

25

25 Years of Supporting Informed Health Care Decisions.

2013 | 2014 Annual Report

CADTH 25^{YEARS}

Created in 1989 by Canada's federal, provincial, and territorial governments, **CADTH** is an independent, not-for-profit organization responsible for providing Canada's health care decision-makers with objective evidence to help make informed decisions about the optimal use of drugs and medical devices in our health care system.

CADTH is a major producer of health technology assessments in Canada. We also play a key role as a broker by fostering evidence generation and adoption across the country.

Our Products and Services Include:

DRUG REIMBURSEMENT RECOMMENDATIONS

- **CADTH COMMON DRUG REVIEW (CDR):** Reviews drugs and makes reimbursement recommendations to Canada's federal, provincial, and territorial public drug plans, with the exception of Quebec, to guide their drug funding decisions.
- **CADTH PAN-CANADIAN ONCOLOGY DRUG REVIEW (PCODR):** Reviews cancer drugs and makes reimbursement recommendations to Canada's provincial and territorial public drug plans, with the exception of Quebec, and to provincial cancer agencies to guide their cancer drug funding decisions.

HEALTH TECHNOLOGY MANAGEMENT PRODUCTS

- **RAPID RESPONSE SERVICE:** Provides rapid assessments of health technologies to support urgent health care decision-making.
- **HEALTH TECHNOLOGY ASSESSMENT:** Delivers a comprehensive assessment of the clinical and economic evidence on health technologies, including ethical, legal, and social implications.
- **OPTIMAL USE:** Delivers a Health Technology Assessment (HTA), with recommendations from an expert panel.

OTHER PRODUCTS AND SERVICES

- **ENVIRONMENTAL SCANNING:** Reviews current health care practices, processes, or protocols to enable a better understanding of the national or international landscape.
- **HORIZON SCANNING:** Identifies new and emerging health technologies that are likely to have a significant impact on the delivery of health care in Canada.
- **KNOWLEDGE MOBILIZATION AND IMPLEMENTATION SUPPORT:** Products and tools specifically developed and tailored to support decision-makers and to move evidence into action.
- **METHODS AND GUIDELINES:** Resources for HTA researchers to assist in producing credible, standardized information that is relevant and useful to health care decision-makers. Examples include our *Guidelines for Economic Evaluation of Health Technologies*.



A Message from Dr. Terrence Sullivan and Dr. Brian O'Rourke

We are pleased to present the CADTH
*2013-2014 Annual Report, 25 Years of
Supporting Informed Health Care Decisions.*

CADTH reached a quarter century of
service in 2014 — a remarkable milestone
for any organization, doubly so when the
organization was initially established as a
three-year pilot project.



For 25 years, CADTH has proudly contributed to the effectiveness, quality, and sustainability of health care in Canada. Today, CADTH is recognized as a global leader in health technology assessment and as an essential contributor to evidence-informed decision-making in Canadian health care.

We've changed and grown throughout our history, adding new programs, increasing our expertise, and improving our methodology and processes to continually meet the changing needs of our customers — health care decision-makers.

From advice on whether to reimburse drugs for the treatment of sleep apnea, or laser treatment for benign prostatic hypertrophy, or the new drugs looking for a spot on provincial formularies, CADTH is committed to meeting the needs of decision-makers across Canada.

Looking to the future, CADTH will continue to evolve, developing new approaches and new products, and enhancing existing programs in response to a rapidly changing health care environment. We'll take steps to improve patient engagement. We'll support the harmonization of drug tables in Canada. And, we'll continue to support policy-makers, health care executives, clinicians, and patients with world-leading evidence, advice, tools, and recommendations.

We would like to thank everyone who has contributed to the development, growth, and success of CADTH over the years — the Board of Directors, staff, committee members, clinical and economic experts, patient groups, our partners, our collaborators and stakeholders, our funders, and especially the decision-makers who use CADTH products and services to keep our health system strong.

Dr. Brian O'Rourke
President and Chief Executive Officer

Dr. Terrence Sullivan
Chair, Board of Directors

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Years of Supporting Informed Decisions

“We need a coordinated approach to evaluating technologies across the country to ensure that all Canadians are benefiting from the advances being made in health technology.”

