CADTH

OPTIMAL USE PROGRAM — DRUG

Therapeutic Review Framework and Process

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Revision History

From time to time, CADTH may amend the therapeutic review process. The drug plans are consulted as required. CADTH will typically request stakeholder feedback for therapeutic review procedural changes. Amendments to, and clarifications of, the procedure and all related documents may be effected by means of directives (previously called Updates to the Therapeutic Review Framework now located within the CDR Update) issued by CADTH on an as-needed basis, between revisions of these documents. Generally, changes that are corrections or clarifications become effective immediately.

The following version control table, as well as the version number and date on the cover page, are to be updated when any updates or revisions are made.

Version	Date	Summary of Revisions
1.0	**January 2012**	Original framework posted
2.0	**June 2015**	New version of the Therapeutic Review Framework updated to include: • changes to the definition and scope • addition of detailed processes • clarification of the type of evidence included in a therapeutic review.
2.5	**November 2015**	As a result of stakeholder feedback received in June 2015, the following changes to the Therapeutic Review Framework were implemented: • The patient group input process has been revised to allow for more patient group response time (based on experiences with pilot process and stakeholder feedback). • CADTH will typically request stakeholder feedback for therapeutic review procedural changes. In consideration of the 2015 stakeholder feedback, additional context has been added to ensure clarity with regard to the following: • when and how CADTH will handle the inclusion of evidence-based expanded use of drugs (off-label) within therapeutic review reports; • stakeholder feedback within the therapeutic review process • when observational data are considered for review within therapeutic review projects.
3.0	**June 2018**	The document was restructured, simplified, and the subsequent procedural changes were added following posting for feedback in 2017 (CDR Update, issues 124 and 125): • CDEC will consider whether or not the results of a therapeutic review suggest that any existing recommendations from the CDR process should be revised. • Existing CDEC recommendations that could be revised will be identified and communicated to stakeholders. • Patient groups and manufacturers affected by revisions to existing CDEC or CEDAC recommendations have the opportunity to provide feedback on draft revisions.

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Abbreviations

CDEC CADTH Canadian Drug Expert Committee
CDR CADTH Common Drug Review

1. Introduction

The purpose of this document is to outline a framework and standardized process for therapeutic reviews that meets the needs of CADTH customers. If possible, CADTH may adapt or supplement an existing therapeutic review to shorten timelines.

1.1. About Therapeutic Reviews

A therapeutic review is an evidence-based review of publicly available sources regarding a therapeutic category of drugs (e.g., antihypertensive drugs) or a class of drugs (e.g., angiotensin-converting enzyme inhibitors) in order to support drug reimbursement decisions, drug policy decisions, and to encourage the optimization of drug therapy. The optimal use of drug therapy involves ensuring that the right drugs are prescribed and used appropriately to improve or maintain optimal health. This requires balancing maximized benefits with minimized risks to people's health based on best-quality evidence, taking into account the options, costs, available resources, patient preferences, and societal context.

Publicly funded drug plans evaluate and consider the addition of new drugs to their formularies. They do this based on favourable efficacy, safety, and cost-effectiveness analyses as reviewed by CADTH's pharmaceutical review programs. Therapeutic reviews may be useful in any scenario where there is uncertainty regarding the comparative clinical effectiveness and cost-effectiveness of drugs in a particular therapeutic category or drug class.

The primary outputs from a therapeutic review will typically include the *Therapeutic Review Science Report, Therapeutic Review Recommendations Report,* and knowledge mobilization tools. In addition, the therapeutic review process may involve a reassessment of recommendations that were issued through the CADTH Common Drug Review (CDR) process.

Drug-related recommendations and/or advice from the CDR and therapeutic review programs are provided by the Canadian Drug Expert Committee[a] (CDEC), an appointed, national, expert advisory committee to CADTH. CDEC is composed of individuals with expertise in drug therapy, drug evaluation, and drug utilization, and public members who bring a lay perspective. The current committee members are listed on the CADTH website.

