health care system.

TABLE OF CONTENTS

1. INTRODUCTION

1.1 2006 - 2007 Business Plan Framework

In October 2005, the Conference of Deputy Ministers approved CCOHTA's Transition to the Canadian Health Technology Agency Five Year Business Plan 2006-2011, a medium level 5 year business plan that provides the blueprint CCOHTA will follow to achieve its new mandate. The scope of the plan includes key initiatives necessary to:

- deliver its three core programs, the Health Technology Assessment (HTA), Common Drug Review (CDR), and the 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; and

- complete the transition to CCOHTA's new role as Canada's health technology agency.

Using the framework set out in the 2006-2011 Business Plan, the 2006-07 annual business plan identifies the specific initiatives CADTH will pursue in the coming year to move towards achieving the longer term strategic objectives as set out in the 5 year plan. For planning purposes, CADTH assumed that its key initiatives should align with the first year of the approved 5 year business plan though it is recognized due to budget limitations, delivery of the complete plan as approved in October 2005 may no longer be possible.

1.2 Background

Canada's First Ministers approved the Health Technology Strategy (HTS 1.0) in October 2004. HTS 1.0 called for new mechanisms to support inter-jurisdictional collaboration on policy, the cooperative development and sharing of evidence, information and policy advice, and a coordinated approach to collecting primary data on a new or experimental technology. HTS 1.0 also called for CCOHTA to evolve beyond traditional health technology assessment to better address policy concerns and to become Canada's health technology agency.

At its June 2005 meeting, the CDM directed CCOHTA to draft a multi-year business plan, incorporating the CCOHTA Review recommendations and the HTS implementation plan. The plan was delivered in August and approved in October 2005. The CDM decisions and these important documents form the basis for CCOHTA's direction and deliverables for the next 5 years.

1.3 CADTH Vision, Mission and Guiding Principles

The vision, mission and guiding principles for CADTH remain unchanged from those established in the 2004-2008 Strategic Plan. These core elements of how the ultimate objectives and mandate for the organization are defined, as well as how CADTH operates to achieve its goals, remain relevant in the context of CADTH's renewed direction. CADTH remains committed to responding to the changing needs of the Canadian Health Care System and its stakeholders.

CADTH Vision

The Vision of CADTH is 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 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's") 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.

Cornerstones

Key cornerstones crucial to CADTH's success include:

- Impartiality: CADTH is a non-government body, working at arms-length from decision-makers, providing an impartial operational framework.

- Relevance: CADTH works closely with the jurisdictions to identify, prioritize and refine HTA 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 options in its HTA reports. 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.

- Coordination: 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 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 crucial and used in 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. Workshops, educational programs and awareness sessions to better enable users to utilize CADTH's products are provided on a regular basis. Knowledge transfer and communications efforts enhance accessibility to CADTH products, as does the Liaison Officer Program.

---

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

1.4   CADTH Program Content

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 (horizon scanning) to introduction, diffusion and obsolescence (HTA and CDR), to promotion of best practices (COMPUS).

The three programs offered by CADTH are:

- The **Common Drug Review (CDR),** which reviews the clinical and cost-effectiveness of new drugs for consideration by participating publicly-funded drug benefit plans in Canada. Prior to the CDR, there were almost 20 federal, provincial and territorial drug plans separately reviewing drug submissions. The CDR reduces duplication of effort and provides participating drug plans with access to the same high level of evidence and expert advice.

- The **Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)** identifies best practices in drug prescribing and use and promotes their use by health care providers and consumers. One of only a handful of programs of this nature in the world, COMPUS provides recommendations and tools to support jurisdictions in their efforts to promote evidence-based drug best practices. In 2006-07, the COMPUS priority areas are proton pump inhibitors, diabetes management and anti-hypertensives, all having been identified as critical areas by our stakeholders. These will be re-confirmed with stakeholders early in the year to ensure the program priorities remain aligned with the needs of the jurisdictions.

- **Health Technology Assessment (HTA)** provides access to timely, relevant and impartial evidence-based information about drugs, medical devices and health care systems. Highly regarded in Canada and internationally for the quality of its work and its leadership in the area of HTA methodologies and development of new products and services, the HTA programs works closely both with other Canadian HTA producers and internationally to produce HTA reports, build capacity throughout the country and to facilitate uptake of evidence-based information among decision-makers.

Housing these programs within CADTH brings several efficiencies and synergies including an awareness of 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. Planning and management within CADTH ensures that the three programs work in cooperation with each other; each benefits from the other and duplication of effort is avoided.

CADTH employs a coordinated and collaborative approach fostering, investing in and levering pan-Canadian research capacity to maximize efficiencies in meeting health technology information needs. Its external investments range between 20 to 25% of the total annual budget.

Regarded as a leader in its field of expertise, CADTH is frequently engaged by other health technology organizations to discuss its approaches to service delivery and product development. In this regard, CADTH partners with more than 50 organizations across Canada and more than 15 organizations worldwide. CADTH is a co-sponsor of health technology assessment and research projects, undertakes collaborative work in research methods and ensures knowledge management, and ongoing information sharing and networking.

