Canadian Agency for Drugs and Technologies in Health (CADTH)

Annual Business Plan 2007-2008

Approved by the CADTH Board February 8, 2007

2007-2008 BUSINESS PLAN

OVERVIEW

Meeting the Needs of Health Care Decision Makers – Now, and In the Future

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 the decision maker's specific needs is crucial. The Canadian Agency for Drugs and Technologies in Health (CADTH) is a significant contributor in meeting the need for reliable information and for supporting decision makers as they contend with these demands. By providing high quality, impartial, evidence-based information on drugs, vaccines, devices, medical and surgical procedures, equipment, materials and health care systems, CADTH supports decision makers to achieve the best outcomes, both for patient health and the health care system.

Reflecting the rapid pace of change within Canada's health care system, CADTH has also continued to broaden and enhance its range of services and products. CADTH's five year business plan (2006-2011), approved by the Conference of Deputy Ministers (CDM), contains the following seven strategic goals:

Deliver the Common Drug Review (CDR), Health Technology Assessment (HTA) and Canadian Optimal Medication Prescribing & Utilization Service (COMPUS) programs.

Ensure that CADTH's products and services are relevant and responsive to stakeholder needs.

Facilitate increased uptake and utilization of the products, services and processes produced by CADTH and its partners.

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

Support the implementation of the HTS 1.0.

Transition CCOHTA to CADTH.

Manage change and growth within CADTH.

In developing the 2007-2008 Business Plan, CADTH set its focus on achieving two primary objectives:

- CADTH will continue to deliver to its stakeholders and clients the full range of high-quality products and services in keeping with the CADTH mandate and strategic direction.

- As 2007-2008 is the final year of the five-year funding agreement with Health Canada, CADTH will plan for, and undertake, a number of key initiatives in support of its five-year plan (2008-2013), thereby positioning itself to secure long-term support from its jurisdictional members.

Business Plan Highlights

This Business Plan, guided by the Five Year Plan, contains the key initiatives CADTH will undertake in 2007-2008. The following are a number of the key highlights:

CADTH's Next Five-Year Plan – In 2007-2008, CADTH will undertake the development of, and consult with, key stakeholders relating to its next five-year plan (2008-2013). Up to this point, CADTH has purposely maintained HTA, CDR and the Canadian Optimal Medication Prescribing & Utilization Service (COMPUS) as separate programs to allow for these newer programs to be initially implemented. The programs do, however, benefit from each other in many areas, including the exchange of human resources, methodologies, shared committees, etc. The programs also benefit from shared corporate support, and centralized communications and outreach resources. Moving forward, it will be important to re-examine this approach to determine if there is a potentially better way of organizing CADTH's work; the objective being to even more effectively support the jurisdictions in the optimal management and utilization of health technologies and pharmaceuticals, from innovation to obsolescence.

National Pharmaceuticals Strategy (NPS) – CADTH is well positioned to contribute effectively to the NPS as the National Pharmaceuticals Strategy Task Group (NPSTG) embarks on the second phase, with work plans and budgets associated with its Strategy's nine elements of the NPS already developed. CADTH representatives from both the CDR and COMPUS programs will continue to actively contribute to the efforts of the Common National Formulary, Real World Drug Safety and Effectiveness, and Expensive Drugs for Rare Diseases Working Groups.

Common Drug Review (CDR) Expansion – In 2007-2008, the CDR program will be expanded to include new indications for old drugs. With the additional funding coming into effect on April 1, 2007, 35 drug reviews (including 10 for old drugs with new indications) will be conducted. As per the CDM directive of October, 2005, CADTH will work with the NPS Common National Formulary Task Group in moving towards a "common national formulary". As part of CADTH's NPS participation, a business case for CDR expansion into drug class reviews will be developed and CDR will work with the Provincial Oncology Collaborative to assess the feasibility of a common review process for oncology drugs. Increased transparency of the CDR process through the release of lay versions of CEDAC recommendations and the publication of CDR clinical reviews and CEDAC minutes are also new initiatives for 2007-2008.

Health Technology Assessment (HTA) – The HTA program plans to publish 20 to 25 full HTA reports and Overviews as part of its 2007-2008 deliverables. Additionally, the Horizon Scanning Service will produce 10 to15 CETAPS and two to three issues of the *"Health Technology Update"* newsletter.

Health Technology Inquiry Service (HTIS) – This service is again expected to respond to a significant increase in the number of requests over the previous year (approximately 250 in 2006-2007 compared to approximately 400 in 2007-2008). This new product has been very well received by health ministries, regional health authorities and hospitals. Requestors appreciate the ability to customize their research question and to choose what level of assessment best meets their needs.

Canadian Optimal Medication Prescribing & Utilization Service (COMPUS) – At the end of 2006-2007, COMPUS launched its Proton Pump Inhibitors (PPI) best practice findings, including recommended interventions, toolkits and support for implementation and evaluation. Continued support for stakeholders in the roll-out of the PPI best practices will occur in Q1 and Q2 of 2007-2008. Two diabetes best practices reports, toolkits and evaluation frameworks will be released by the end of Q4 and work will begin on three additional diabetes topics. COMPUS will also undertake initiatives to promote increased capacity within the jurisdictions to implement selected PPI behavioural change interventions. These will range from an Academic Detailing workshop, to a continuing education event with primary health care professionals on intervention techniques, to the promotion of the interventions database.

Policy Forum and Exchange – In 2007-2008, CADTH, in the role of Secretariat, will actively support the work of the Policy Forum and the Health Technology Analysis Exchange. These groups are expected to each meet twice during the year. The activities of these networks will enhance the sharing of and access to HTA policy analysis information and improve coordination in the gathering of evidence and policy advice.

Partners in Health Technology Assessment (PIHTA) Centres – The HTA Directorate will be working closely with two to three PIHTA Centres contracted to assist CADTH in leveraging both its HTA and policy analysis capacity. This continues CADTH's commitment to invest in new and existing heath technology capacity in Canada. These organizations are well positioned to deliver research needed to support CADTH programs.

Stakeholder Linkages – Underscoring its commitment to better integrate client input into its products and services and to communicate more effectively with target audiences, CADTH hopes to have liaison officers actively supporting all provinces and territories (except Quebec, which is not a CADTH member) in 2007-2008. The CADTH liaison officers play a critical role in forming strong linkages and developing collaborative relationships between CADTH and the provincial health ministries, health care providers and other stakeholders.

Support for Uptake and Utilization – In 2007-2008, it is anticipated that CADTH staff will be involved in approximately 800 workshops, presentations, conference exhibits and meetings, all with the objective of increasing awareness, uptake and utilization of CADTH's products and services. Proactive knowledge transfer and communications activities will continue to support decision makers with targeted messaging and tools,

allowing them to more easily apply the evidence-based information and recommendations provided by CADTH. Knowledge transfer support will be provided to all HTA and COMPUS deliverables, and to a select number of CDR drug listing recommendations.