1.2. Target Audience and Application for Decision-Making

Therapeutic review reports are produced for federal, provincial, and territorial government drug plan administrators and health policy-makers working at regional health authorities and hospitals in Canada who make decisions about the optimal use of, access to, or reimbursement of pharmaceuticals. Therapeutic review projects are not meant to replace professional medical advice. Readers are also cautioned that a lack of good-quality evidence does not necessarily mean a lack of effectiveness, particularly in the case of new health technologies for which little evidence is available, but that may in future prove to be effective.

[a] The CADTH Canadian Drug Expert Committee replaced the Canadian Expert Drug Advisory Committee in September 2011.

2. Transparency and Stakeholder Engagement

CADTH makes every attempt to be as transparent as reasonably possible in the therapeutic review process. The three principles of transparency, as defined by CADTH, are to:

1. solicit feedback from those affected by CADTH reports (e.g., patient groups, health care providers, and pharmaceutical companies) whenever possible
2. facilitate the ability to reproduce or update CADTH reports by reporting:
   a) methods used to create reports
   b) sources searched and/or provided
3. publish CADTH reports in the public domain.

At the start of each project, a protocol that documents the methodology that will be used in the therapeutic review is drafted, posted, and registered with PROSPERO. In each *Therapeutic Review Science Report,* the policy questions, research questions, selection criteria, included studies, methodology, and search strategy are reported.

Therapeutic reviews are conducted in an open and transparent fashion with input from all interested stakeholders (i.e., public, patient, health care providers, and pharmaceutical companies) solicited in order to facilitate a rigorous review (see Table 1 for details). CADTH notifies interested parties of stakeholder feedback opportunities by posting a notice to the Calls for Feedback webpage and issuing an email to subscribers of the CADTH E-Alert service. Instructions on providing feedback are included with every notification. In the therapeutic review process, stakeholder feedback is solicited at the following stages:

- *Proposed project scope* (including existing recommendations from the CDR program for drugs to be included for review if applicable)
- List of included studies
- Draft *Therapeutic Review Science Report*
- Draft *Therapeutic Review Recommendations Report*
- Proposed revisions to existing recommendations from the CDR program (if applicable)

Therapeutic review reports are posted on the CADTH website for anyone to access and review, although in exceptional circumstances, embargo periods may be considered. All drafts, search strategies, and working documents used to produce therapeutic review reports are archived for 15 years and may be requested if required, with the exception of copyright-protected documents or information provided in confidence by customers, manufacturers, or other agencies.

Table 1: Stakeholders in CADTH Therapeutic Reviews

Stakeholder	What
All stakeholders[a]	• Provide feedback on: ◦ proposed project scope ◦ draft list of included studies ◦ draft *Therapeutic Review Science Report* ◦ draft *Therapeutic Review Recommendations Report* • Proposed revisions to existing CDEC recommendations from the CDR process
Jurisdictions	• Identify policy, reimbursement, and practice issues
Patient groups	• Provide patient perspective on disease and impact on quality of life • Provide first-hand experiences with treatments included in the review • Identify therapeutic issues and controversies from a patient perspective • Comment on existing CDEC recommendations from the CDR process • Provide stakeholder feedback at designated stages of the process
CDEC	• Provide input into the development of research questions and guidance for evidence threshold, as well as populations identification, and outcomes • Identify information needed to make a recommendation • Identify any practice issues • Make recommendations
Health care providers	• Provide context for developing research questions: ◦ understanding of current clinical approach and therapeutics, natural history of disease, comparators, outcomes, interpretation of evidence, populations, upcoming therapeutic, or diagnostic trends • Identify therapeutic issues and controversies • Identify clinical practice issues that are not captured by clinical evidence review
Public CDEC member	• Provide societal perspective, such as fairness, equity of access, identification of vulnerable populations
Manufacturer	• Confirm available evidence • Provide stakeholder feedback at designated stages of the process

CDEC = CADTH Canadian Drug Expert Committee; CDR = CADTH Common Drug Review.

[a] Includes the public and all other stakeholders mentioned in the table.