Those words, spoken by the federal Minister of Health and Welfare of the day, signalled the arrival of a new player in health care in Canada – the Canadian Coordinating Office for Health Technology Assessment (CCOHTA), known today as CADTH.

Initially funded as a three-year pilot project with a singular focus on medical devices, CADTH has evolved over the years to align itself to the challenging and expanding needs of Canada’s health care decision-makers.

FROM MODEST BEGINNINGS

Our first Executive Director, Dr. Devidas Menon, built the foundation for a pan-Canadian HTA organization from the ground up, literally and figuratively. He secured permanent funding; managed the expansion of the organization’s mandate to include drugs, as well as medical devices; established the Information Services program; and created international linkages that endure to this day.

Dr. Jill Sanders, who led CADTH from 1997 to 2010, guided CADTH’s complete transformation into a pan-Canadian organization. Under her leadership, the CADTH Common Drug Review, Liaison Officer, Optimal Use, and Rapid Response programs were launched, and the first public members were appointed to the expert drug committee.

TOWARD A BRIGHT FUTURE

Since 2010, under the direction of Dr. Brian O’Rourke, CADTH has become more transparent, increased stakeholder engagement, added public members to its Board of Directors, harmonized the scientific approach of its products and services, increased production of its HTAs and Rapid Reviews, invited patient engagement, and welcomed the pan-Canadian Oncology Drug Review (pCODR) to the organization.

Today, CADTH is one of the world’s leading HTA organizations and an essential contributor to evidence-informed decision-making in Canada.

Read on to learn about the impact our work is having across the country and some of the ways we are continuing to evolve to support Canada’s health care decision-makers.



Influencing Day-to-Day Patient Care

CLARENVILLE, NEWFOUNDLAND AND LABRADOR

Dr. Paul Salomon – a family physician and hospitalist with a complex clinical practice – is discerning when it comes to the medical information that he uses in his practice. He’s also very conscious of impartiality and objectivity, and is vigilant not to be unfairly influenced or swayed by anything other than the evidence.

After encountering CADTH at the annual Family Medicine Forum, Canada’s largest family medicine conference, he was intrigued enough to conduct his own analysis and was pleasantly surprised to discover an independent organization that delivers credible information on drugs and other health technologies. He liked what he saw and was confident to start using CADTH products and services in his practice.

The impact has been profound. "Quite simply," he told us, "you changed my practice."

Dr. Salomon regularly turns to CADTH for reliable, balanced information. What’s more, he often directs his patients to CADTH research and information – something he wouldn’t do with more technical (and often non-Canadian) scientific journals.

With the amount of medical information available today to physicians and patients, the need for timely, impartial evidence and advice from an organization like CADTH is significant. And, as Dr. Salomon demonstrates, our impact among clinicians and patients is growing.

1989

CADTH (then known as the Canadian Coordinating Office for Health Technology Assessment or CCOHTA) is approved by Canada’s Ministers of Health.



1990

CADTH opens its doors on a three-year trial basis to provide Canadian health care decision-makers with evidence-based information on emerging and existing medical devices.



1991

CADTH releases its first HTA report.



1994

CADTH publishes Canada’s first-ever set of guidelines for the economic evaluation of pharmaceuticals.





Increasing Access to Evidence in the North

WHITEHORSE, YUKON TERRITORY

It's no easy task to provide emergency care and transportation for the sick and injured in remote parts of Canada's North, where long distances, limited services, and fewer resources present daily challenges.

Just ask Gerard Dinn, Clinical Operations Manager for the Government of Yukon's Emergency Medical Services (EMS), who oversees the medical competence of the service, spanning medical protocols, quality assurance, EMS response standards, and more.

"Medicines and procedures in emergency medicine evolve rapidly, so reliable evidence must be an integral part of any decision we make about our protocols and how we care for patients," he says.

When faced with an important decision about whether to add tranexamic acid to the formulary for the treatment of excessive bleeding in trauma patients, Gerard Dinn and his team knew they could rely on the CADTH Rapid Response program to find, appraise, and assess the relevant evidence and deliver the information in a way that could be easily understood and used.

"CADTH stands out for us because they have staff on the ground that we can call on anytime and we're confident that they understand the realities of health care in the North," Dinn says.