Organizational Readiness – CADTH continues to thrive in an environment of sustained growth and change. By the beginning of 2007-2008, CADTH will be at, or very close to, its full staff complement as per the approved 2006-2007 business plan. This positions CADTH to successfully deliver on its 2007-2008 objectives. CADTH has recruited a solid management team, updated its IT infrastructure, secured sufficient office space to house its staff, and has addressed the CDR funding shortfall.

The next chapter of CADTH's continuing success story will be written in 2007-2008, and once approved by the Conference of Deputy Ministers, the transition to the new business plan will be launched in the last quarter of 2007-2008. CADTH is excited about its evolving mandate and the activities planned for 2007-2008 that are designed to meet the needs of the jurisdictions. Buoyed by the success of the new programs and enhanced products and services introduced in recent years, as well as by the recent endorsement by the Conference of Deputy Ministers (CDM) to expand the Common Drug Review, CADTH is committed to meeting these needs. The concerns of CADTH's stakeholders, partners and end users of its products and services are paramount in all that we do. 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.

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1 INTRODUCTION

1.1 2007-2008 Business Plan Framework

In October 2005, the Conference of Deputy Ministers (CDM) approved CADTH's 2006-2011 Business Plan – a medium-level business plan that provides the blueprint CADTH follows to achieve its mandate. The scope of the plan includes key initiatives necessary to:

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

Additionally, CADTH has been participating on the National Pharmacy Strategy (NPS) Task Group as a non-voting member to inform discussion and provide specialized expertise:

- CADTH participates in a number of NPS Working Groups related to CADTH's mission.
- Specifically, CADTH actively participates on the Common Formulary Task Group, which has been tasked with implementing the First Ministers agreement in October 2005 to "expand the Common Drug Review to all drugs and to work towards a common national formulary".
- A staged expansion is to be developed which would be implemented over a number of years.
- In June 2006, the CDM approved, in principle, that CADTH undertake an expansion of the Common Drug Review, beginning with new indications for old drugs beginning April 1, 2007.
- In February 2007, the funding for this expansion was approved by the CDM.
- Future potential opportunities for CADTH may be identified through this participation.

Using the framework set out in the 2006-2011 Business Plan, the 2007-2008 Business Plan contains the specific initiatives CADTH will pursue in the coming year to move further towards achieving the longer-term strategic objectives set out in the five-year plan. The 2007-2008 Business Plan continues to be aligned with the five-year plan approved in October 2005. Key initiatives in 2007-2008 build upon the progress achieved in 2006-2007 and incorporate some of the new or expanded activities envisioned for year two of the five-year Strategic Plan. However, the financial resources

available to conduct the 2006-2011 plan were in 2005-2006, and therefore, all planned activities as originally envisioned in October 2005 cannot be carried out. CADTH continues to assess the possibilities and plans to deliver programs and services which the organization understands to be the most highly valued by its members, to the extent possible, with the resources available.

1.2 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, continue to be 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 health care systems across Canada.

CADTH Mission

CADTH's mission is 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:

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

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

Cornerstones

Key cornerstones crucial to CADTH's success include:

- *Impartiality*: CADTH is a non-government body, working at 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 essential 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 its 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.

1.3 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 optimal practices (COMPUS).

The three CADTH programs 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. Starting April 1, 2007, CDR will also conduct reviews of old drugs with new indications. 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 & Utilization Service (COMPUS)** identifies optimal practices in drug prescribing and use, and promotes their use by health care providers and consumers to improve health outcomes. 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 optimal practices. COMPUS deliverables include evidence-based products for use by the jurisdictions on selected topics which lack robust systematic reviews or existing evidence. A Consolidated Report and Implementation Toolkits for the selected topics are developed. A Consolidated Report contains four separate, but complementary, deliverables – an Optimal Practice Report, an Interventions Report, a Current Practice Analysis Report, and Gap Analysis Report.
- **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 Program works closely 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 three programs within CADTH brings to the organization 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. Keeping the planning and management of these programs 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 to fostering, investing in and leveraging 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. In 2006-2007, CADTH negotiated three-year agreements with two research organizations, after a rigorous request for a proposal process, to operate as Partners in Health Technology Assessment (PIHTA) centres, producing a variety of reports as requested by CADTH. This step further confirms CADTH's ongoing commitment to building research capacity within Canada. A third PIHTA is being considered for implementation in 2007-2008.

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, undertaking collaborative work in research methods, ensuring knowledge management and ongoing information-sharing and networking.

With staffing levels approaching full capacity, CADTH is set to deliver 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 ensure the delivery of 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

The Key Initiatives to be implemented by CADTH's programs and the two directorates that support the programs are outlined in the pages that follow. 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 measurements, 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. The program's three service streams provide comprehensive HTA reports, bulletins and briefs on new and emerging technologies, and tailored responses and reports to questions about health technologies through its Health Technology Inquiry Service (HTIS). Its broad range of products is designed to meet diverse jurisdictional needs.

Health Technology Assessments, the most rigorous and comprehensive of CADTH's reports, review the clinical effectiveness, cost-effectiveness and broader impact of health technologies, including budget, organizational, societal, ethical, and equity impacts. HTA work is completed by CADTH staff and through external commissioning (20% to 25% of the HTA budget). The topics for full assessments are set by jurisdictional advisory committees, and focus on health technologies of broad interest

and significant impact (approximately 50% of the topics focus on pharmaceuticals and 50% on devices, procedures and health care system issues). Jurisdictions also have access to several additional drug class reviews (25 over the past three years) through CADTH's involvement as a participating organization in the Drug Effectiveness Review Project (DERP) of the Centre for Evidence-based Policy at the Oregon Health Sciences University (OHSU). In 2007-2008, 20 to 25 full HTA reports will be published, together with an equivalent number of Overview Reports.

The ***Health Technology Inquiry Service (HTIS)*** meets 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, peer-reviewed report ("Rapid Review") within a 16-week timeframe. Jurisdictional demand for the HTIS continues to grow. The service is projected to respond to over 250 requests in 2006-2007. Approximately 75% of these requests relate to non-drug technologies. The majority of the requests come from health ministries and regional health authorities. Approximately 60% of callers indicated the information provided was used to support health technology coverage and purchasing decisions. This service is expected to process up to 400 requests in 2007-2008.

The ***Horizon Scanning Service*** supports the need for information in the early stages of a health technology's life-cycle. Its purpose is to alert decision makers to upcoming technologies likely to have a significant impact on the delivery of health care in Canada. In doing this, it helps decision makers anticipate, plan and manage the introduction and diffusion of new and emerging technologies. This service also identifies topics that may be of interest to decision makers for future HTA work. The program products include bulletins and a *Health Technology Update* newsletter. Estimates for 2007-2008 include 10 to15 CETAP bulletins and two to three issues of the newsletter.

