

Relevant. Responsive. Reaching Out.



Canadian Agency for
Drugs and Technologies
in Health

CADTH at a Glance

The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial, and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.

VISION

To facilitate the appropriate and effective utilization of health technologies within health care systems across Canada.

MISSION

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

ACKNOWLEDGEMENT

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CADTH takes sole responsibility for the final form and content of this report. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

Canadian Agency for Drugs and Technologies in Health (CADTH)

600-865 Carling Avenue
Ottawa, ON K1S 5S8
Tel: 613-226-2553
Fax: 613-226-5392
E-mail: info@cadth.ca
Web site: www.cadth.ca

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600-865 CARLING AVENUE, OTTAWA, ON K1S 5S8

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A Strong and Responsive Organization

Throughout 2007-2008, the Canadian Agency for Drugs and Technologies in Health (CADTH) reached out with accelerated progress on all fronts. As a result, CADTH continues its unique role as Canada's national health technology agency stronger, more relevant and more responsive than ever before, and with the capacity to reach a diverse group of stakeholders with critical and timely evidence-based health information.

With the underlying drivers of health care costs across the country — an aging population, increasing utilization and rising technology costs — expected to grow, there has never been a greater need for CADTH's pan-Canadian capacity to meet informed decision making needs. CADTH's integrated services covering health technology assessment, drug formulary advice and listing recommendations, and optimal drug therapy practices continue to contribute significantly to the quality and sustainability of health care in Canada.

The importance and relevance of CADTH's work was highlighted in the independent evaluation conducted by EKOS Research Associates (July, 2007). The conclusions confirmed the organization is meeting its strategic objectives and the needs of our stakeholders, and that our programs, products, and services are highly valued. It also underscored our role in policy decision making. This was reaffirmed through the federal Minister of Health Tony Clement's commitment to extend Health Canada's funding for CADTH for the next five years (2008-2013), a total commitment of \$84.5 million.

The House of Commons Standing Committee on Health (HESA) also recognized CADTH's relevance and increasing profile by calling upon us to testify as part of the parliamentary study of the Common Drug Review (CDR) and Prescription Drugs. Both the Committee's findings and the federal government's response to the study's recommendations underscored the CDR's vital role in the health care system. In October 2007, the CDR's mandate was expanded to provide recommendations on all new indications for existing drugs. This capped a busy year for CADTH's CDR program that also included initiatives to increase the transparency of its processes, with the first new documents posted on the CADTH web site in March 2008.

“The Canadian Agency for Drugs and Technologies in Health — one of the hidden gems of Canada's health system.”

*André Picard, Health Reporter and Columnist,
The Globe and Mail, May 17, 2007*

CADTH's impressive results outlined in this annual report signal that its collaborative approach to knowledge transfer is also making a difference as decision makers across Canada continue to increasingly rely on CADTH's products and services. From rapid health technology assessment responses to optimal therapy reports that have been proven to be effective tools in behavioural change, the quality and scope of CADTH's work is nationally recognized and internationally respected.

As CADTH continues to evolve, we are very careful to distinguish between the things we must continually improve on so that we can better serve our stakeholders, and the aspects of our agency that must never change. What drives this pursuit of excellence are CADTH's values — integrity, objectivity, a dedication to our jurisdictional stakeholders, and a commitment to openness and transparency. These core values underpin our reputation and are a direct reflection of the people we serve.

"I am confident that the work of CADTH will continue to contribute to improved management of pharmaceuticals and technologies in the health system."

The Hon. Tony Clement, Minister of Health, February 2008

In the spirit of these shared values, we will continue to adapt to meet the changing needs of health care decision makers. And we will always place our commitment to our federal, provincial, and territorial partners at the centre of everything we do.

Indeed, the successes of the past year would not have been possible without the active participation of the CADTH Board of Directors, our advisory and expert committee members, and the many people across the country conducting work on our behalf. We thank all of them for playing an integral part in the achievements of 2007-2008.



Lauren Donnelly
Board Chair



Dr. Jill M. Sanders
President and CEO

A handwritten signature in black ink that reads "Lauren Donnelly".

A handwritten signature in black ink that reads "Jill M. Sanders".