"CADTH plays a critical role in providing research-driven, pre-hospital medicine in the Yukon and I consider them part of our team."

1996

CADTH launches its website — from 2006 to 2010 ranked #1 by Laval University out of 119 evidence-based health information sites in the world.



1997

CADTH introduces its **horizon scanning products**, alerting decision-makers to new and emerging health technologies.



1999

The Conference of Deputy Ministers of Health approves the **first CADTH five-year strategic plan**, laying out a much more ambitious vision for the organization.



2002

CADTH is selected by the Conference of Deputy Ministers of Health to **manage the Common Drug Review**.





Delivering Evidence to Support Safe and Effective Care

CORRECTIONAL SERVICE CANADA

Correctional Service Canada (CSC) is mandated to “provide every inmate in federal institutions across Canada with essential health care and reasonable access to non-essential mental health care.”

Under the leadership of Health Services, a dedicated team of decision-makers and support staff develop health policy for CSC’s unique clientele and have come to rely on a variety of CADTH products to inform their work in a number of ways.

For example:

- CADTH Common Drug Review recommendations are an integral part of CSC’s National Pharmacy and Therapeutics (NP&T) Committee review process to provide evidence-based listing recommendations for the CSC National Formulary. And our Optimal Use and Therapeutic Review reports provide valuable information to help CSC maintain an evidence-based, cost-effective drug formulary.
- The CADTH Rapid Response service provides timely and relevant information for CSC’s NP&T committee and the National Advisory Committee on Essential Health Services to make evidence-based policy recommendations related to formulary listings and the optimal provision of essential health services for inmates.

“It’s incredibly helpful to know that we can rely on CADTH as a go-to source for evidence to help inform our national health policies. CADTH resources and support are proving valuable information as CSC continues to follow a consistent and systematic approach to evidence-informed decision-making.”

2004

CADTH starts conducting **Optimal Use projects** to identify and promote optimal drug prescribing and use among health care providers and consumers.



2005

CADTH establishes its **Rapid Response Service**, providing decision-makers with information to support time-sensitive health technology decisions.



2006

CCOHTA is rebranded as the **Canadian Agency for Drugs and Technologies in Health (CADTH)** – a name that better reflects the breadth of services it offers.



2010

CADTH adds **patient group input to its Common Drug Review process**, ensuring that health outcomes and issues important to patients are included.





Bringing Evidence from Coast to Coast

NEW BRUNSWICK AND BRITISH COLUMBIA

When it comes to making decisions about how to invest in and use magnetic resonance imaging (MRI) scanners, jurisdictions across Canada ask the same question—what does the evidence say?

And this is where CADTH steps in.

In 2011, we undertook an extensive Optimal Use project to review the comparative clinical benefits, limitations, and safety considerations of 1.5 Tesla and 3.0 Tesla MRI scanners and provide evidence-informed recommendations. The impact of the work was far-reaching, influencing important purchase decisions in New Brunswick at the time.

More recently, these MRI Optimal Use reports became the foundation of a CADTH rapid review of the evidence that focused on specific clinical indications and examined specialized MRI techniques. This rapid review informed a business case put forward to the BC Health Technology Assessment Committee regarding clinical uses of 3.0 Tesla MRI, as well as a BC Ministry of Health Policy Communiqué regarding the implementation strategy for 3.0 Tesla MRI technology in the province.

The use of our evidence and recommendations in policy and purchasing decisions demonstrates some of the key strengths CADTH has as a pan-Canadian agency – the networks needed to bring evidence across the country, the flexibility to help jurisdictions make it relevant to their local context, and, ultimately, the ability to help support evidence-informed health technology decisions.

2012

CADTH enters the world of social media, establishing its presence on Twitter, LinkedIn, YouTube, and SlideShare.



2013

The CADTH Common Drug Review process produces its 250th drug recommendation.



2014

The CADTH drug portfolio grows with the transfer of the pan-Canadian Oncology Drug Review (pCODR) to CADTH.



Evolving to Meet the Needs of Health Care Decision-Makers

CADTH is very proud to support Canada's health care decision-makers. The challenges they face have been increasing steadily for the last 25 years, and we have evolved with the times to remain relevant, timely, and credible.