A review of the horizon scanning program was initiated in 2006-2007 considering internal and external feedback, and the anticipated needs of the Policy Forum and Exchange. Early work has focused on the processes for identifying and prioritizing topics to be covered by the service. Feedback from the HTA evaluation will provide guidance for further work in 2007-2008.

HTA Program Growth and Change

The HTA program has undergone significant change during the past two years, producing twice as many full HTA reports (20 to 25 reports projected for 2007-2008), introducing HTIS, and expanding horizon scanning. Through process improvements, strengthened project management, and by refined and new products and services, relevance and timeframes have been enhanced. CADTH HTA reports now include policy implications to better support decision making.

The popularity of new products and services, such as the HTIS and the *Health Technology Update* newsletter, continues to grow, with the number of HTIS requests projected to almost double in 2006-2007. Although the HTA Capacity Building Grants Program will not continue in 2007-2008, the work of the Partners in Health Technology Assessment centres of excellence will continue to support Canadian capacity for the production, update and utilization of HTA information.

CADTH will continue to focus on meeting jurisdictional needs and providing value for their support and investment in CADTH. The results and recommendations from the HTA evaluation will guide much of this change. A flexible, adaptable and collaborative approach will continue to be used, recognizing the need for ongoing change and the introduction of 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 leverage the HTA expertise and capacity across Canada. The implementation of the new HTS 1.0 mechanisms will support jurisdictional collaboration and sharing of information to reduce the duplication of effort and optimize the leveraging of HTA and policy analysis resources.

2.2 Secretariat Support for the Policy Forum and Exchange

CADTH, in its new role as the Canadian health technology agency, serves as the Secretariat for the Policy Forum and the Exchange, two new mechanisms of the Health Technology Strategy (HTS 1.0). In its role as Secretariat, CADTH prepared operational plans for the implementation of both the Policy Forum and the Exchange, building on HTS 1.0 and its implementation plan. These plans were approved by the CADTH Board in June 2006, and “Terms of Reference” for both mechanisms were developed and approved in October 2006. Set-up of the Secretariat, the establishment of structures and mechanisms, the appointment of members and inaugural meetings of both mechanisms occurred during 2006-2007.

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, with the jurisdictions. Its membership will be voluntary and consist of representatives from the federal, provincial, and territorial Ministries of Health.

In support of the Policy Forum work in 2007-2008, CADTH plans to undertake additional policy analysis work and provide policy options and/or recommendations in more HTA reports. Enhanced and expanded horizon scanning work, such as developing White Papers or information papers on emerging technologies or groups of technologies, is planned. CADTH will also revise current and/or implement new products and services to support the Policy Forum.

The Exchange
The Exchange is a network of HTA producers. It will coordinate the gathering of evidence and policy advice regarding health technologies to support the needs of the jurisdictions, including those of the Policy Forum. Its membership, granted by the CADTH Board of Directors based on membership criteria, will be voluntary and consist of not-for-profit organizations which conduct assessments of technology in health care. In addition to carrying out the Secretariat role, CADTH will apply for membership to the Exchange as well.

Key initiatives to be undertaken by the Exchange in 2007-2008 include enhancing access to HTA and best practices information through the Health Technology Repository, the latter of which consolidates the HTA database, MPUP collection and Health Technology Assessments from participating Exchange Partners. Additionally, as a Member of the Exchange, CADTH will contribute to information sharing, possible methods-related work, and Exchange support of Policy Forum work. Enhanced horizon scanning work for the Policy Forum would also be used to inform Exchange work.

2.2.1 HTA Key Initiatives

The HTA Program will undertake eleven (11) key initiatives in 2007/2008, summarized as follows:

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 and enhance the horizon scanning service.
5. Expand investments in methodological advancements to support CADTH programs.
6. Implement the revised CADTH mandate to provide recommendations and/or policy options in HTA Reports.
7. Support two to three Partners in Health Technology Assessment (PIHTA) centres to build and leverage HTA and policy analysis capacity.
8. Develop and implement a single point of entry and centralized HTA Database to manage health technology topics across all services.
9. Oversee the Canadian Standards Association (CSA) Health Care Technology program.
10. Lead and support the implementation of the Policy Forum.
11. Lead and support the implementation of the Exchange.

2.2.2 Summary of Key HTA Deliverables for 2007-2008

- 20-25 full HTA Reports
- 20-25 Overview Reports
- 10-15 CETAP Bulletins
- 2-3 issues of the Horizon Scanning Newsletter
- 350-400 HTIS Responses
- Implementation of recommendations from HTA Evaluation
- Completion of web-accessible HTA Topics Database
- 2 meetings of the Policy Forum
- 2 meetings of the Exchange

The “Timing” column outlined in the Key Initiatives Tables that follows uses the following abbreviations:

Q1 – April 1 to June 30
Q2 – July 1 to September 30
Q3 – October 1 to December 31
Q4 – January 1 to March 31
FY – Full Year (April 1 to 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	20-25 full HTA Reports and 20-25 Overview Reports	FY
1-2 Publish CETAP Bulletins 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	10-15 CETAP Bulletins and 2-3 issues of *Health Technology Update*	FY
1-3 Deliver the HTIS	Support jurisdictions in coverage and purchase decisions on health technologies	Respond to 350-400 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 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 completed by external 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 Develop an improvement plan based on recommendations arising from the 2006-2007 evaluation of HTA products/services	Enhancements to existing HTA products, processes and services; introduction of new products and services Increased value and utility of HTA products to the jurisdictions	Implement the improvement plan	Q1-Q2

Key Initiative #4: Expand and enhance the horizon scanning service			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
4-1 Develop an improvement plan for the horizon scanning program based on the results of the external evaluation and the needs of the Policy Forum and Exchange	Revisions to, and introduction of, new horizon scanning processes and products Enhancements to the topic identification, prioritization and refinement process for horizon scanning topics Increased value and utility of horizon scanning products to the jurisdictions	Complete the review and implement an improvement plan	FY
Key Initiative #5: Expand investments in methodological advancements to support CADTH programs			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-1 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 #6: Implement the revised CADTH mandate to provide recommendations and/or policy options in HTA reports			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
6-1 Support the development of processes, structures and mechanisms (e.g., Expert Advisory Committee) to provide recommendations or policy advice in HTA Reports	Provide recommendations and/or policy options in HTA Reports as directed by the jurisdictions	Complete the processes, structures and mechanisms	FY
6-2 Revise or implement new products and services to support the mandate change	Increased value and utility of HTA Reports in supporting decision making	Implement new or revised products and services	FY