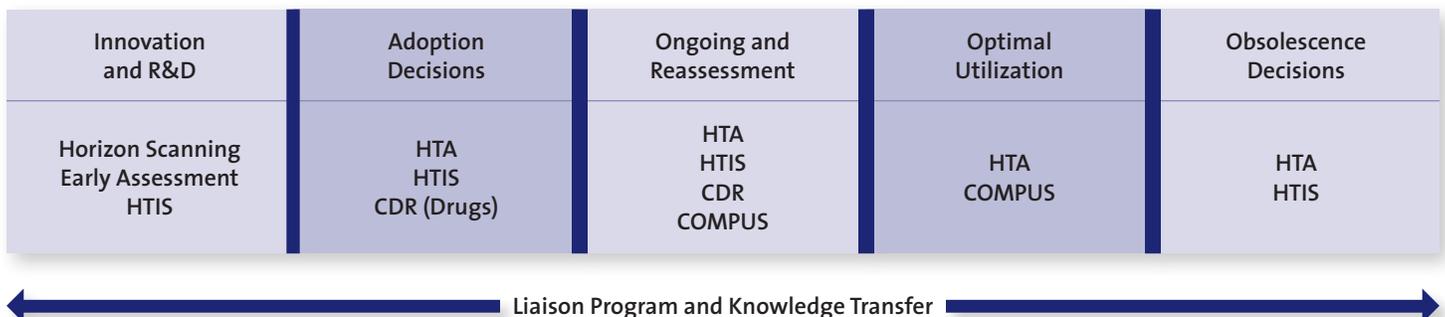
Relevant and Responsive: Meeting the Health Care Challenge

The need for evidence-based information on drugs and other health technologies has never been greater, as the challenges facing Canada's health care decision makers continue to grow exponentially.

In our acknowledged role as a health system partner, CADTH has been able to respond effectively and meet this need head on with the fully integrated capacity of our three program areas, Health Technology Assessment (HTA), Common Drug Review (CDR), and Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) to deliver timely, relevant, rigorously derived evidence-based information to our stakeholders.

From early assessment and horizon scanning, to adoption decisions, on-going and re-assessment of technologies, optimal drug utilization, and finally, decisions on obsolescence, **CADTH is uniquely positioned as the "go to" health agency and "one-stop" shop for comprehensive information.** Each of CADTH's core service programs work seamlessly together to provide critical health information that will help federal/provincial/territorial users meet improved outcomes and lower wait times, within sustainable budgets, and despite increasing patient needs.

CADTH: "One-stop" shop for health information



Whether it is a detailed health technology assessment report, a rapid response to a health technology inquiry, a formulary listing recommendation or optimal drug therapy evidence and tools, the fundamental value and success of this inter-related work lies in our commitment to help our end-users to navigate effectively through an increasingly complex world. This ability to distill large volumes of information, so that ethical and informed decisions can be made for the appropriate utilization of health technologies and drugs at all levels, is crucial to the cost-effective delivery of health care in Canada.

Addressing Increasing Pressures on Health Care Dollars



Public-sector spending on prescribed drugs reached \$10.8 billion in 2007, up 9.3% over the previous year." (CIHI)

By accommodating this full needs spectrum, the scope of CADTH's work ensures its stakeholders are prepared to make the right decision, using the right information, at the right time. In turn, the direct impact is the best use of valuable and limited dollars, invested in the right equipment or drug, to be put in the hands of the right people, for the best health outcome.

CADTH's client-centered focus to provide fast, efficient and effective services that are relevant and meaningful to our stakeholders' differing needs at differing stages of the technology cycle is reflected in our recent modifications to our Health Technology Inquiry Service (HTIS). The new level of report responds to a specific stakeholder-driven question in up to 10 days, providing a summary of the best available evidence, as well as abstracts and direct links to the evidence. This level of report is most commonly used by hospitals, regional health authorities, or Ministries that are making a purchase decision or policy change and, in so doing, want to assure themselves that the evidence supports their decision-making processes. CADTH's ability to respond within the required tight timeframes is critical and shows our ability to adapt to the ever changing needs of decision-makers.

A further example, over the past year, of clearly meeting stakeholder needs, is the development of the optimal drug therapy evidence and 36 user support tools for Proton Pump Inhibitors which resulted in five jurisdictions making or actively considering prescribing policy changes which follow CADTH's research findings.

HTIS: Fast and Responsive

269
Rapid
Response
Requests



Our Health Technology Inquiry Service (HTIS) delivered 269 rapid response requests – an average of one each business day!