3. Target Timelines

After the project protocol and the list of included are finalized, the typical timeline to CDEC recommendations is six to nine months. Exact timelines are determined by CADTH in consultation with the jurisdictions. Throughout the therapeutic review project, CADTH provides multiple opportunities for stakeholder engagement, allowing 10 business days for stakeholder feedback.

4. CADTH Therapeutic Review Process

4.1. Topic Identification Phase

4.1.1. Topic Identification

Topic identification includes both reactive projects (i.e., for which a specific request was received from a CADTH customer) and proactive projects (i.e., a project identified by CADTH in anticipation that targeted technologies may have a significant impact on the Canadian publicly funded health system). Factors related to policy issues used to identify potential therapeutic review topics include, but are not limited to:

- when two or more drugs with similar indications are expected for future submission to CDR
- when a CDEC recommendation triggers a coverage policy review of existing drugs (i.e., reimbursement policies)
- if a CDEC recommendation suggests that a therapeutic review should be conducted to evaluate the comparative clinical effectiveness and cost-effectiveness of drugs in a particular therapeutic area.

4.1.2. Topic Screening and Refinement

Potential topics for therapeutic reviews are maintained in a master topic list. The aim of the therapeutic review topic submission and selection processes is to ensure that appropriate topics are identified and selected so that outputs are timely and relevant in addressing priority issues for public drug plans. The master topic list is reviewed and screened by CADTH and the Drug Policy Advisory Committee Formulary Working Group to establish a short list of potential topics for therapeutic review projects. CADTH refines these topics by setting up a jurisdictional working group comprised of representatives from the drug plans and clinical experts. The working group:

- provides input on jurisdictional interest in the topic and the potential impact of the therapeutic review
- assists in the development of policy and research questions
- establishes the timing of the project (i.e., when the information from the therapeutic review is required to most effectively support health care and policy decisions).

Information obtained from the jurisdictional working group is supplemented with a literature search to gain insight into the extent of evidence available on the topic and to determine if there has been previous work on the topic (to avoid duplication of effort and to assess potential opportunities for partnerships with other organizations).

4.1.3. Initial Project Proposal

CADTH develops a project proposal that contains the results of the initial scoping search and the discussions with the jurisdictional working group. The proposal takes into account the factors, such as relevance, timeliness, and potential impact (Table 2). The Formulary Working Group reviews the proposals and establishes the priority of the therapeutic review projects to be addressed by CADTH. This information is subsequently shared with the Drug Policy Advisory Committee for information.

Table 2: Key Factors Considered in Scoping Potential Therapeutic Review Projects

Relevance	• What are the policy and/or decision problems under consideration? • What are the reimbursement policies for the drug class targeted for assessment? • How are the drugs of interest currently being used in Canadian practice? • Is there evidence of suboptimal health policy or variation in clinical practice?
Timeliness	• When are the reports and recommendations required by the jurisdictions? • Are resources available to undertake the proposed therapeutic review? • Who are the knowledge partners that may assist with the development and dissemination of the report and recommendations?
Impact	• How could recommendations change clinical practice? • Who is the target population? • What is the Canadian prevalence of the condition(s)? • How could Canadians be affected by reimbursement, policy, or behavioural changes that may result from the therapeutic review? • What are the health care costs associated with the drugs of interest (e.g., direct, indirect, governmental, societal)? • How could the recommendations from the therapeutic review impact health care costs (e.g., change in purchasing decision, change in drug formulary policy)? • Is there similar work that has been recently published or undertaken by another organization? If so, are there opportunities for partnerships in research activities and/or the dissemination of the information? • Who are the target audiences for the therapeutic review (e.g., patients, policy-makers, clinicians, and/or health care practitioners)? • What is the possibility of changing policy and/or clinical practice?