For example, in 2013 – 2014 CADTH:

- **DEVELOPED** processes for Formulary Reviews of subsequent entry biologics and drugs for rare disorders through the CADTH Common Drug Review
- **INITIATED** a successful pilot project for the development of Rapid Response reports for economic requests
- **MADE** our CADTH Common Drug Review clinical and economic reports publicly available for the first time
- **EXPANDED** our presence on social media by launching a French Twitter account, a corporate LinkedIn page, a CADTH YouTube channel, corporate and CADTH Symposium SlideShare pages, and a Flickr photo album to complement our already active English Twitter account
- **SUPPORTED** the Canadian Network for Environmental Scanning in Health (CNESH) with the development and promotion of a first-ever Top 10 Watch List of new and emerging health technologies
- **ESTABLISHED** a Patient Community Liaison Forum to maintain regular, meaningful contact with patient groups
- **HOSTED** one of our largest-ever CADTH Symposia, launched a new ongoing CADTH lecture series, and delivered 60 capacity-building workshops and 9 webinars across the country to expand our reach and build receptivity for health evidence
- **DELIVERED** 13 workshops on Information Services (IS) methods across Canada to more than 500 participants including staff from health ministries, federal and provincial departments, hospitals, research departments, and libraries to promote the generation of meaningful evidence
- **WORKED** with pCODR, the cancer care community, patient groups, and Industry to prepare for the transfer of pCODR to CADTH on April 1, 2014
- **COMPLETED** more than 250 reports, including 36 CADTH Common Drug Review reports, 4 Optimal Use reports, 240 Rapid Response reports, 4 Environmental Scans, and 5 Horizon Scans.



The Next 25 Years

A 25th anniversary is an important milestone for any organization, and an opportunity to reflect on the past and consider what the future might hold. While we can't predict the next 25 years, we are quite certain that health care decision-making isn't going to get any easier.

We will see continued and accelerated scientific progress in biomedical research, as well as technological innovations in diagnostics, treatments, and clinical information systems that most of us cannot yet imagine.

Public payers will face increased pressure to adopt new and emerging technological advances.

Patients will increasingly question decisions and participate in their health care, and we must be open to, and ready to include, their perspectives in our decision-making processes.

For 25 years, CADTH has been an important partner in Canada's health care system. By ensuring that decision-makers have access to world-class evidence and information, we have contributed to the quality and sustainability of health care in Canada. We are proud of the important role we play. We look forward to another 25 years of supporting informed decisions.

Financials

JUNE 25, 2014

Report of the Independent Auditor on the Summarized Financial Statements

TO THE MEMBERS OF CANADIAN AGENCY FOR DRUGS AND TECHNOLOGIES IN HEALTH

The accompanying summarized financial statements, which comprise the summarized statement of financial position as at March 31, 2014 and the summarized statement of operations and changes in net assets for the year then ended, are derived from the audited financial statements of Canadian Agency for Drugs and Technologies in Health for the year ended March 31, 2014. We expressed an unmodified audit opinion on those financial statements in our report dated June 25, 2014.

The summarized financial statements do not contain all the disclosures required by Canadian accounting standards for not-for-profit organizations. Reading the summarized financial statements, therefore, is not a substitute for reading the audited financial statements of Canadian Agency for Drugs and Technologies in Health.

MANAGEMENT'S RESPONSIBILITY FOR THE SUMMARIZED FINANCIAL STATEMENTS

Management is responsible for the preparation of a summary of the audited financial statements without a statement of cash flows or note disclosures.

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on the summarized financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standards (CAS) 810, Engagements to Report on Summary Financial Statements.

OPINION

In our opinion, the summarized financial statements derived from the audited financial statements of Canadian Agency for Drugs and Technologies in Health for the year ended March 31, 2014 are consistent, in all material respects, with the audited financial statements, without a statement of cash flows or note disclosures.

PricewaterhouseCoopers LLP

Chartered Professional Accountants, Licensed Public Accountants



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"PwC" refers to PricewaterhouseCoopers LLP, an Ontario limited liability partnership.