Key Initiative #7: Support 2 to 3 CADTH Partners in Health Technology Assessment (PIHTA) centres to build and leverage HTA and policy analysis capacity			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
7-1 Refine processes, structures and mechanisms to support the work of 2 to 3 PIHTA centres of excellence	Implement processes, structures and mechanisms to support established PIHTA centres Enhanced external capacity for HTA work	Processes, structures and mechanisms in operation to support established PIHTA Reduced time to start new HTA projects Reduced number of HTA projects in the queue	Q1-Q3
7-2 Assess the work and performance of PIHTA centres to increase their capacity to produce high-quality HTA products in the most efficient manner	Increased value and capacity of PIHTAs to undertake HTA work	Increased number of high-quality reviews of health technologies	Q3-Q4
Key Initiative #8: 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**
8-1 Refine and update the centralized HTA Database and provide secure web site access to CADTH jurisdictions.	Jurisdictional access to current and comprehensive database of health technology (HT) topics covering HTA, horizon scanning and HTIS Enhanced ability to access and monitor HT topics and information Increased value and utility of HT information	Complete Phase II refinements to HTA Database Provide web access to CADTH jurisdictions	Q1-Q2

Key Initiative #9: Oversee the Canadian Standards Association (CSA) Health Care Technology Program			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
9-1 Liaise with CSA-HCT to monitor progress against the Program goals and deliverables	Ensure deliverable of CSA-HCT Program are aligned with provincial/territorial priorities	Annual Report from CSA-HCT received	Q1-Q2
Key Initiative #10: Lead and support the implementation of the Policy Forum			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
10-1 Deliver secretariat service to the Policy Forum	Enhanced sharing and access to HTA and policy analysis information amongst the jurisdictions	Complete development of structures, processes and mechanisms	FY
10-2 Revise or implement new products and services to support the work of the Policy Forum	Reduced "whipsawing" in the purchase and coverage of health technologies amongst the jurisdictions	Convene 2 meetings Introduce new or revised products and services to support the work of the Policy Forum	FY
Key Initiative #11: Lead and support the implementation of the Exchange			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
11-1 Deliver secretariat service to the Exchange	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
11-2 Revise or implement new products and services to support the work of the Exchange	Enhanced sharing of, and access to, HTA information amongst jurisdictions	Implement the Canadian Health Technology Repository Convene 2 meetings	FY Q3-Q4
11-3 Implement a repository for the collection and distribution of health technology information		Introduce new or revised products and services to support the work of the Exchange	

2.3 Common Drug Review (CDR)

The Common Drug Review (CDR) provides participating federal/provincial/territorial (F/P/T) drug plans with systematic reviews of the best available clinical evidence, critiques of manufacturer-submitted pharmacoeconomic analysis, and formulary listing recommendations made by the Canadian Expert Drug Advisory Committee (CEDAC).

In 2006-2007, the CDR continued to receive strong support from its participating drug plans. Decisions made by participating drug plans have agreed with CEDAC recommendations in more than 90% of cases. Since 2003, the CDR has received 90 submissions, successfully processed more than 90% of these within timelines, and released 62 CEDAC recommendations. CDR responded to recommendations of the CDR Evaluation, released in October 2005. This included the development of tailored reviews for drugs of different complexities, as well as the addition of two public members to CEDAC. In 2006, CDR experienced a 60% increase in the number of submissions (from 25 to 40), which resulted in queuing of CDR submissions for the first time.

CADTH continues to work with the National Pharmaceuticals Strategy (NPS) towards the goal of a common national formulary via expansion of the CDR. In June 2006, the F/P/T Ministerial Task Force endorsed the NPS recommendation for a staged expansion of the CDR, beginning with new indications for old drugs, as well as future work towards expansion to oncology drugs and drug class reviews. In January 2007, the Conference of Deputy Ministers responded positively to the CADTH submission for increased financial resources to expand the work of the Common Drug Review to include new indications for old drugs, to offset the funding shortfall of the program that existed prior to expansion, and to increase transparency of the CDR process.

CADTH is well positioned to accommodate this expansion, and will continue to collaborate with all participating drug plans to implement these initiatives. CDR will commence recruitment efforts in the last quarter of 2006-2007 to hire the additional resources needed to undertake the expanded mandate. Additionally, CDR will continue working to improve the transparency of the CDR through publication of CDR reviews, lay versions of CEDAC recommendations and CEDAC minutes. With the resources available, it is anticipated that CDR will process 25 submissions for new drugs,10 reviews of old drugs with new indications, and 21 Requests for Reconsideration.

CDR will continue to work with NPS in 2007-2008 towards a staged expansion of CDR to all drugs. In 2007-2008, CDR will work with the Common Formulary Working Group of the NPS to develop a business case to expand into drug class reviews. It will also work with the Provincial Oncology Collaborative to assess the feasibility of a common review process for oncology drugs.

The nature of the CDR work necessitates considerable consultation and collaboration with a variety of stakeholders, including drug plan managers, industry representatives, international agencies, Health Canada, and others. In 2007-2008, CDR will continue to

conduct collaborative reviews with Health Canada on selected priority review drugs at the pre-NOC stage. It will also work with drug plans and the Canadian Institute for Health Information (CIHI) to publish detailed information on Drug Plan Listing Decisions in response to CEDAC recommendations.

2.3.1 CDR Key Initiatives

The following seven (7) Key Initiatives will form the basis of the CDR Program deliverables in 2007-2008:

1. Conduct Evidence-Based Drug Reviews and provide formulary listing recommendations.
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 and 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.

2.3.2 Summary of Key CDR Deliverables for 2007-2008

- Capacity for up to 35 Drug Reviews (including 10 old drugs with new indications reviews) and 21 Requests for Resubmission
- CDR Drug Reviews published
- Lay versions of CEDAC recommendations published
- Semi-annual report on uptake of CEDAC Recommendations by Drug Plans
- Business Case developed for CDR expansion to Drug Class Reviews