With staffing levels approaching full capacity, CADTH is set to deliver against all aspects of its current mandate and address any new requirements on the horizon.   A knowledge organization, CADTH has invested considerable time and energy building a highly-skilled workforce to deliver against its mandate. With the knowledge gained through its work with external experts, national and international partners, as well as jurisdictional and expert advisory committees, CADTH employees constitute a highly-regarded pan-Canadian "centre of excellence" in the health technologies field.

2. CADTH PROGRAMS AND SERVICES

In the pages that follow, the Key Initiatives to be implemented by CADTH's Programs and the two directorates that support the programs are outlined. Each of these Key Initiatives contributes to achieving the Strategic Goals as established in the 2006-2011 Business Plan. For each key initiative, the high level activities, expected outcomes, performance measures, and timeframes for completion have been identified.

2.1 Health Technology Assessment (HTA)

CADTH's HTA program delivers timely, relevant, impartial, evidence-based information to support informed decisions on health technologies. CADTH's HTA reports are used by jurisdictions to support coverage and purchasing decisions and the reconsideration of existing technologies. The program's scope includes drugs, devices, medical and surgical procedures, and health care systems.

The HTA program's three services are:
- Health Technology Assessment (HTA);
- Horizon Scanning; and
- Health Technology Inquiry Service (HTIS).

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

Health Technology Assessment evaluates the clinical effectiveness, cost-effectiveness and impact on patient health and the health care system of health technologies and their use. HTA 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 completed by CADTH staff and through external contracting (20-25% of the HTA budget).

The topics for CADTH's HTA reports are set by the jurisdictional advisory committees. The 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. Information based on the best available evidence is provided within 24 hours to 30 business days depending on the needs and urgency of the request. 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 a 16 week timeframe. The HTIS responded to more than 120 requests in its first year of operation with approximately 75% of these requests relating to non-drug technologies. The majority of the requests have come from health ministries and regional health authorities. Approximately 60% of the callers indicated the information provided was used to support health technology coverage and purchasing decisions.

The *Horizon Scanning Program* provides information on new and emerging health technologies in their early development and/or 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, launched in September 2005, provides information on innovative medical devices, diagnostics and procedures that are topical in Canada.

HTA Program Growth and Change

CADTH's HTA program continued to grow and change during 2005-06. Process improvements to enhance the relevance, timeliness and quality of HTA reports continued. New products and services such as the HTIS and the "Health Technology Update" newsletter were introduced to address gaps in meeting jurisdictional needs. The HTA Capacity Building Grants program awarded 15 grants totaling $1.25 million continuing to build Canadian capacity for the production, uptake and utilization of HTA information.

Future changes will continue to focus on meeting jurisdictional needs and providing value for their support and investment in CADTH. 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.

Key Initiatives – HTA

The HTA Program will undertake ten (10) key initiatives in 2006/2007 summarized below.

1. Provide HTA service (HTA reports), horizon scanning service (bulletins, newsletter), and HTIS.
2. Invest in building new and existing Canadian HTA capacity through grants and/or contracts.
3. Revise existing and introduce new HTA products and services to meet jurisdictional needs.
4. Expand the horizon scanning service to support the work of the Policy Forum and Exchange.
5. Refine the topic identification, prioritization and refinement process.
6. Expand investments in methodological advancements to support CADTH programs.
7. Implement the revised CADTH mandate.
8. Negotiate partnerships and/or "Centres of Excellence Agreements" with established HTA producers to build and lever HTA and policy analysis capacity.
9. Develop and implement a single point of entry and centralized HTA database to manage HT topics across all services.
10. Provide oversight to the CSA-Health Care Technology program.

The Timing column outlined in the Key Initiatives Tables found in this section uses the following abbreviations:

Q1 – April 1-June 30
Q2 – July 1-September 30
Q3 – October 1-December 31
Q4 – January 1-March 31
FY – Full Year - April 1-March 31

Key Initiative #1: Provide HTA service (HTA reports), horizon scanning service (bulletins, newsletter), and HTIS.			
Activities	Planned Outcome	Performance Measure	Timing
1-1 Publish full HTA Reports and Overviews of HTA Reports.	Support jurisdictions in coverage and purchase decisions on health technologies.	22 full HTA Reports and 6 Overviews covering 12 of the 22 reports.	FY
1-2 Publish CETAP bulletins, Drug Alerts, and the "Health Technology Update" in support of the Horizon Scanning program.	Support jurisdictions in anticipating, planning and managing the introduction and diffusion of new and emerging technologies.	15 CETAP Bulletins, 5 Drug Alerts and 3 issues of "Health Technology Update".	FY
1-3 Deliver the HTIS service.	Support jurisdictions in coverage and purchase decisions on health technologies.	Respond to 265 HTIS requests.	FY

Key Initiative #2: Invest in building new and existing Canadian HTA capacity through grants and/or contracts			
Activities	Planned Outcome	Performance Measure	Timing
2-1 Deliver HTA Capacity Building Grants Program and/or contract work to support the building of HTA capacity.	Build capacity to produce HTAs and to apply and use HTAs.	Completion of program evaluation to determine success of the program in achieving its original goals.	FY
2-2 Explore opportunities and where appropriate enter into collaborative agreements to complete HTA work (e.g. production of HTA report).	Enhance capacity to produce HTAs and to apply and use HTAs.	Increase in number of HTA reports published by a variety of organizations.	FY