Federal, provincial, and territorial drug plans value CADTH's essential role and its impact on decreased duplication, increased efficiency, consistency, and rigour, while optimizing the use of limited resources and expertise in the area of drug reviews. *In 2008, the federal government response to the parliamentary study of the Common Drug Review emphasized the program's vital role in the health care system by helping ensure that publicly reimbursed drugs provide benefits commensurate with their costs.*

Relevant and Responsive: Meeting the Health Care Challenge

Connecting to Stakeholders



135
Presentations
& Workshops

+
25,000
People

640
Conferences

Conferences, exhibits, workshops and networking meetings reached over 25,000 people and raised awareness, increased uptake and utilization of CADTH products and services.

Since its inception in 1989, CADTH has worked to bridge the information gap between stakeholders and health system users by getting the right information into the right hands at the right time. Our Communications and Knowledge Exchange directorate works in unison with CADTH's program areas to deliver targeted, innovative, user-friendly products that translate evidence-based research into usable tools for use by decision makers at all levels of the health system.

A key component of this ability to respond and deliver directly and effectively to stakeholders lies in CADTH's Liaison Program, mandated to provide the essential two-way communications and essential linkages between CADTH and decision makers at all levels of the health system.

Throughout 2007-2008, CADTH continued to forge and strengthen links with organizations here in Canada and around the world. At home, our strategic alliances and partnerships with groups like the Canadian Institutes of Health Research, The Cochrane Collaboration, the Canadian Health Services Research Foundation, the Canadian Institute for Health Information, Canadian Medical Association Journal and others improved our capacity to produce and transfer needed information to decision-makers, and maximize the use of resources. Our initiatives through the COMPUS program were successful in the exchange of information on how to optimize drug therapy with the Canadian Diabetes Association, the Canadian Medical Association, the Canadian Pharmacists Association, the Canadian Academic Detailing Collaboration, the Cochrane Effective Practice and Organisation of Care (EPOC), and the Health Council of Canada.

Our strong international involvement ensures that CADTH remains at the forefront of awareness regarding health technology trends, innovations and solutions. This includes ongoing dialogue with a focus on international collaborations and information sharing between CADTH and similar partner organizations: the United Kingdom's National Institute for Health and Clinical Excellence (NICE), Australia's Pharmaceutical Benefits Advisory Committee (PBAC), and New Zealand's Pharmaceutical Management Agency (PHARMAC).

As CADTH continues to evolve, it will build on these successes, as it becomes increasingly relevant and responsive in meeting the challenges of Canada's health care system.

Reaching Out: Supporting Health Care Decision Makers

The highly responsive nature of CADTH's products and services is entirely driven by stakeholder needs and feedback. Our organization's constant improvement processes continue to provide a comprehensive selection of timely, high quality, evidence-based information to policy and health care decision makers across the country.

Far thinking strategic planning and sound management have traditionally been the keystones of CADTH's success. It has enabled our knowledge-based agency to meet the challenges of fast growth, rapid change, and increased demand for its products and services.

Some of the highlights associated with the progress and integrated approach in meeting our ongoing mission and mandate in supporting health care decision makers is outlined in the following pages.

"This information helps me in developing policies and in finding the most appropriate evidence-based information and best practices that are out there. It greatly reduces my work and time spent in researching."

(Karen Bruton, Northumberland Hills Hospital, requested information in January 2008 regarding guidelines on needle gauge for administration of red blood cells)

DRUGS, DEVICES, HEALTH CARE SYSTEMS — SUPPORTING INFORMED DECISIONS

CADTH's Health Technology Assessment (HTA) program supported informed decision making through three primary service streams: comprehensive HTA reports, emerging issues bulletins and newsletters, and the rapid response Health Technology Inquiry Service (HTIS). In 2007-2008, a broad range of reports and products provided relevant and meaningful solutions in response to stakeholders needs in the areas of drugs, devices and health care systems.

CADTH's two Partners in Health Technology Assessment (PIHTA) centres are fully operational and worked on seven HTA reviews. The work in these centres, McMaster University's Network of Excellence for the Assessment of Health Technologies (NEAHT), and the University of Alberta/Capital

HTA Reports and Products Produced 2004-2005 to 2007-2008

Published Reports	2004-2005	2005-2006	2006-2007	2007-2008
Total	40	56	74	66
Health Technology Inquiry Service				
Total	32	156	263	269
Pre-assessments/Technology Briefings				
Total	6	13	42	27
Total HTA Products and Services	78	225	379	362

Reaching Out: Supporting Health Care Decision Makers

Health Evidence-based Practice Center (EPC), combined with HTA's ongoing commitment to engage clinical and methodological experts and academic and research groups outside of CADTH, continues to facilitate the building of critical HTA capacity in Canada.