Key Initiative #1: Conduct Evidence-Based Drug Reviews and provide formulary listing recommendations			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 With expansion to new indications for old drugs, capacity to conduct up to 35 drug reviews and 21 Requests for Reconsideration and issue CEDAC recommendations within timelines	Deliver drug reviews and evidence-based recommendations to drug plans in a timely manner	Number of drug reviews completed versus number of requests received within established timelines. Target is more than 90% of budgeted reviews 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	Increase public understanding of CEDAC recommendations through publishing a lay version of the CEDAC Recommendations and Reasons for Recommendations	Number of published lay version of the CEDAC Recommendations (target=100%)	FY
2-2 Make the CDR process more transparent through the publication of drug reviews to the public	Improved transparency in the CDR process	Number of published CDR reviews and CEDAC minutes. (target=100%)	FY
Key Initiative #3: Track participating Drug Plans Listing Decisions			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
3-1 Working with drug plans and the Canadian Institute for Health Information (CIHI), publish detailed information on Drug Plan Listing Decisions in response to CEDAC Recommendations	Improved understanding of the impact and uptake of CEDAC Recommendations through a report outlining status of drug plan decisions and uptake of CEDAC Recommendations	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 Initiate collaborative reviews with Health Canada on selected priority review drugs	To facilitate early reviews and recommendations on priority drugs, identify opportunities in the CDR process for exchange and sharing of information with Health Canada to facilitate and improve efficiencies of CDR reviews	Number of CDR process improvements identified and implemented Number of CDR reviews initiated pre-Notice of Compliance (NOC), in collaboration with Health Canada	FY
Key Initiative #5: Build international collaborations and partnerships to address common challenges			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-1 Explore and initiate collaborations with similar international agencies to seek opportunities to increase consistency and reduce duplication of processes	Enhanced opportunities for sharing and exchange of information and ideas related to the challenges associated with the drug review process and outcomes	Number and/or types of exchanges that are informative and/or lead to improvements in the CDR process	FY
5-2 To address concerns raised by industry, conduct outcome-related comparisons of CDR and selected similar international agencies jurisdictions	A database of international congruence or divergence of decisions and recommendations on CDR drugs	Maintenance of a database of CEDAC recommendation with other international agencies	FY

Key Initiative #6: Collaborate with the National Pharmaceuticals Strategy on initiatives towards CDR Expansion			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
6-1 With the Common Formulary Working Group, develop a business case for CDR expansion into drug class reviews	Business Case for drug class reviews completed by December 2007	Approval of Business Case and funding by DMs	Q3
6-2 Work with the Provincial Oncology Collaborative 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	FY
Key Initiative #7: Continuous quality improvement of CDR and CEDAC processes			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
7-1 Explore and investigate new methodological approaches to enhance efficiency and quality of the CDR reviews	Identification and implementation of opportunities for improvements in CDR processes	Number of changes in processes resulting from these activities that lead to improved use of resources	FY
7-2 Review CDR submission-queuing process to adjust to variations in submissions	Prioritization of submissions for efficient use of CDR resources, in accordance with a fair and transparent process	Revised criteria/processes for queuing submissions	FY
7-3 Review and respond to feedback on CDR review reports	Improved CDR review reports	Response to feedback/recommendations	FY
7-4 Host regular liaison meetings with industry associations (Rx&D, BioteCanada)	Facilitate information sharing to increase understanding of each side's interest and perspective	Number of meetings held and follow-up on action items	FY

2.4 Canadian Optimal Medication Prescribing & Utilization Service (COMPUS)

The Canadian Optimal Medication Prescribing & Utilization Service (COMPUS), launched in 2004, is a pan-Canadian, coordinated program funded by Health Canada. It promotes the optimal prescribing and use of drugs to improve health outcomes.

In 2006, consultations with the F/P/T jurisdictions confirmed the focus and direction of COMPUS' work. COMPUS Procedures were subsequently updated and approved by the COMPUS Advisory Committee (CAC), and these will be used in 2007-2008 to guide COMPUS in developing evidence-based products for use by the jurisdictions. COMPUS will continue to work on topics which lack robust systematic reviews of existing evidence, but in an effort to reduce redundancies and align with internal and external partners, COMPUS will also pursue opportunities to build upon, and utilize, existing work. This will include use of reports produced by CADTH's Health Technology Assessment (HTA) directorate or by external organizations such as DERP and Cochrane, which can be used to kick-start the evidence appraisal process of COMPUS projects.

Building on the delivery in late 2006-2007 of the Consolidated Report and implementation tools related to proton pump inhibitors (PPIs), COMPUS will support the implementation of PPI interventions within the jurisdictions. An evaluation framework, and material, will be developed to enable the jurisdictions to evaluate the uptake and implementation of the interventions.

Work on the first two diabetes management projects, which were initiated in 2006-2007 – Rapid-Acting Insulin Analogues and Long-Acting Insulin Analogues – will be continued in 2007-2008 with the delivery of the Consolidated Reports and implementation toolkits for each.

The Consolidated Report comprises four separate, but complementary, deliverables:

- The *Optimal Practice Report* presents evidence-based statements, recommended by the COMPUS Expert Review Committee (CERC), which define optimal medication prescribing and use based on available evidence and systematic reviews. The full scientific report, which contains all evidence used to derive the statements, forms an appendix to this report.
- The *Interventions Report* is a collection of all available interventions related to the topic which target physician behaviour, patient behaviour and policy-making.
- The *Current Practice Analysis Report* documents current drug prescribing and utilization practices related to the topic which are used by health care practitioners in the jurisdictions.
- The *Gap Analysis Report* looks at the differences between optimal practices and current practices, and selects those gaps that are best aligned to the COMPUS mandate, i.e., gaps which represent large deviations from optimal utilization and

which impact a significant patient population where there is a realistic opportunity to change prescribing and utilization behaviour and improve health outcomes and cost-effectiveness.

Implementation Toolkits contain:

- A variety of tools to promote and facilitate uptake of key messages from the Consolidated Report. The tools include a range of products developed to modify behaviours of health care professionals, consumers and policy-makers. The language and format of the tools will be adapted to their specific audience and the tools will be tailored to support interventions selected by an expert working group.
- An evaluation framework and evaluation material which can be used by the jurisdictions to evaluate the quality of the tools and their implementation.

Following the priorities established by the CAC, work will also begin on three additional diabetes topics: glitazones, metformin, and blood glucose test strips. For each topic, work will be initiated on the first two components of the Consolidated Reports (i.e., the Optimal Practice Report and the Interventions Report). The remaining components of the Consolidated Reports, as well as the implementation toolkits for these three topics, will be initiated in 2008-2009.

Also planned for 2007-2008 are initiatives that will promote increased capacity within the jurisdictions to implement selected PPI behavioural change interventions. These include maintenance and promotion of the interventions databases (overviews of systematic reviews of interventions that influence health care professionals' prescribing practices, and information on active interventions directed to consumers) and the Medication Prescribing and Utilization Project (MPUP) collection. As well, COMPUS will sponsor an advanced Academic Detailing workshop aimed at increasing the ability within the jurisdictions to influence prescribing behaviour, and a continuing education event to educate primary health care professionals on intervention techniques. COMPUS advisory and expert committees will hold regular meetings and teleconferences to support the activities of the directorate.

By the end of fiscal year 2007-2008, COMPUS will be delivering fully on its mandate of defining optimal drug therapies for priority topics and supporting the F/P/T jurisdictions in their implementation. The directorate will have established procedures which have been approved and proven, productive advisory and expert committees, and three full projects delivered, with several other projects underway.