Summarized Statement of Financial Position

As at March 31, 2014

	2014	2013
	\$	\$
ASSETS		
Current assets		
Cash and cash equivalents	3,367,437	4,795,167
Investments	2,029,014	1,828,655
Accounts receivable	3,311,297	79,310
Prepaid expenses	502,743	303,862
	<u>9,210,491</u>	<u>7,006,994</u>
Capital assets	717,101	753,841
	<u>9,927,592</u>	<u>7,760,835</u>
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	1,872,439	1,723,200
Grants payable	855,125	303,828
Deferred revenue	1,881,595	316,065
	<u>4,609,159</u>	<u>2,343,093</u>
Deferred contributions related to capital assets	296,931	236,264
Deferred leasehold inducement	490,273	591,886
	<u>5,396,363</u>	<u>3,171,243</u>
Net assets		
Unrestricted	781,303	839,666
Internally restricted	3,749,926	3,749,926
	<u>4,531,229</u>	<u>4,589,592</u>
	<u>9,927,592</u>	<u>7,760,835</u>

Approved by the Board of Directors



Director



Director

Summarized Statement of Operations and Changes in Net Assets

For the year ended March 31, 2014

	2014	2013
	Budget	Actual
	\$	\$
	(unaudited)	
Revenue		
Grants and service revenue	21,642,545	19,454,429
Other service revenue	–	187,573
Interest and other income	660,000	481,549
	<u>22,302,545</u>	<u>20,123,551</u>
	22,302,545	20,123,551
Expense		
Products and services	11,474,510	9,509,341
Advancing the Science	2,155,114	1,592,218
Corporate services	8,675,924	8,876,351
Isotope	–	204,004
	<u>22,305,548</u>	<u>20,181,914</u>
	22,305,548	20,181,914
Net revenue (expense) for the year	<u>(3,003)</u>	402,170
Net assets – Beginning of year		<u>4,589,592</u>
Net assets – End of year		<u>4,531,229</u>

The above information has been extracted and summarized from the complete 2014 audited financial statements. A complete set of the financial statements is available upon request.

Board and Executive

BOARD OF DIRECTORS

(as at March 2014)

BOARD CHAIR

Dr. Terrence Sullivan

Professor, Institute of Health Policy Management and Evaluation
University of Toronto
Toronto, Ontario

JURISDICTIONAL DIRECTORS

FEDERAL

Ms. Abby Hoffman

Assistant Deputy Minister
Strategic Policy Branch, Health Canada
Ottawa, Ontario

WESTERN PROVINCES

Ms. Bernadette Preun

Assistant Deputy Minister
Provincial Policy and Programs
Manitoba Health

WINNIPEG, MANITOBA

Ms. Barbara Walman

Assistant Deputy Minister
Medical Beneficiary and Pharmaceutical Services Division
BC Ministry of Health
Victoria, British Columbia

TERRITORIES AND NUNAVUT

Ms. Sherri Wright

Assistant Deputy Minister of Health Services, Government of Yukon
Whitehorse, Yukon

ONTARIO

Ms. Diane McArthur

Assistant Deputy Minister and Executive Officer
Ontario Public Drug Programs
Ministry of Health and Long-Term Care
Toronto, Ontario

ATLANTIC PROVINCES

Dr. Catherine Bradbury

Associate Deputy Minister
Department of Health and Community Services
St. John's, Newfoundland and Labrador

Ms. Paula English

Chief, Programs Standards and Quality
Nova Scotia Department of Health and Wellness
Halifax, Nova Scotia

NON-JURISDICTIONAL DIRECTORS HEALTH AUTHORITIES

Dr. Robert Halpenny

President and CEO
Interior Health Authority
Kelowna, British Columbia

Dr. Édouard Hendriks

Vice-President, Medical and Academic Affairs
Horizon Health Network
Miramichi, New Brunswick

ACADEMIC

Dr. Tony Culyer

Ontario Research Chair in Health Policy and System Design
University of Toronto
Toronto, Ontario

PUBLIC

Ms. Sally Brown

Consultant
Kanata, Ontario

Dr. John Horne

Adjunct Professor
Faculty of Social and Applied Sciences
Royal Roads University
Victoria, British Columbia

EXECUTIVE TEAM

(as at March 2014)

Dr. Brian O'Rourke

President and CEO

Dr. Tammy Clifford

Vice-President, Strategic Initiatives and Chief Scientist

Mr. Matthew Brougham

Vice-President, Products and Services

Ms. Lynda Jobin

Vice-President, Corporate Services