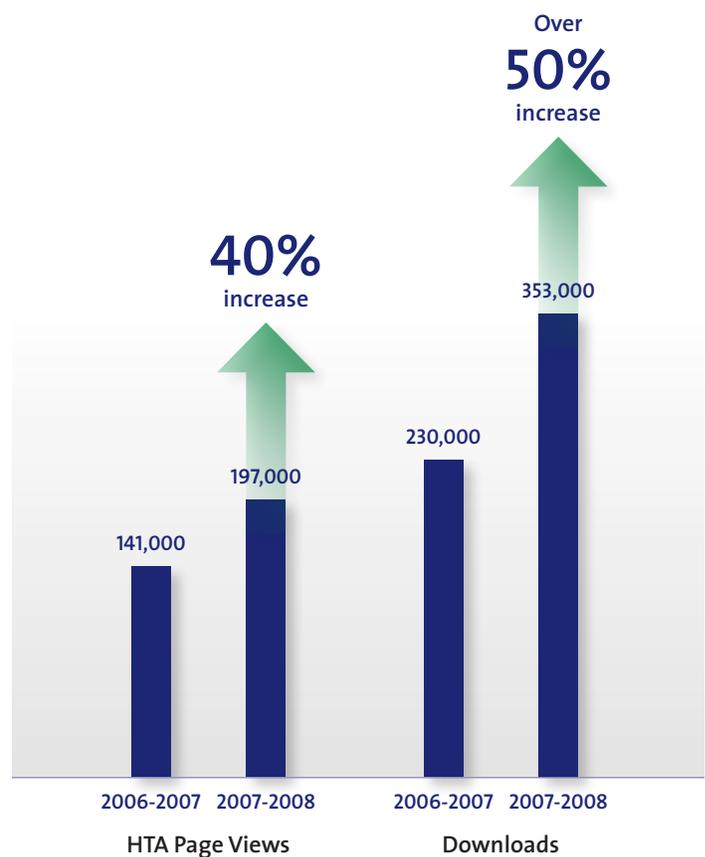
The value of HTA research-related grants/contracts/honoraria (including PIHTA agreements) in 2007-2008 was approximately \$2 million.

The Health Technology Analysis Exchange, now comprising 14 members from across Canada, continued to evolve in its role as a mechanism for increasing coordination on the production of evidence on health technologies and jointly improving health technology assessment methodologies and practices.

“All I can say is that this was an absolutely super service. I was called once to review my request and within two weeks I have been supplied with a veritable plethora of information that will help us to make a very informed evidenced-based decision... Thanks for the super job!”

(Pierre Ozolins, St. Joseph's General Hospital, requested information in February 2008 regarding the cost-effectiveness and guidelines for usage of Vacuum Assisted Closure dressings for wound care)

HTA Meets the Needs



The Policy Forum, a federal, provincial and territorial mechanism, provided an important venue for senior level policy makers from across the country to meet and collaborate on the challenges and approaches for the effective and efficient adoption, management, and replacement of health technologies in Canada's health care system. The Policy Forum is focusing initially on non-drug technologies and, to date, have identified three areas for joint policy development and collaboration by March 2009.



MANAGING INCREASING PRESSURES FOR DRUG COVERAGE

Pharmaceuticals are an important part of medical treatment and provide improvements in health outcomes. However, spending on prescription drugs is growing faster than any other category of health spending in Canada, reaching \$24.6 billion in 2007, an increase of \$1.6 billion over 2006.

To help stakeholders respond to these pressures, CADTH, through the Common Drug Review (CDR), has delivered significant and valuable benefits to its stakeholders since its inception in 2003, and continues to meet aggressive review timelines, providing participating drug benefit plans with rigorous drug reviews and evidence-based formulary listing recommendations.

Acting on the recommendations contained in the National Pharmaceuticals Strategy (NPS), the Conference of Deputy Ministers of Health expanded CDR's role in October 2007 by broadening its mandate to include new indications for existing drugs.

“CDR is well respected, and I think that processes like the CDR are indeed necessary so that we can provide incentive, or in fact obligation, for manufacturers to bring the kind of evidence that is necessary for a rational drug policy.”