Key Initiative #3: Revise existing and introduce new HTA products and services to meet jurisdictional needs			
Activities	Planned Outcome	Performance Measure	Timing
3-1 Complete comprehensive evaluation of the HTA products/services including HTA reports, the horizon scanning service, the HTIS, and the HTA Capacity Building Grants Program.	Enhancements to existing HTA products, processes and services; introduction of new products and services. Increased value and utility of HTA products to the jurisdictions.	Complete the evaluation and develop an improvement plan.	Q1 – Q2

Key Initiative #4: Expand the horizon scanning service to support the work of the Policy Forum and Exchange			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
4-1 Conduct a review of the horizon scanning program considering internal and external feedback, and the needs of the Policy Forum and Exchange.	Revisions to and introduction of new horizon scanning processes and products. Increased value and utility of horizon scanning products to the jurisdictions.	Complete the review and develop an improvement plan.	FY
Key Initiative #5: Refine the HTA topic identification, prioritization and refinement process			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-1 Complete advisory committee evaluations of the enhanced topic identification, prioritization and refinement process for HTA reports.	Enhancements to the topic identification, prioritization and refinement process for HTA topics Increased relevance, value and utility of HTA reports to the jurisdictions.	Complete the evaluation of the process and implement appropriate change.	Q1
5-2 Refine the topic identification and prioritization process for horizon scanning topics considering the experience gained through the HTA topic work.	Enhancements to the topic identification, prioritization and refinement process for horizon scanning topics. Increased relevance, value and utility of horizon scanning reports to the jurisdictions.	Implement the changes to the process.	Q2 – Q3
Key Initiative #6: Expand investments in methodological advancements to support CADTH programs			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
6-1 Explore opportunities and where appropriate negotiate agreements for contract work to support methodological advancement.	Enhancement of methods to support HTA and best practices work Increased quality, value and utility of HTA and best practices work.	Complete necessary exploratory meetings with methods specialists and contract for services as appropriate.	FY
Key Initiative #7: Implement the revised CADTH mandate			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
7-1 Support the development of processes, structures and mechanisms (e.g. Expert Advisory Committee). 7-2 Revise or implement new products and services to support the mandate change.	Provide recommendations and/or policy options in HTA reports as directed by the jurisdictions. Increased value and utility of HTA reports in supporting decision making.	Complete the processes, structures and mechanisms.	FY

Key Initiative #8: Negotiate partnerships and/or "Centres of Excellence Agreements" with established HTA producers to build and lever HTA and policy analysis capacity			
Activities	Planned Outcome	Performance Measure	Timing
8-1 Develop processes, structures and mechanisms to support "centre of excellence" model at CCOHTA.	Processes, structures and mechanisms needed to support "centre of excellence" model in place.	Complete processes, structures and mechanisms.	Q1
8-2 Complete "Expression of Interest" and "Request for Proposal" processes for development of CADTH "centres of excellence".	Shortlist of HTA producers to consider and negotiate partnerships with as "centres of excellence".	Complete the RFP process and shortlist potential HTA producers.	Q2
8-3 Negotiate agreements with "centres of excellence".	Enhanced external capacity for HTA work Reduced number of HTA projects in the queue.	Agreements established with two "centres of excellence".	Q3 – Q4

Key Initiative #9: Develop and implement a single point of entry and centralized HTA database to manage HT topics across all services			
Activities	Planned Outcome	Performance Measure	Timing
9-1 Refine and update the centralized HTA database.	Current and comprehensive database of HT topics covering HTA, horizon scanning and HTIS. Enhanced ability to access and monitor HT topics and information.	Complete refinements to and population of HTA database.	Q1 – Q2
9-2 Provide secure web site access to centralized HTA database to CADTH jurisdictions.	Jurisdictional access to current and comprehensive database of HT topics. Increased value and utility of HT information.	Web access provided to CADTH jurisdictions.	Q3 – Q4

Key Initiative #10: Provide oversight to the CSA-Health Care Technology program			
Activities	Planned Outcome	Performance Measure	Timing
10-1 Liaise with CSA-HCT to monitor progress against the program goals and deliverables.	Ensure program deliverable of CSA-HCT program are aligned with provincial/territorial priorities.	Annual report from CSA-HCT received.	Q1 – Q2

2.2 Implementation of the Health Technology Strategy (HTS 1.0) Mechanisms

The HTS 1.0 Implementation Plan directs CADTH to provide Secretariat support for the Policy Forum and Exchange. The purpose, description, roles and needs of these two mechanisms are summarized below.   This work will be carried out under the leadership and guidance of the HTA program.

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. CADTH, in its new role as the Canadian health technology agency, 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 the Policy Forum and the jurisdictions. It will also link and consult with health technology innovators and developers including the industry. The Exchange's membership will be voluntary. 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.

CADTH 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 CADTH will provide a support role for this task.

Key Initiatives – HTS 1.0

1. Lead and support the implementation of the Policy Forum.
2. Lead and support the implementation of the Exchange.

Key Initiative #1: Lead and support the implementation of the Policy Forum			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 Set up the Forum Secretariat.	Enhanced sharing and access to HTA and policy analysis information amongst the jurisdictions.	Complete development of structures, processes and mechanisms.	FY
1-2 Support the development of processes, structures and mechanisms.	Reduced whipsawing in the purchase and coverage of health technologies amongst the jurisdictions.	Recruit members and hold one to two meetings.	
1-3 Revise or implement new products and services to support its work.			