4.1.4. Detailed Project Scoping

Following prioritization and approval, CADTH conducts detailed scoping on the therapeutic review topics and creates a proposed project scope document. The scope of a therapeutic review is determined by the needs of CADTH's jurisdictional customers. In exceptional circumstances, the project scope may include drugs with evidence-based expanded use (i.e., for a clinical indication for which a pharmaceutical manufacturer has not applied to Health Canada and that is not included in an approved Health Canada product monograph, sometimes referred to by stakeholders as off-label use). Key considerations used when determining whether to include a comparator that does not have regulatory approval from Health Canada for that indication are:

- evidence of use of the drug for the condition of interest in Canadian clinical practice (e.g., integration of the drug into clinical practice guidelines, consultations with clinical specialists)
- availability of data evaluating the efficacy and safety of the drug in an indication for which the manufacturer has not applied or received approval from Health Canada
- evidence of health technology assessment organizations and/or payers having made recommendations or decisions to fund the drug, despite lack of regulatory approval
- approval for use of the drug for the indication of interest has been issued by other regulatory authorities (e.g., US FDA or the European Medicines Agency).

The project scoping document is posted on the CADTH website for stakeholder feedback (typically for a period of 10 business days). Any stakeholders may comment on the proposed project scope. CADTH especially welcomes feedback on the population, comparators, and outcomes described in the scope as this is used to inform protocol development. All feedback is reviewed by CADTH and is used to finalize the scope of the therapeutic review project. Based on stakeholder feedback, CADTH refines the proposed project scope document and obtains final advice from the jurisdictions on whether or not to proceed with the therapeutic review.

Stakeholders are apprised of the proposed therapeutic review and the target dates for providing input. While notice of the proposed therapeutic review is posted on the CADTH website, affected manufacturers and stakeholders, including patient groups, may be notified directly by CADTH. To support and encourage patient groups to participate in a therapeutic review, groups are invited to a teleconference with CADTH staff early in the process. During the teleconference, the project is described, expectations are identified, and possibilities for involvement in the project are discussed.