Steve Morgan, Assistant Professor, University of British Columbia Centre for Health Services and Policy Research, Presentation to the House of Commons Standing Committee on Health

“The Common Drug Review is a process that was truly federal-provincial-territorial in nature, a true collaboration that has worked well for all partners across the country, and we wholeheartedly support its ongoing mandate.”

Mr. Robert Nakagawa, Assistant Deputy Minister, Pharmaceutical Services, British Columbia Ministry of Health, Presentation to the House of Commons Standing Committee on Health

Rigorous and Objective Recommendations

CDR
Conducted
33
Reviews



CDR completed 33 reviews, including two Requests for Advice and four reviews for the Joint Oncology Drug Review (JODR), and issued 28 formulary listing recommendations.

Changes to increase the transparency of the CDR process were introduced through publication of plain language versions of recommendations, summaries of Canadian Expert Drug Advisory Committee (CEDAC) discussions on the drugs under review, and overviews of CDR clinical and pharmacoeconomic reports.

CDR Completed Reviews

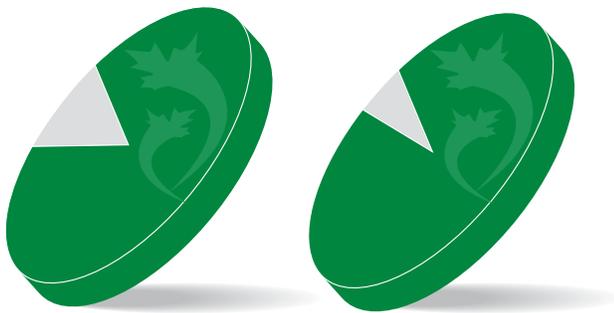
	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008
Submissions	9	25	25	36	33
Withdrawn Submissions	0	1	3	3	2
Final Recommendations	0	21	16	33	28

“For the Canadian Forces, the Common Drug Review has eliminated duplication, decreased time to review and make listing decisions on new chemical entities, and enabled the Canadian Forces and the Federal Pharmacy and Therapeutics Committee to address other pressing federal drug benefit plan issues.”

Lieutenant-Colonel Dave Cecillon, Pharmacy Policy and Standards, Department of National Defence, Presentation to the House of Commons Standing Committee on Health

CADTH contributed to the parliamentary study of CDR with two separate presentations before the House of Commons Standing Committee on Health (HESA). Both the parliamentary report recommendations and the federal government response were positive and supportive of CDR’s work and value to the health care system. Also, CDR and Health Canada’s Biologics and Genetic Therapies Directorate worked along with industry to determine the feasibility of collaboration and information sharing.

Continuing to meet aggressive timelines



Drug plans agree with
CDR recommendations over

90%
of the time.

95%

of submissions
completed within target
timeframes

SUPPORTING OPTIMAL PRESCRIBING AND USE OF DRUGS

As a result of CADTH’s work, Canada is one of the few countries in the world to offer a pan-Canadian collaborative service to identify and promote evidence-based information and recommendations for the optimal prescribing and use of drugs. During this past year, the Canadian Optimal Medication, Prescribing and Utilization Service (COMPUS) continued to work with stakeholders to refine and introduce strategies, user-friendly tools, products and services to facilitate the implementation of optimal drug therapy among health care providers and consumers.

The widespread use of CADTH’s proton pump inhibitor (PPI) optimal therapy products across Canadian jurisdictions is a strong indication of how COMPUS is making a real difference to improving prescribing and use practices.

PPIs are commonly prescribed and widely used in Canada to treat gastrointestinal conditions. Between 2003-2004, PPI prescriptions dispensed in Canada increased by 15% from 10.8 million to 12.4 million. In 2004, PPI drug plan expenditures increased by 91%, up from \$598 million in 2000 to \$1.1 billion. Questions about appropriate prescribing and use, i.e., over- and user-usage of PPIs and cost issues led CADTH stakeholders to ask COMPUS to provide recommendations on optimal prescribing practices for PPIs. This relevancy to stakeholder needs remains paramount in the delivery of all of our services. Stakeholder consultation and feedback was sought on the optimal therapy reports and related intervention tools and products.

“I’m very impressed with what COMPUS has been able to produce — it is as high quality application of GRADE as I’ve experienced from any organization.”