Key Initiative #2: Lead and support the implementation of the Exchange			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 Set up the Exchange Secretariat.	Improved coordination and reduced duplication of effort in the gathering of evidence and policy advice.	Complete development of structures, processes, and mechanisms for the Exchange.	FY
2-2 Support the development of processes, structures and mechanisms.	Enhanced sharing of and access to HTA information amongst the jurisdictions.	Recruit members and hold one to two meetings.	
2-3 Implement a repository for the collection and distribution of health technology information.			

2.3   Common Drug Review (CDR)

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.

In 2005, the CDR underwent an independent evaluation of its mandate. The results showed that the founders and funders of the CDR were very satisfied with the results to date. The evaluation also provided four recommendations to address the findings and work on these initiatives will continue into 2006-07.

In October 2005, the Health Ministers announced support for the expansion of the CDR to the review of all drugs. Through the National Pharmaceuticals Strategy, CDR will work with the F/P/T Common Formulary Working Group to develop a business case for CDR expansion.

Key Initiatives – CDR

The following seven (7) Key Initiatives will form the basis of the CDR Program deliverables in 2006/07.

1. Conduct Evidence Based Drug Reviews and provide formulary listing recommendation.
2. Conduct a follow up to CDR Evaluation Recommendations.
3. Track participating Drug Plans Listing Decisions.
4. CDR-Health Canada collaboration project.
5. Build international collaborations/partnerships to address common challenges.
6. Collaborate with the National Pharmaceuticals Strategy on initiatives towards CDR Expansion.
7. Continuous quality improvement of CDR and CEDAC processes.

Key Initiative #1:	Conduct Evidence Based Drug Reviews and provide formulary listing recommendation		
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 Conduct 26 drug reviews and 15 Requests for Reconsideration and issue CEDAC recommendations within timelines.	Deliver drug reviews and evidence-based recommendations to drug plans in a timely manner.	# of drug reviews completed vs number of requests received within established timelines.	FY

Key Initiative #2:	Conduct a follow up to CDR Evaluation Recommendations		
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 Communicate CEDAC Recommendations and Reasons to the general public.	Explore provision of a public version of the CEDAC Recommendations.	Determine feasibility of making CEDAC recommendations available.	FY
2-2 Tailor the scope and depth of CDR reviews to the complexity of the drug submission.	Implementation of a simplified process for reviewing combinations of already marketed drugs and "me-too" drugs.	# of reviews using new processes for combinations of already marketed drugs and "me-too" drugs.	Q1
2-3 Explore how best to incorporate public input into the CDR process	Enhanced public involvement in CADTH and CDR.	Implement Board direction on public involvement for CDR.	FY
2-4 Make the CDR process more transparent.	Improved transparency in the CDR process.	Implement activities to support transparency.	FY

Key Initiative #3:	Track participating Drug Plans Listing Decisions		
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
3-1 Conduct a survey of Drug Plan Listing Decisions in response to CEDAC recommendations.	Provide a single report outlining status of drug plan decisions.	Semi-annual report on uptake of CEDAC Recommendations by drug plans.	FY

Key Initiative #4:	CDR-Health Canada collaboration project		
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
4-1 Continue to work with Health Canada to identify opportunities to streamline drug approval and review processes.	Identify opportunities in the CDR process for exchange/sharing of information with Health Canada to facilitate and improve efficiencies of CDR reviews.	# of CDR process improvements identified and implemented.	FY

Key Initiative #5: Build international collaborations/partnerships to address common challenges			
Activities	Planned Outcome	Performance Measure	Timing
4-1 Explore and initiate collaborations with similar international agencies.	Enhanced opportunities for sharing and exchange of information and ideas related to the challenges associated with the drug review process and outcomes.	# and/or types of exchanges that are informative to improve the CDR process.	FY
5-2 Conduct and update process and outcomes related comparisons of CDR and selected similar agencies across the international jurisdictions.	A database of international congruence or divergence of decisions / recommendations on CDR drugs.	Completion of the database development.	
Key Initiative #6: Collaborate with the National Pharmaceuticals Strategy on initiatives towards CDR Expansion			
Activities	Planned Outcome	Performance Measure	Timing
6-1 Develop a business case for CDR expansion into new indications for old drugs.	Business case completed by June 2006.	Approval of business case and funding by DM's.	Q1
6-2 Work with the NPS Common Formulary Working Group to assess the feasibility of a common review process for oncology drugs.	Support consultation plan for a common review process for oncology drugs.	Implement DM's direction on process for common review of oncology drugs.	
Key Initiative #7: Continuous quality improvement of CDR and CEDAC processes			
Activities	Planned Outcome	Performance Measure	Timing
7-1 Review of CEDAC processes.	Identification and implementation of opportunities for improvements in CEDAC processes.	Organize an effective annual CEDAC retreat.	FY
7-2 Review of CDR Procedures, Submission Guidelines and drug review processes.	Identification of opportunities for improvements in CDR processes.	Implementation of the improvements identified for CDR processes.	

2.4   Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)

The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), launched in 2004, is a nationally coordinated program that promotes and facilitates best practices in drug prescribing and use among healthcare providers and consumers.