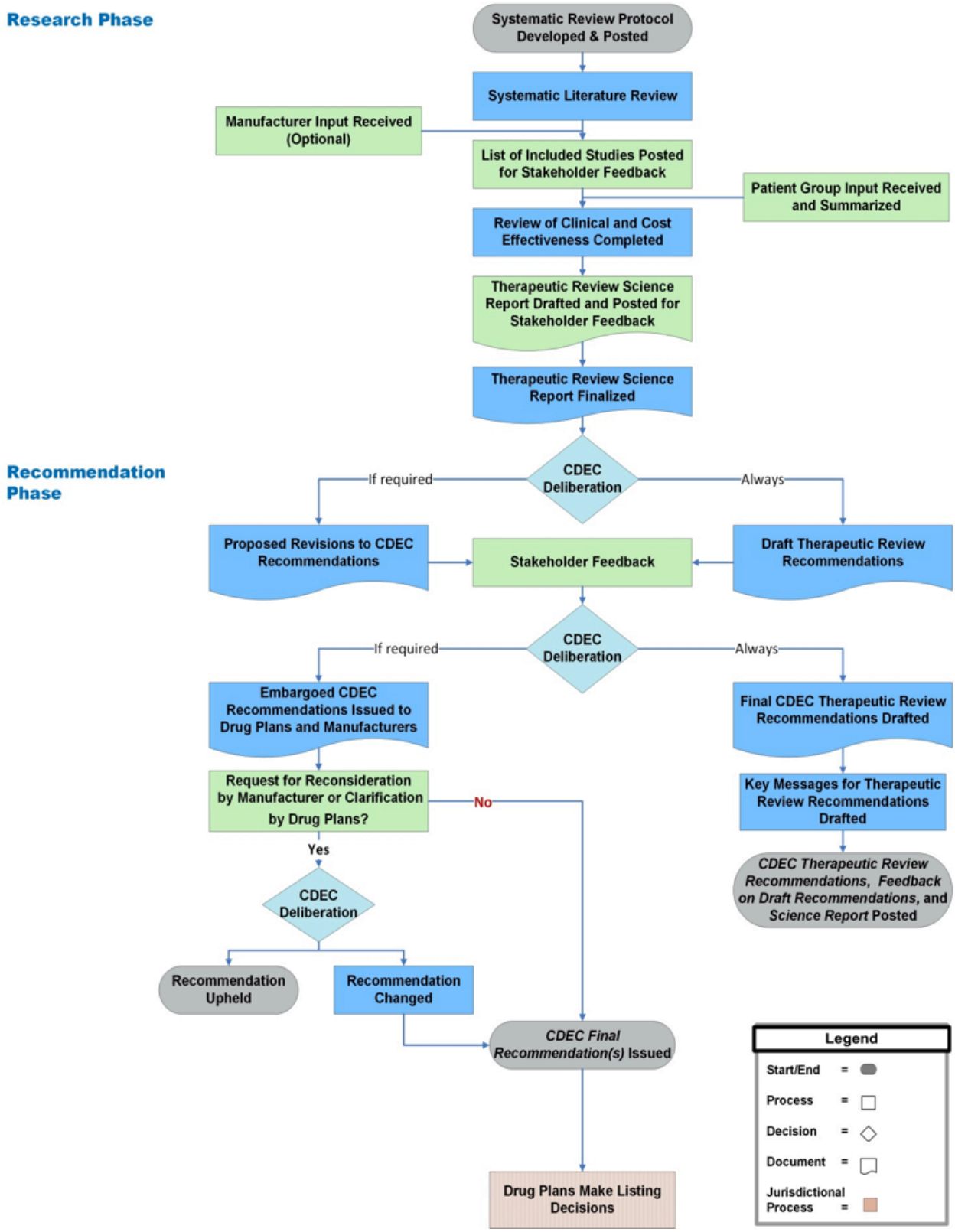
4.2. Research Phase

CADTH's therapeutic review processes reflect nationally and internationally recognized standards and methodologies. New methodologies for assessing drugs are continuously monitored and evaluated, and those that are found to enhance current CADTH processes are incorporated. Therapeutic reviews are based on the best available evidence for addressing the relevant policy questions.

4.2.1. Research Protocol

CADTH drafts the project protocol using the scoping documents and scoping search. The project protocol addresses the scope of the project and the methodologies to be used. Input on the draft project protocol is obtained from CDEC discussants and clinical experts. Input includes, but is not limited to, assisting in the development of research questions, identifying relevant outcomes, and identifying subgroups of potential interest. Once finalized, the project protocol is posted on the CADTH website for information purposes only, and registered in the PROSPERO international database.

Figure 1: Research and Recommendation Phases Flow Chart



CDEC = CADTH Canadian Drug Expert Committee.

4.2.2. Included Studies

The list of studies that have been selected as relevant for the clinical report are posted for stakeholder feedback. The list of included studies may be revised depending on the feedback received. The primary evidence evaluated for possible inclusion in a therapeutic review is from the public domain. Sources of evidence are described as follows:

- Published literature is identified by searching major biomedical bibliographic databases using an internally peer-reviewed search strategy. Biweekly search updates are run for the duration of the review.
- Grey literature (literature that is not commercially published) is identified by searching relevant sections of the *CADTH Grey Matters* checklist. Internet search engines are used to identify additional Web-based materials.
- Clinical experts are engaged and given the opportunity to suggest evidence to be reviewed.
- Patient groups are invited to provide patient perspectives and first-hand experiences using the therapies under review.
- Manufacturers affected by the review are contacted to confirm the available evidence.
- Authors may hand search the references of included studies.

Stakeholders are given the option of identifying and providing unpublished data for consideration in the therapeutic review on the condition that, if used, it will be included in publicly available reports and documents related to the therapeutic review.

4.2.3. Patient Group Input

Interested patient groups are asked to complete the relevant therapeutic review patient group template, available on the CADTH website. The template prompts patient groups to comment on the range of patients' first-hand experiences with the treatments under review; what is important to individuals with the condition and to their families; and specific prompts related to the policy or research questions being addressed by the therapeutic review. Patient groups will have approximately 50 business days to be able to contact their membership and complete the template prompts. Groups can contact CADTH's Patient Engagement Officers with questions or to seek advice.

To encourage diversity of voices and experiences, CADTH accepts patient group input from organized patient groups, but not from individual patients or caregivers. Interested individuals should either contact a relevant patient group, contact CADTH to be connected with a relevant patient group, or consider alternative feedback opportunities (see Table 1).