Gordon Guyatt, Professor, Department of Clinical Epidemiology & Biostatistics, McMaster University

COMPUS’ first-in-class interventions database, *Rx for Change*, continues to be a central resource for health care policy makers and health care professionals to access current research evidence about the effectiveness of strategies and programs to improve drug prescribing and use. The database will be updated regularly to ensure its content is current.

Diabetes is the next large topic area that is being addressed. During the past year, COMPUS developed six insulin analogue optimal therapy reports. These reports include key information on clinical and economic evidence, as well as current use and practice. CADTH worked closely with members of the COMPUS Expert Review Committee (CERC) — including experts, public members, and specialist experts — on the prescribing and use of insulin analogues in the development of these reports. CADTH recommendations on the prescribing and use of insulin analogues will be finalized this coming year, together with tools to support the implementation of this information by decision makers, health care providers, and consumers in Canada.

How COMPUS Reached Out to Its Stakeholders

- ➔ *Rx for Change* web cast reached close to 200 participants
- ➔ Over 90% of participants plan to use the *Rx for Change*
- ➔ Three-fold increase in web hits post web cast
- ➔ Engagement/interaction with CAC and interventionists. 74 collateral events using COMPUS tools, COMPUS support for 36 tool adaptations
- ➔ 18 presentations at national and international events given by COMPUS staff to promote awareness.

COMPUS Tools Make the GRADE



Educational session tools received accreditation from the College of Family Physicians of Canada, the Royal College of Physicians and Surgeons of Canada, and the Canadian College on Continuing Education in Pharmacy.

“Something that we’re still concerned about and I’ve indicated in our brief which has challenges yet and that is the optimal prescribing practices of the health care community. Our evidence would suggest there are still gaps that exist in that area. However, a program called COMPUS run by the Canadian Agency for Drugs and Technologies in Health is beginning to work with health care professionals across the country to provide best practices in terms of optimizing.”

*Dr. Donald Juzwishin, Chief Executive Officer, Health Council of Canada
Presentation to the House of Commons Standing Committee
on Health Study on Post-Market Surveillance*



SUPPORTING STAKEHOLDER UPTAKE AND UTILIZATION

It is critical that CADTH's work reach the end users who can most benefit from it. To support jurisdictional understanding, uptake, and utilization of CADTH's broad range of products and services, CADTH's Communications and Knowledge Exchange (CKE) Directorate brings together four functional areas — the Liaison Program, Knowledge Transfer and Program Communications, Partnerships and Strategic Initiatives, and Corporate Communications and Government Relations. These support functions work hand in hand with the program areas to ensure appropriate end users are identified and mechanisms are put in place to reach them.

CADTH Website Ranked #1 in the World*



In 2007-2008, knowledge transfer tools and tactics were produced to support HTA systematic reviews and COMPUS optimal therapy reports and interventions including: stakeholder web teleconferences, workshops, research highlights bulletins, prescribing aids, physician and pharmacist education presentations, newsletters and self-audit tools. Utilizing new media to increase uptake was also introduced with the launch of Podcasts for HTA products. Stakeholders have found these tools to be very helpful in transferring CADTH's research findings to the end users within their jurisdictions.

*Based on global evaluation of 115 similar organizations conducted by Laval University.

CADTH's ability to reach out and communicate its message was demonstrated in the success of the 2007 CADTH Symposium in Ottawa, drawing a record 350 participants. CADTH also participated as a presenter, exhibitor or sponsor in 31 national and international conferences.

For the second consecutive year, ongoing improvements to the CADTH website resulted in a Number 1 ranking (of 115 similar evidence-based research organizations) by Laval University. Increased awareness and uptake through the CADTH website in 2007-2008 was demonstrated by an over 30% increase in subscribers and a 15% increase in report downloads.

CRITICAL UNDERPINNINGS TO CADTH SERVICES

The Corporate Services (CS) Directorate provides the professional services, that act as the operational backbone supporting CADTH's continued growth as a knowledge and research-based organization. CS underpins CADTH's efforts to meet the needs of today effectively, while also taking on the challenge of future commitments.

CS includes Human Resources, Finance and Administration, Research Information Services (RIS), Information Management (IM), and Information Technology (IT).

Using an integrated approach this year in its hiring strategy, CADTH continues to be successful attracting top talent to the organization despite an ultra-competitive marketplace.

“What I like at CADTH: Working with great, highly competent people I can learn from and the care and consideration for co-workers.”

Information Experts

**475
CADTH
Reports**



Research Information Specialists provided research support for 475 CADTH reports or products.