The initial focus of COMPUS work is in three assigned priority areas where improvements to medication prescribing and use will contribute to improvements in health outcomes for a large number of Canadians, and will result in more cost-effective utilization of widely-prescribed medications. The priority areas are: proton pump inhibitors (PPIs), diabetes management, and anti-hypertensives.

A primary initiative in 2006-07 will be to assess and re-confirm the COMPUS direction with stakeholders. Since this business plan has been developed to reflect existing priorities, a decision to move in directions not aligned to the current priorities would have an impact on COMPUS activities and deliverables planned for the 2006-07 fiscal year.

The PPI project, which was initiated in 2005-06, will be completed in 2006-07 with the delivery of best practice intervention recommendations and a PPI implementation toolkit. The diabetes management project is scheduled to begin, with delivery of best practices recommendations and best practice interventions during the year. Also planned for 2006-07 are initiatives that will further COMPUS′ objective to become the recognized Canadian centre for information and education on best practices. This includes expansion of the Medication Prescribing and Utilization Project (MPUP) Collection on the CADTH web site.

Key Initiatives - COMPUS

The following five (5) key initiatives will form the basis of the COMPUS program deliverables in 2006-07:

1. Assess COMPUS program priorities to ensure needs of the jurisdictions are being met.
2. Develop and deliver best practice recommendations.
3. Develop and deliver recommendations for best practice interventions.
4. Develop and deliver implementation toolkits.
5. Develop, enhance and promote COMPUS products.

Key Initiative #1: Assess COMPUS program priorities to ensure needs of the jurisdictions are being met			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 Develop options and recommendations regarding COMPUS future priorities.	Feasible options for COMPUS direction identified.	Options developed.	Q1
1-2 Solicit stakeholder input on options.	Jurisdictions' needs and preferred direction for COMPUS understood.	Stakeholder feedback documented.	Q1
1-3 Confirm COMPUS priorities for 2006-07 and beyond.	Confirmation of future mandate for COMPUS.	Mandate and business plan for COMPUS updated.	Q2
1-4 Initiate design / scoping of new products and services (if required).	Design of new products & services initiated and/or existing priorities confirmed.	New products & services requirements understood and implementation initiated (if required).	Q2

Key Initiative #2: Develop and deliver best practice recommendations			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 Develop & deliver evidence-based recommendations for the prescribing and use of proton pump inhibitors. (PPI)	Delivery of the Final Report on evidence-based recommendations for PPIs.	Final Report delivered.	Q2
2-2 Develop & deliver evidence-based recommendations for the management of diabetes.	Delivery of the Final Report on evidence-based recommendations for the management of diabetes.	Final Report delivered.	Q4
2-3 Initiate development of evidence-based recommendations for the prescribing and use of anti-hypertensives. (AHT)	Scope of AHT study understood.	Scope of AHT study documented and approved.	Q4

Key Initiative #3: Develop and deliver recommendations for best practice interventions			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
3-1 Gather information on evidence-based interventions that influence prescribing behaviour, and post in a publicly accessible database.	Awareness of interventions used to influence prescribing behaviour.	Interventions posted on CADTH website. Recommended interventions integrated into PPI Toolkit.	Q2
3-2 Develop & deliver interventions recommendations supporting the adoption of best practices for PPIs.	Documentation of interventions recommendations for PPIs.	Publication of the recommendations.	Q3
3-3 Develop & deliver interventions recommendations supporting the adoption of best practices in diabetes management.	Documentation of interventions recommendations for diabetes management.	Publication of the recommendations.	Q4

Key Initiative #4: Develop and deliver implementation toolkits			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
4-1 Develop and deliver the PPI toolkit to support implementation and evaluation of PPI Best Practice Interventions (BPIs).	PPI best practices implemented in F/P/T jurisdictions and with broader stakeholders.	PPI toolkit delivered to jurisdictions. Number of toolkits requested.	Q3
4-2 Begin development of the diabetes toolkit to support implementation and evaluation of diabetes BPIs.	Content of the diabetes management tookit defined.	Plan for the diabetes toolkit completed.	Q4
Key Initiative #5: Develop, enhance and promote COMPUS products			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-1 Develop and implement a plan to become the recognized Canadian clearinghouse for information relating to best practices in drug prescribing and utilization, including continued expansion of the MPUP Collection.	Increased awareness and utilization of the information resources available through COMPUS. Increased awareness and utilization of best practices by healthcare professionals across Canada.	Plan established and documented. Increase to number of new submissions to MPUP Collection. Increase to number of website visits.	Q2
5-2 Develop an evaluation framework for major COMPUS outputs/deliverables, e.g. the MPUP collection; the proton pump inhibitor toolkit.	High-quality COMPUS products which satisfy stakeholders' requirements.	COMPUS evaluation framework in place.	Q3
5-3 Create awareness of COMPUS products and services as well as obtaining input on the COMPUS program and best practice issues through the CADTH Symposium as well as activities such as support for best practice workshops.	Increased awareness by stakeholders and public of COMPUS initiatives and resources, and best practice issues. Increased understanding by the COMPUS team of how to effectively support the jurisdictions and stakeholders.	Number of events organized/attended. Evaluations from attendees at events.	Q1 and ongoing
5-4 Establish and maintain collaborative networks and partnerships.	Sharing of information on best practices and existing initiatives. Increased acceptance and uptake of COMPUS products.	Results from a survey of stakeholders with respect to their level of satisfaction with COMPUS & its products.	Q1 and ongoing

2.5   Strategic Communications and Knowledge Exchange – (SCKE)

Support for Jurisdictional Uptake and Utilization of Health Technology Information - CADTH's Communication Strategy

Given the importance of enhancing the awareness, uptake and utilization of CADTH products and services, a consolidated directorate was established in late 2005/06. This directorate, Strategic Communications and Knowledge Exchange (SCKE) has responsibility for Communications, Strategic Partnerships, Knowledge Transfer and the Liaison Officer Program.