CADTH participates on the NPS Task Group as a non-voting member. As the NPS Task Group (NPS TG) embarks on the second phase of the NPS, with work plans and budgets already developed, CADTH is well positioned to contribute effectively.

2.4.1 COMPUS Key Initiatives

The following seven (7) key initiatives will form the basis of the COMPUS program deliverables in 2007-2008:

1. Develop and deliver topic-specific projects.
2. Improve capacity to influence prescribing behaviour in jurisdictions.
3. Provide implementation support to jurisdictions.
4. Develop evaluation frameworks and material for COMPUS products.
5. Build on implementation resources.
6. Improve alignment with other CADTH program areas.
7. Contribute to the National Pharmaceuticals Strategy (NPS).

2.4.2 Summary of Key COMPUS Deliverables for 2007-2008

- Optimal Practice Reports (for 2 projects)
- Interventions Reports (for 2 projects)
- Gap Analysis and Current Utilization Reports (for 2 projects)
- Consolidated Reports (for 2 projects)
- Implementation tools (for 2 projects)
- Evaluation frameworks (for 3 projects)
- Evaluation material (for 3 projects)
- Implementation support plans (for 2 projects)
- Support implementation and evaluation of interventions (for 1 project)
- Improve capacity to influence prescribing behaviour in jurisdictions (2 educational events)
- Expand and promote best practices resources (for 3 databases)

Key Initiative #1: Develop and deliver topic-specific projects[1]			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
1-1 Develop and deliver Consolidated Report for Rapid-Acting Insulin Analogues (RAIA)	Delivery of Consolidated Report for RAIA	Optimal Practice Report accepted by COMPUS Advisory Committee (CAC) Interventions Report accepted by CAC Gap Analysis and Current Utilization Report accepted by CAC Consolidated Report accepted by CAC Summary Report (if required) accepted by CAC	FY
1-2 Develop and deliver implementation tools and evaluation framework for RAIA	Delivery of toolkit(s) for RAIA Tools integrated into interventionist organizations' material	Evaluation framework accepted by CAC Academic Detailing (AD) tool(s) delivered Non-AD tool(s)/toolkit(s) delivered	FY
1-3 Develop and deliver Consolidated Report[2] for Long-Acting Insulin Analogues (LAIA)	Delivery of Consolidated Report for Long-Acting Insulin Analogues	Optimal Practice Report accepted by CAC Interventions Report accepted by CAC Gap Analysis and Current	FY

			Utilization Report accepted by CAC Consolidated Report accepted by CAC Summary Report (if required) accepted by CAC	
1-4	Develop and deliver Implementation tools and evaluation framework for Long-acting Insulin Analogues (LAIA)	Delivery of toolkit(s) for LAIA Tools integrated into interventionist organizations' material	Evaluation framework accepted by CAC AD tool(s) delivered Non-AD tool(s)/toolkit(s) delivered	FY
1-5	Initiate development of Consolidated Report[2] (Optimal Practice Reports and Interventions Reports only) for the additional three Diabetes management projects (glitazones, metformin and blood glucose test strips)	Scope of Optimal Practice and Interventions Reports for additional Diabetes management projects understood and projects initiated	Optimal Practice Report initiated Interventions Report initiated	Q2-Q4
1-6	Complete the promotional activities associated with launch of PPIs, Consolidated Report, implementation tools and evaluation framework	Promotional activities associated with launch of PPI toolkit and Consolidated Report completed Jurisdictions and interventionist organizations aware of PPI optimal practices	Promotional plan implemented Number of promotional activities undertaken	Q1

1-7 Support work and provide secretariat support for 6 meetings of COMPUS Expert Review Committee (CERC)	Effective enablement of CERC contributions to projects on schedule and with minimal issues	Feedback from CERC chair on COMPUS contribution to meeting efficiencies	FY
Key Initiative #2: Improve capacity to influence prescribing behaviour in jurisdictions			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 Sponsor Optimal Practice workshop [including advanced Academic Detailing (AD) workshop and possible non-AD component]	Increased ability within the jurisdictions to influence prescribing behaviour	Advanced AD workshop held Workshop evaluations indicate improved knowledge of advanced detailing techniques	Q1
2-2 Sponsor one Continuing Education (CE) workshop	Education of primary health care professionals on intervention techniques	CE event held CE event evaluations indicate improved knowledge of intervention techniques	FY
Key Initiative #3: Provide implementation support to jurisdictions			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
3-1 Support implementation of interventions related to PPIs	Improved implementation of selected PPI interventions	Number of interventionist organizations visited by COMPUS Feedback from jurisdictions and interventionists	FY
3-2 Initiate implementation support of interventions related to the first two diabetes management projects	Implementation support requirements understood for first two diabetes management projects	Implementation support plan in place	Q4

Key Initiative #4: Develop evaluation frameworks and material for COMPUS products			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
4-1 Develop multi-layered evaluation frameworks for the evaluation of PPI interventions and their implementation	Ability to determine the effectiveness of COMPUS products and support Improved relevance of COMPUS work	PPI evaluation framework developed	Q1
4-2 Develop multi-layered evaluation frameworks for the evaluation of LAIA and Rapid-acting Insulin Analogues (RAIA) interventions and their implementation	Ability to determine the effectiveness of COMPUS products and support Improved relevance of COMPUS work	RAIA evaluation framework developed LAIA evaluation framework developed	Q3-Q4
4-3 Develop evaluation material to be used by the jurisdictions in the evaluation of PPI interventions and their implementation	Tools to measure the effectiveness of the implementation of COMPUS' PPI tools and interventions available for use in the jurisdictions	PPI evaluation material developed	Q1
4-4 Develop evaluation material to be used by the jurisdictions in the evaluation of LAIA and RAIA interventions and their implementation	Tools to measure the effectiveness of the implementation of COMPUS' RAIA and LAIA tools and interventions available for use in the jurisdictions	RAIA evaluation material developed LAIA evaluation material developed	Q3-Q4
4-5 Support the evaluation activities by jurisdictional evaluators	Improved evaluation within jurisdictions	Feedback from jurisdictional evaluators	FY
Key Initiative #5: Build on implementation resources			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-1 Continue expansion and promotion of the Medication Prescribing and Utilization Project (MPUP) collection	Improvement of MPUP resource to enable the exchange of information on optimal drug therapies	Percent increase in submissions to MPUP Promotional plan implemented	FY