“CADTH is a very good place to work – I think CADTH strives to make its employees feel very involved and supported.”

New Challenges

CADTH enters its 20th year with a well-earned reputation for its multifaceted approach to meeting the needs of health care decision makers. CADTH's on-going success is the direct result of the agency being able to successfully adapt and evolve to meet the demands of today, with a vision towards overcoming future challenges to deliver impartial evidence-based information on drugs, health technologies and health systems.

CADTH will continue to support stakeholders in their efforts to address increasingly complex issues and demands on the Canadian health care system, with a focus on delivering products and services that are responsive to their defined needs and priorities.

At the core of this success model is the firm commitment to provide products and services that are not only relevant and responsive, but that also show an attention to quality and service. Guided by both CADTH's Five-year Business Plan (2006-2011) and its 2008-2009 Business Plan, the organization will continue to face new challenges in the future with proactive processes and actions.

As a well-established and respected leader in its field, both at home and abroad, CADTH will continue to actively engage other health technology organizations to discuss collaborative approaches to product development and service delivery. CADTH partners with more than 50 organizations across Canada, and some 15 organizations worldwide, facilitating significant opportunities for information exchange on research and knowledge management.

CADTH will implement a revised health technology assessment development process, resulting in a shorter turnaround period with the goal of reducing timelines for comprehensive HTA reports. As well, a revised environmental scanning process for new and existing HTA products is expected to meet changing jurisdictional and stakeholder needs, and cover a broader range of issues. HTA will also continue to foster partnerships with national health organizations that represent key disease areas, providing opportunities for mutual collaboration.

Having an on-going objective of increased transparency, CADTH is proud of its initiative to publish plain language versions of CDR's recommendations, summaries of the CEDAC discussions, and overviews of CDR reviews. Collaborative initiatives will also take place through CDR's involvement with Health Canada on formalizing pre-Notice of Compliance (NOC) reviews to facilitate earlier reviews and recommendations on priority drugs.

A full suite of interactive intervention tools to support the optimal prescribing and use of insulin analogues will be unveiled. In addition, recommendations on optimal prescribing and use of blood glucose test strips will be developed to support jurisdictions in behavioural change interventions. COMPUS's first-in-class interventions database, *Rx for Change*, will be at the centre of this program, augmented by the creation of an online tutorial to further promote and increase its ease of use for stakeholders.

And, as an evidence-based organization, CADTH will continue to evaluate the uptake and impact of its products through regular stakeholder surveys and other feedback mechanisms.

In the years ahead, CADTH looks forward to meeting these challenges and, in its continued pursuit of supporting Canada's health care decision-makers and improving health outcomes for Canadians.

Summarized Financial Statements

STATEMENT OF OPERATIONS

For the year ended March 31	2008		2007
	Budget	Actual	Actual
	\$	\$	\$
Revenue			
Grants	23,656,393	23,526,999	21,559,245
Interest and other income	64,428	262,844	233,864
	23,720,821	23,789,843	21,793,109
Expenditure			
Health Technology Assessment	5,804,208	5,567,033	5,497,091
Common Drug Review	5,141,800	4,278,583	3,440,871
Canadian Optimal Medication Prescribing and Utilization Service	4,485,000	4,061,792	4,516,269
Corporate Administration	4,539,050	5,135,271	4,586,524
Communication and Knowledge Exchange	3,750,763	3,585,591	3,364,341
	23,720,821	22,628,270	21,405,096
Excess (deficiency) of revenue over expenses for the year	0	1,161,573	388,013

STATEMENT OF FINANCIAL POSITION

As at March 31	2008	2007
	\$	\$
Assets		
Cash and short-term investments	6,122,345	4,948,620
Accounts receivable	194,652	74,149
Prepaid expenses	406,882	220,479
	6,723,879	5,243,248
Capital assets	1,335,495	1,030,141
	8,059,374	6,273,389
Liabilities		
Accounts payable and accrued liabilities	2,507,989	1,978,176
Grants repayable	460,620	188,183
Deferred revenue	5,344	0
	2,973,953	2,166,359
Deferred contributions related to capital assets	447,320	630,502
	3,421,273	2,796,861
Net Assets		
Invested in capital assets	888,175	399,639
Internally restricted	3,076,889	3,076,889
Unrestricted net assets	673,037	0
	4,638,101	3,476,528
	8,059,374	6,273,389

The condensed financial statements above have been extracted from the Audited Financial Statements. Copies of the 2008 report of the Auditors, Collins Barrow Ottawa LLP, and complete audited financial statements are available from CADTH head office.