CADTH recognizes the needs of the jurisdictions to have easy 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.

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

- Production and dissemination of print and web-based products. This includes internal editing, layout and translation of publications to ensure our products deliver a clear and concise message. On average CADTH produces approximately 100 publications annually ranging from full HTA/COMPUS reports, to program/corporate newsletters, to emerging technology bulletins.
- Access to CADTH publications and information through its website.
- 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 CADTH and jurisdictions and supports decision makers in the uptake and application of CADTH 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 2006, CADTH will host the second annual symposium for Canadian producers and users of evidence based information on drugs and other health technologies.

Key Initiatives – SCKE

Through the following seven (7) key initiatives CADTH will effectively communicate and transfer knowledge about its products and services to its clients and stakeholders.

1. Raise awareness, uptake and application of CADTH's programs, products and services.
2. Continue to implement and further develop the Liaison Officer Program.
3. Host and/or deliver a series of educational workshops, seminars, and conferences/symposia to support the uptake and application of evidence-based information.
4. Provide high-quality production services to deliver program and corporate communication products in a timely, consistent manner.
5. Refine and improve CADTH products, services and communications tools in response to user needs.
6. Develop and implement a Knowledge Transfer Program.
7. Complete the implementation of the new Strategic Communications and Knowledge Exchange Directorate.

Key Initiative #1: Raise awareness, uptake and application of CADTH's programs, products and services			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 <u>Liaison Program</u> Host and or attend meetings/ workshops/conferences with key contacts in the jurisdictions to help develop and coordinate local decision-making processes regarding health technologies.	Increase the awareness and appreciation of the value and usefulness of CADTH's product and services. Disseminate and/or provide access to CADTH's products. Facilitate the Health Technology Inquiry Service; the HTA and Horizon Scanning Services; the HTA Capacity Building Grants Program; the Repository; the MPUP collection database and COMPUS program.	# of meetings/conferences/workshops attended/hosted. Minimum 2 workshops/jurisdiction and a # of presentations made. Increase in # of subscribers to CADTH products. # of requests/submissions.	FY
1-2 <u>Knowledge Transfer</u> Development of KT strategies, approaches and materials.	Improved awareness, uptake and utilization of CADTH products or services.	Increased impact of CADTH products; increase in # web stats/traffic.	FY
1-3 <u>Partnerships and Strategic Initiatives</u> Manage CADTH's external relationships with the Canadian Cochrane Network and Centre (CCN/C), the Canadian Standards Association, the Coordinating Committee for Health Services Research (CCHSR), other key stakeholders and networks; expand the CADTH database of key stakeholders.	Improved information sharing; identification of potential partnership opportunities; 2006-07 Conference Plan.	Increase in: # of meetings # and quality of partnership opportunities identified. # of partners/stakeholders.	FY
1-4 <u>Communications</u> Promote CADTH, its programs and its outputs through communications planning and advice, media relations activities, promotional support, targeted advertising, event/conference support and corporate web presence.	Increase awareness of program areas (COMPUS, CDR and HTA) among target audiences.	Annual communications plan completed and evaluated for CADTH and each program area. Media monitoring, Web site traffic, increase in # of subscribers to CADTH products.	FY
1-5 Complete the organizational rebranding efforts in conjunction with the name change to CADTH.	Increase stakeholder/end user awareness of CADTH.	Media monitoring, web-site traffic, # of subscribers to CADTH products, user feedback.	Q1 – and ongoing

Key Initiative #2: Continue to implement and further develop the Liaison Officer Program.			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 <u>Liaison Program</u> Continue to evolve the Liaison Officer Program to meet the needs of the jurisdictional stakeholders and program areas.	Develop a cohesive team of Liaison Officers to increase the awareness of CADTH, its programs and services in all jurisdictions, and encourage the use of evidence-based information to support decisions about health technologies. Develop and implement a Logic Model for the Liaison Program including performance indicators. Completion of a Program Evaluation.	Meetings/teleconferences held to advance the program. Liaison Officers hired for Territories and Ontario as required. Program Logic Model Completed. Evaluation Process Completed.	FY