5-2 Develop and implement promotional plans for the two interventions databases (health care professional and consumer)	Increased awareness of interventions databases by health care professionals and consumers (to better enable optimal prescribing and improved knowledge of appropriate interventions)	Promotional plan developed Promotional plan implemented	FY
5-3 Develop and implement plan to maintain and update interventions databases	Increased relevance and usability of the interventions databases	Maintenance plan developed Number of additional database entries	FY
Key Initiative #6: Improve alignment with other CADTH program areas			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
6-1 Participation in initiative to improve alignment among CADTH departments regarding topic priority-setting process	Improved alignment among CADTH departments regarding topic priority-setting process	Priority-setting process developed for CADTH	Q1-Q2
Key Initiative #7: Contribute to the National Pharmaceuticals Strategy (NPS)			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
7-1 Actively contribute to NPS as a member of the overall Task Group	NPS deliberations will have considered CADTH perspectives, needs and capacity, and CADTH will have insight into future NPS strategies and work-plans	CADTH has been able to anticipate and influence future work, and has had the opportunity to consider and plan for the impact CADTH has effectively incorporated any changes or additions to its work into its business plans	FY

7-2	Participate in NPS Working Groups related to the mission of CADTH; i.e., Common Formulary, Real World Safety and Effectiveness, and Expensive Drugs for Rare Diseases	CADTH will have contributed to NPS Working Group work-plans that are most directly linked to CADTH programs	The work-plans of related NPS Working Groups reflect CADTH perspectives	FY

1 A project is defined in this document as all activities leading up to the launch of the Consolidated Report and COMPUS toolkits. Implementation activities are not included in this definition

2 The Consolidated Report includes Optimal Practices Report, Interventions Report, Gap Analysis, Current Utilization Report, and Summary Report (if required)

2.5 Strategic Communications and Knowledge Exchange (SCKE)

Support for Jurisdictional Uptake and Application of CADTH's Products and Services

CADTH recognizes the needs of the jurisdictions to have easy access to user-friendly products that translate research and scientific evidence into plain language for decision makers to use in managing health technologies from innovation to obsolescence. Obtaining jurisdictional and other stakeholder input to assist in identifying and prioritizing the needs for CADTH support is also an increasingly important role.

The SCKE Directorate provides the following range of services and products to meet both CADTH's internal and external requirements:

- The Liaison Program, which provides two-way communications between CADTH and the jurisdictions, supports decision makers in the uptake and application of CADTH information into decision making and practice. As of January 2007, CADTH is supporting 11 provinces and territories, and it is anticipated that an additional Liaison Officer to support Ontario will be in place by the spring of 2007.
- Ongoing workshops, presentations, conference exhibits and networking meetings are provided throughout the jurisdictions to support users in the uptake and application of evidence-based information. In 2007-2008, it is anticipated that approximately 800 such activities will be undertaken by CADTH staff. In April 2007, CADTH will host its third annual symposium, providing the opportunity for discussion between Canadian producers and users of evidence-based information on drugs and other health technologies. In the coming year, CADTH will also develop a Strategic Partnership Plan in continued recognition of the importance of stakeholder engagement in meeting CADTH's strategic priorities.
- Development of complementary products and tools to facilitate the effective dissemination and use of scientific documents to support local health care decision making (e.g., backgrounders, FAQs, Research Highlights, webinars, workshops, media releases). In 2007-2008, knowledge exchange and communications activities that will support HTA, COMPUS, CDR and CADTH's corporate requirements, as per the business plan.
- Production and dissemination of approximately 100 print and web-based products ranging from full HTA/COMPUS reports, to program/corporate newsletters, to emerging technology bulletins, to conference and poster presentations.
- Access to CADTH publications and information through proactive electronic communications and through CADTH's increasingly interactive web site.

2.5.1 SCKE Key Initiatives

Through the following six (6) 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 a Stakeholder Engagement and Strategic Partnership Plan to guide CADTH's outreach and awareness-building activities.

2.5.2 Summary of Key SCKE Deliverables for 2007-2008

- Support to all provinces and territories through the Liaison Program
- Approximately 800 workshops, presentations, exhibits and networking meetings
- KT support to HTA reports, COMPUS best practice reviews, and select CDR recommendations
- Production and dissemination of 100+ products
- 3rd Annual CADTH Symposium
- Strategic Partnership Plan
- Enhanced, interactive CADTH web site
- Corporate and program-specific communications support

Key Initiative #1: Raise awareness, uptake and application of CADTH's programs, products and services			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
Liaison Program			
1-1 Develop, promote and deliver outreach initiatives to raise awareness and facilitate uptake and utilization of CADTH programs, products, and services	Increase awareness and use of CADTH's products and services in various aspects of health care decision making	Number of meetings/conferences attended Number of presentations made Increase in number of subscribers to CADTH products	FY
1-2 Facilitate access to the HTIS; Horizon Scanning; HTA Capacity Building Grants Program; HTA database and Repository COMPUS reviews; interventions databases and the MPUP collection	Disseminate and/or provide access to CADTH's products to support evidence-based decision making about health technologies	Number of newsletter articles submitted Number of KT events held Number of HTIS requests/submissions submitted	FY
1-3 Actively build and maintain relationships with key CADTH stakeholders in the jurisdictions	Development of an active network of contacts to support CADTH's program and awareness building activities	Number of CADTH exhibits/booths Number of HTA topics submitted Number of contacts identified Number/type of jurisdictional events/networks Liaison Officer is involved with	
Knowledge Transfer			
1-4 Provide KT support to HTA Reports and Level 4 HTIS	Improved awareness, uptake and utilization of HTA products or services	Increased impact of HTA products; increase in web traffic	FY

1-5 Provide KT support to the COMPUS Business Plan objectives	Improved awareness, uptake and utilization of COMPUS products or services	Increased impact of COMPUS products; increase in web traffic	FY
1-6 KT support to assist jurisdictions in communicating select CDR recommendations	Improved awareness, uptake and understanding of CDR recommendations	Increased impact of CDR recommendations	FY
Partnerships and Strategic Initiatives 1-7 Manage CADTH's external relationships	Improved information sharing; identification of potential partnership opportunities	Increase in: number of meetings; number and quality of partnership opportunities identified; number of partners/stakeholders; number of events CADTH participates in	FY
1-8 Implement the 2007-2008 Conference Plan and develop a 2008-2009 Conference Plan	Greater awareness of CADTH with key audiences	Event evaluations and approved 2008-2009 Conference Plan	FY
Communications 1-9 Provide ongoing communica-tions planning and support to CADTH programs and initiatives, including media/external relations, CADTH interactive web site, and brand reinforcement	Increased awareness of program areas (COMPUS, CDR and HTA) among target audiences/ increased public profile/increased uptake of CADTH products and services/increased stake-holder/end-user awareness of CADTH	Creation and implementation of CADTH communications plan for CADTH and each program area Higher web site traffic Increase in number of subscribers to CADTH products	FY
Key Initiative #2: Continue to implement and further develop the Liaison Officer Program			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
2-1 Continue to evolve the Liaison 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	Number of meetings and teleconferences held to advance the program	FY

	use of evidence-based information to support decisions about health technologies	Liaison Officers hired for Territories, Ontario and Alberta 2007-2008 Work Plan developed and implemented	
2-2 Develop an improvement plan in consideration of the recommendations arising from the 2006-2007 evaluation of the Liaison Program	Enhancement to the existing Liaison Program	Program Evaluation recommendations reviewed and actioned, as appropriate	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 Deliver, co-host and/or support workshops and other education interventions designed to build local capacity and educate and inform CADTH clients about the use of evidence-based information to support decisions about health technologies	Facilitate improved understanding and use of evidence-based information to inform decisions about health technologies	Number of workshops/education interventions delivered	FY
3-2 Host the 3rd annual CADTH Symposium	Provide a forum for productive discussion between producers and users of evidence-based information on drugs and other health technologies	Participant evaluations Increase in number of attendees	Q1