Corporate Information

BOARD OF DIRECTORS

Lauren Donnelly

(Chair)

Assistant Deputy Minister of Health
Saskatchewan Health
Government of Saskatchewan

Dr. Adalsteinn (Steini) Brown

Assistant Deputy Minister
Health System Strategy Division
Ministry of Health and Long-Term Care
Government of Ontario

Dr. David Elliott

Medical Consultant
Department of Health
Government of Nova Scotia

Dr. Ed Hunt

Medical Consultant
Department of Health
and Community Services
Government of Newfoundland
and Labrador

Dr. David King

(Board Executive — Member-at-Large)

Chief Medical Advisor
Worker's Compensation Board
Government of the Northwest
Territories

Dr. W. Alexander (Sandy) MacDonald

Director, Medical Affairs
Department of Health and Social Services
Government of Nunavut

Pam Mitchell

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Assistant Deputy Minister
Institutional Services and
Prescription Drug Program
Department of Health
Government of New Brunswick

Bob Nakagawa

Assistant Deputy Minister
Pharmaceutical Services
Ministry of Health Services
Government of British Columbia

Dr. Doug Perry (2008)*

Senior Provincial Clinical Advisor
Alberta Health and Wellness
Government of Alberta

Ms. Bernadette Preun (2008)*

Acting Associate Deputy Minister
Regional Affairs
Manitoba Health and Healthy Living
Government of Manitoba

Dr. Richard H. Wedge

(Vice-Chair)

Director, Medical Programs Division
Department of Health
Government of Prince Edward Island

Sherri Wright

Director
Insured Health and Hearing Services
Department of Health and Social
Services
Government of the Yukon Territory

Abby Hoffman

Associate Assistant Deputy Minister
Health Policy Branch
Health Canada

*Year appointed

EXECUTIVE MANAGEMENT GROUP

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Glenna Benson

Vice-President, Corporate Services

Dr. Tammy Clifford

Vice-President, Health Technology
Assessment

Suzanne McGlashan

Vice-President, Communications
and Knowledge Exchange

Barb Shea

Vice-President, Canadian Optimal
Medication Prescribing
and Utilization Service

Mike Tierney

Vice-President,
Common Drug Review

CADTH COMMITTEES

The CADTH Board has established jurisdictional and expert committees to provide ongoing assistance, guidance, and input into specific areas of activities. The Terms of Reference and membership listing of CADTH committees are available at www.cadth.ca.

Jurisdictional Committees

Four jurisdictional committees facilitate consultation and information exchange among federal, provincial, and territorial health ministries; other relevant organizations; and CADTH.

Advisory Committee on Pharmaceuticals

COMPUS Advisory Committee

Devices and Systems Advisory Committee

Health Technology Strategy — Policy Forum

Expert Committees

Expert committees ensure that CADTH's work is informed by Canada's leading experts in a wide range of disciplines relevant to the production and use of evidence-based information on drugs and other health technologies.

Canadian Expert Drug Advisory Committee

COMPUS Expert Review Committee

Health Technology Analysis Exchange

CADTH expresses its appreciation to the members of these committees for their guidance, support, and dedication throughout the year.

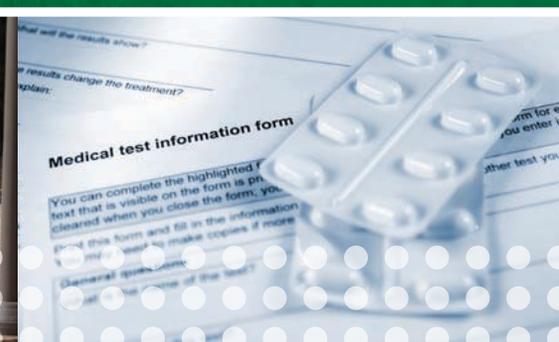
Headquarters

600-865 Carling Avenue
Ottawa, ON K1S 5S8
Tel: 613-226-2553
Fax: 613-226-5392
E-mail: info@cadth.ca

Edmonton Office

Oxford Tower, 10235-101 Street,
Suite 1331,
Edmonton, AB T5J 3G1
Tel: 780-423-5502
Fax: 780-423-5503
E-mail: info@cadth.ca

www.cadth.ca



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