Key Initiative #3: Host and/or deliver a series of educational workshops, seminars and conferences/symposia to support the uptake and application of evidence-based information.			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
3-1 <u>Liaison Program/Knowledge Transfer</u> Pursue and support educational workshops/conferences/symposia to increase the uptake and application of evidence-based information.	Improved understanding by participants of how CADTH products or services are used by decision makers, and how they can use CADTH products.	Increase in # of workshops, conferences, symposia held. Increase in # of case studies/impact examples produced; event evaluations.	FY
3-2 <u>Partnerships and Strategic Initiatives</u> Host a second annual symposium for Canadian producers and users of evidence-based information on drugs and other health technologies. Plan and promote the 2007 CADTH Invitational Symposium.	Provide a forum for productive discussion between producers and users of evidence-based information on drugs and other health technologies.	Increase in # of attendees Participant evaluations # of key individuals and organizers engaged in the 2007 planning process.	Q1 FY
3-3 Plan and deliver a series of educational seminars involving national or international speakers.	Support for informed decision making and increased use of evidence-based information by decision-makers.	# of events Participant evaluations.	Q2 – Q4

Key Initiative #4: Provide high-quality production services to deliver program and corporate communication products in a timely, consistent manner.			
Activities	Planned Outcome	Performance Measure	Timing
4-1 Communications Provide a range of editing, formatting, design and translation services in developing and delivering materials on behalf of CADTH program and corporate areas.	High-quality products that consistently adhere to established graphic standards and are delivered in a timely manner.	Adherence to established service guidelines; improved service standards; client satisfaction measures; stakeholder feedback.	FY
4-2 Deliver a comprehensive internal communications program consisting of an internal newsletter, lunch n' learn program and content/features on the corporate intranet.	Keep staff informed on a regular basis; retain adequate numbers of skilled staff to deliver CADTH products and services.	Evaluation of products; staff feedback.	FY

Key Initiative #5: Refine and improve CADTH products, services and communication tools in response to user needs.			
Activities	Planned Outcome	Performance Measure	Timing
5-1 Liaison Program Obtain stakeholder feedback through a variety of mechanisms.	Coordinate and submit stakeholder feedback on CADTH's products and services including an annual environmental scan.	Environmental scan completed. Stakeholder survey completed.	FY
5-2 Provide advisory committee members and HTA staff with local, contextual information about topics to support the topic identification, prioritization & refinement process.	Contribute to the topic prioritization & refinement process.	Information received and shared to support the process.	FY
5-3 Identify local experts to participate in specific CADTH activities/initiatives and facilitate product and service development/improvements (e.g. Centres of Excellence).	Development of an active network of contacts.	# of contacts identified in response to requests from program areas.	FY
5-4 Knowledge Transfer Consult on and integrate KT best practices and end-user requirements in HTA/COMPUS Reports; Support integration of KT best practices and KT processes, as applicable in the implementation of the Policy Forum/Exchange.	Improve and further enhance HTA/COMPUS Reports to respond to decision maker needs. Ensure Policy Forum / Exchange processes account for any applicable KT issues.	Increased uptake and impact of HTA/COMPUS products. KT consultation report as required.	FY

Key Initiative #5: Refine and improve CADTH products, services and communication tools in response to user needs. (cont'd)			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-5 Develop a KT impact measurement framework.	Improve CADTH's understanding of KT impact on product uptake and utilization.	Impact Measurement Framework produced.	FY
5-6 <u>Partnerships and Strategic Initiatives</u> Manage CADTH's relationship with other Canadian HTA and near-HTA producers.	Improved information sharing; identification of potential partnership opportunities; support for the development of the Repository of health technology information and best practices; facilitate the implementation of the Exchange.	Increase in # of strategic partnerships # of partners for the Repository.	FY
5-7 <u>Communications</u> 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.	An enhanced CADTH Web site with added functionality and capabilities.	Complete web site re-design. Stakeholder/user feedback.	FY

Key Initiative #6: Develop and implement a Knowledge Transfer Program			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
6-1 <u>Knowledge Transfer</u> Develop a KT strategy including organizational framework, "philosophy," objectives, approach and processes.	Formalized program/organizational plan.	Strategy produced, structural changes implemented.	Q2 – Q3
6-2 Provide various levels of KT for HTA Technology Reports and level 4 HTIS Reports.	Improved awareness, uptake and utilization of key HTA Reports by decision makers.	# of HTA Technology Reports supported by KT.	FY
6-3 Assist in integrating KT best practices, as appropriate, into COMPUS communications regarding best practices recommendations.	Improved awareness uptake and utilization of COMPUS reports by decision makers.	Support KT development for COMPUS.	FY

Key Initiative #7: Complete the implementation of the new Strategic Communications and Knowledge Exchange Directorate.			
Activities	Planned Outcome	Performance Measure	Timing
7-1 Liaison Program Continue to recruit remaining Liaison Officer positions/evolve the program to support the jurisdictions.	Improved uptake and utilization of CADTH products and services.	Completion of hiring process / continued evolution of program.	FY
7-2 Knowledge Transfer Implement the KT Strategy.	Formalized organizational structure/ program delivery model(s).	Strategy produced, program/structural changes implemented leading to increased uptake and utilization of CADTH products and services.	Q3 – Q4
7-3 Partnerships and Strategic Initiatives Develop and implement a Strategic Partnership Plan/Program.	Criteria for evaluating partnership opportunities. Clarification of CADTH's partnership objectives. Proactive identification of partnership opportunities.	# of partnership opportunities identified and evaluated. # of new partnership initiatives.	Q1 (Plan) Q2 – Q4
7-4 Communications Implement the centralized Communications function.	Effective communications support - internal and external.	Improved service, client satisfaction measures, stakeholder feedback.	FY

2.6   Corporate Services

Working within an integrated program model, supported by centralized business functions, CADTH staff and committees are able to seamlessly share information, anticipate and respond quickly to new information, and make changes as required to meet stakeholder needs and priorities. A broad range of professional, office and management staff is accessible to all CADTH programs. The Corporate Services Directorate has two main objectives: to provide strategic, financial and human resource guidance as well as the technological tools and expertise to ensure effective and efficient operation of CADTH, and to provide library and information management expertise to support the research/scientific efforts of CADTH's HTA, CDR and COMPUS programs.