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	Implement near ISO-compliant production and web processes in developing and delivering materials on behalf of CADTH programs 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	Continued upgrading of staff knowledge base in areas critical to CADTH	Staff Evaluations	FY
Key Initiative #5: Refine and improve CADTH products, services and communications tools in response to user needs				
	Activities	**Planned Outcome**	**Performance Measure**	**Timing**
5-1	Ongoing identification and communication of stakeholder feedback to CADTH	Coordinate and submit stakeholder feedback on CADTH's products and services, including a stakeholder survey	Stakeholder environmental scan survey completed Number of bi-monthly reports completed	FY
5-2	Continued development and initiation of implementation of a KT strategy/KT impact measurement framework	KT Strategy and Framework to guide the work of the KT team for a common CADTH understanding	Completion of the KT Strategy Implementation of the Strategy Impact Measurement Framework produced Impact evaluations undertaken	FY
5-3	Phase III web site modifications and improvements/ Active leadership roles in redesign and implementation of all major database and web technology initiatives	State-of-the-art, leading-edge CADTH web site with customized web-based tools that provide optimum functionality and capabilities	Complete Phase III with active participation of company-wide Web Working Group Stakeholder/user feedback	FY FY

Key Initiative #6: Develop a Stakeholder Engagement and Strategic Partnerships Plan to guide CADTH's outreach and awareness-building activities			
Activities	**Planned Outcome**	**Performance Measure**	**Timing**
6-1 Oversee the development of an integrated Stakeholder Engagement and Strategic Partnerships Plan	A high-level plan focused on national and international partnerships, and linked to CADTH's mandate and strategic priorities	Approval of plan by Executive Management Committee	Q1
6-2 Upgrade and maintain an events database on the CADTH intranet	An up-to-date, user-friendly database that allows CADTH to quickly access information about partners and stakeholders	Launch of CRM database Number of entries	FY

2.6 Corporate Services

A broad range of professional, office and management staff members are accessible to all CADTH programs through the Corporate Services Directorate.

Corporate Services activities have five (5) key objectives in supporting the CADTH organization:

- Provide oversight to the operations of CADTH
- Support the CADTH Board of Directors
- Provide strategic, financial and human resource guidance and support as well as the technological tools and expertise to ensure effective and efficient operation of CADTH
- Provide library and information management expertise to support the research/scientific efforts of CADTH's HTA, CDR and COMPUS programs
- Support planning and implementation activities across the organization.

The following centralized business functions are addressed in the Corporate Services section of this plan:

- Library and Information Services
- Finance and Administration (including Facilities Management and Contract Administration)
- Information Management and Information Technology
- Human Resources
- Corporate Governance.

2.6.1 Corporate Services Key Initiatives

The Corporate Services Directorate will undertake four (4) key initiatives, summarized as follows:

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 change and growth at CADTH.
4. Continuous improvement of Corporate Services business functions.

2.6.2 Summary of Key Corporate Services Deliverables for 2007-08

- Independently conducted CADTH Evaluation
  Library Information Services (LIS) support for approximately 500 reports, products, or services
- Information Management/Information Technology Plan
- Corporate support to programs
- Financial management
- Administrative management and support
- Human resources management and support

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 services 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 optimal practices and optimal 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 2007/2008	Timely completion of the LIS work needed to support the development of COMPUS recommendations in the priority topic areas for 2007/2008 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 Update and implement the annual HR Strategy and Work Plan	Implementation of the planned priority HR initiatives for 2007/2008, which contribute to achieving CADTH's goal of reaching "employer of choice" status	Achieve number of hires compared to number of planned hires to March 2008, within the timeframes needed to support program delivery Completion of HR activities/initiatives as per Plan	FY
2-2 Provide financial management support through planning, control, reporting, and advisory services and activities (including contract	Provision of timely and accurate information to support informed business decisions for CADTH and early identification of factors which may impact financial performance	Timely completion of accurate monthly financial reports, including variance reports Timely completion of quarterly	FY FY

	administration)	against approved budget Effective utilization and preservation of CADTH's resources through sound accounting and financial planning and practices Support program efforts to secure and administer external contractors, and mitigate CADTH's risks	forecasts, and risk and opportunities analyses Completion of annual audit with no auditors' observations/findings Timely and accurate completion of contracts/grants requested by internal clients	 Q1 FY
2-3	Develop the annual IM/IT strategy and work plan for 2007/2008	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 2007/2008 annual strategy and work plan	FY
2-4	Support Board of Directors meetings, update the CADTH Governance Plan and implement annual activities	Enhanced governance framework and accountability for CADTH's Board and committees Ensure legal requirements of the Corporation are observed	Implementation of planned Board activities for 2007/2008	FY
2-5	Assess CADTH requirements for custom and off-the-shelf database applications; and design, develop and implement the applications required	Ensure effective data management and access to organization data in support CADTH operations, programs and services	Completion of the requirements assessment project Completion of the required database development activities required (priorities as per operational plan)	Q1 Q2-Q4

Key Initiative #3: Support 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 over the next 5 years	Ensure CADTH has sufficient office space to meet its longer-term needs	Completion of assessment, recommendations for leasing options and negotiation of 5-year lease agreement	Q1
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 that CADTH is well positioned for its future work	Completion of needs assessment document	Q4
3-3 Provide information identification, retrieval and management services to support the SCKE directorate, HR and CADTH management team	Provision of all necessary support to assist SCKE, the CADTH management team and other CADTH staff with their information needs, in support of service delivery and targeted products	Timely completion of the LIS work needed to support CADTH management staff and other CADTH program areas	FY
3-4 Design and implement a revised HR structure to achieve optimum HR support to program areas	Ensure CADTH receives value-added HR services to meet the requirements of a growing and changing organization	Completion of implementation of HR restructure proposal and staffing of positions	Q1
Key Initiative #4: Continuous Improvement of Corporate Services (CS) 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 and procedures which contribute to efficiency and effectiveness of services provided by CS business function groups	Implementation of improvements in CS processes/services (priorities for 2007/2008 as per operational plan)	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 (priorities as per operational plan)	FY