The following centralized business functions are housed within the CS Directorate:

- Library and Information Services
- Finance and Administration (including facilities management)
- Information Management and Information Technology
- Human Resources
- Corporate Governance

In 2006/07, CS will continue to provide operational support to CADTH's programs, manage a variety of corporate initiatives necessary to help manage the growth and change at CADTH, as well as undertake a number of continuous improvement initiatives.

Key Initiatives – CS

The CS Directorate will undertake four (4) key initiatives summarized below.

1. Provide Library and Information Services to the HTA, CDR and COMPUS programs.
2. Support CADTH's Programs in the areas of Human Resources, Finance, Administration and Information Management and Information Technology.
3. Support the management of change and growth at CADTH.
4. Continuous improvement of Corporate Services business functions.

Key Initiative #1: Provide Library and Information Services to the HTA, CDR and COMPUS programs			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 Provide information identification, retrieval and management service to support the HTA program activities.	Provision of all necessary LIS support to assist HTA in the delivery of all targeted products and services within the established timelines.	Timely completion of all LIS activities requested by HTA to deliver the full range of products as per plan.	FY
1-2 Provide information identification, retrieval and management services to support CDR Drug Reviews and Requests for Reconsideration.	Provide all necessary LIS support to assist CDR in the timely and efficient delivery of drug reviews and evidence based recommendations.	Timely completion of all LIS activities requested by CDR in completing drug reviews and requests for reconsiderations.	FY
1-3 Provide information identification, retrieval and management services to support COMPUS best practices and best practices interventions activities.	Provide all necessary LIS support to assist COMPUS with the collection and evaluation of best practices in drug prescribing and utilization for the priority topic areas identified for 06/07.	Timely completion of the LIS work needed to support the development of COMPUS recommendations in the two priority topic areas for 06/07 and collections development.	FY
Key Initiative #2: Support CADTH's Programs in the areas of Human Resources, Finance, Administration and Information Management and Information Technology.			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 Develop and implement the annual HR Strategy and work plan.	Implementation of the planned priority HR initiatives for 06/07 which contribute to achieving CADTH's goal of reaching "employer of choice" status.	# of hires compared to # of planned hires to March 2007 within the timeframes needed to support program delivery. Completion of HR activities as per plan.	FY

Key Initiative #2: Support CADTH's Programs in the areas of Human Resources, Finance, Administration and Information Management and Information Technology. (cont'd)			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-2 Provide financial management support through planning, control, reporting and advisory services and activities (including contract administration).	Provision of timely and accurate information to support informed business decisions for CADTH and early identification of factors which may impact financial performance against approved budget.	Timely completion of accurate monthly financial reports including variance reports.	FY
	Effective utilization and preservation of CADTH's resources through sound accounting and financial planning and practices.	Completion of Annual audit with no auditors' observations/findings.	Q1
	Support program efforts to secure and administer external contractors and mitigate CADTH's risks.	Timely and accurate completion of contracts/grants requested by internal clients.	FY
2-3 Develop the annual IM/IT strategy and work plan for 06/07.	Enhanced IM/IT capability for CADTH programs. Provision of IM/IT tools and services which contribute to increased staff productivity and improved technology infrastructure to support internal and external information exchange.	Establishment of IM/IT performance metrics and completion of performance report against service standards. Successful completion of IM/IT projects as identified in the 06/07 annual strategy and work plan.	FY
2-4 Develop the CADTH Governance Plan for 06/07.	Enhanced governance framework and accountability for CADTH's Board and committees.	Implementation of planned activities.	Q1
	Ensure legal requirements of the Corporation are observed.		Q4
Key Initiative #3: Support the management of change and growth at CADTH			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
3-1 Assess CADTH's facilities needs to ensure CADTH has appropriate office space/ lease options available in the next 5 years.	Ensure CADTH has sufficient office space to meet its longer term needs.	Completion of assessment and appropriate recommendations for leasing options.	FY
3-2 Undertake a needs assessment of future systems and technology upgrades required to support CADTH's overall needs.	Ensure technological requirements for CADTH are carefully considered and CADTH is well positioned for its future work.	Completion of needs assessment document.	Q4

Key Initiative #4: Continuous Improvement of Corporate Services business functions			
Activities	Planned Outcome	Performance Measure	Timing
4-1 Review of targeted HR, Finance, Administrative, IM/IT and LIS processes, procedures and services.	Identification of opportunities for improvements in CS processes.	Implementation of improvements in CS processes.	FY
4-2 Research and where appropriate introduce new methodologies to improve information searching/management capabilities for CADTH.	Introduction of most current and relevant information services techniques to support CADTH's programs.	Report on methodologies investigated and the disposition of findings. Introduction of new methods as appropriate.	FY