Once patient group input has been received, it may be summarized by CADTH and sent back to the patient group(s) for comments on accuracy and completeness. The summary is incorporated into the *Therapeutic Review Science Report*, with perspectives and shared experiences discussed, when relevant. The completed patient group input template, as provided to CADTH, is posted on the CADTH website.

4.2.4. Review of Clinical Evidence

Once the results of the clinical literature search have been received, the two authors independently screen retrieved titles and abstracts and come to a consensus on what literature to order. Both authors independently review the full-text articles selected, as well as any unique information received from stakeholders. Following this, they come to a consensus

on which studies meet the inclusion criteria for the project (as documented in the project protocol). If there is disagreement on the findings, a third clinical researcher is engaged in the analysis. Unique studies identified are added to the project's list of included studies for review.

If sufficient studies are found that meet inclusion criteria with similar populations and outcomes, data are extracted from the included studies to conduct a meta-analysis. The meta-analysis is a statistical summary of the selected studies that tests the pooled data for statistical significance. Both authors critically appraise, analyze, and interpret the clinical data to generate a reproducible, transparent, and rigorous review of the available clinical evidence. The clinical draft is internally reviewed.

4.2.5. Review of Economic Evidence

Once the results of the focused economic literature search and (if sent) unique information from stakeholders have been received, CADTH determines whether a new economic model is required to provide information on cost-effectiveness. CADTH then assesses the feasibility of undertaking a full economic analysis. Where a model is developed, it will adhere to the Guidelines for the Economic Evaluation of Health Technologies: Canada and be based on input from the clinical experts and project team. Data inputs for the model are sought from the published literature or based on available data. If a full economic analysis is not feasible, CADTH will explore other options to assess the economic or financial implications.

4.2.6. Drafting the Science Report

The review team prepares a draft report that combines both the clinical and economic drafts. The draft *Therapeutic Review Science Report* is posted for feedback and stakeholders are invited to provide comments. The draft report is posted on the CADTH website and also forwarded to targeted stakeholders (e.g., affected manufacturers and patient groups). The time allotted for comments is 10 business days. Stakeholder feedback is then reviewed and the *Therapeutic Review Science Report* is revised based on the feedback (as required).

4.3. Recommendations Phase

4.3.1. Draft Therapeutic Review Recommendations

At this first meeting, CDEC discusses the *Therapeutic Review Science Report* and whether any changes are necessary. CDEC hears presentations of the clinical and economic evidence, and the patient group input. All CDEC members have the opportunity to ask questions or make comments. Stakeholder feedback on the draft *Therapeutic Review Science Report* is shared and discussed. Clinical experts involved in the therapeutic review are available to answer questions and comment on the evidence presented. There are two primary objectives of this meeting:

- to develop draft recommendations or advice to address the policy and research questions that were raised by the jurisdictions at the outset of the therapeutic review process
- to propose revisions to existing CDEC recommendations from the CDR program (if applicable, based on the outcome of the therapeutic review).

The *Therapeutic Review Recommendations Report* summarizes the recommendations and/or advice, reasons for recommendations, values and preferences of the committee members, patient preferences, the clinical and economic evidence that was discussed, and the research gaps that were identified by the committee. The draft *Therapeutic Review Recommendations Report* and a document summarizing the committee's proposed revisions to any existing

CDEC recommendations from the CDR process (if applicable) are posted on the CADTH website for stakeholder feedback for a period of 10 business days. At this time, the final *Therapeutic Review Science Report* is also posted for informational purposes.

4.3.2. Final Therapeutic Review Recommendations

CADTH and the CDEC discussants meet to discuss stakeholder feedback. The discussants prepare a report that includes responses to stakeholder feedback on the recommendations and/or advice statement, and the proposed final statement. The discussants' report and stakeholder feedback is presented to CDEC along with a revised statement, and a discussion is held on feedback and revisions. CDEC then finalizes the recommendations and/or advice statements. A summary of the feedback considered is included within the final *Therapeutic Review Recommendations Report*.

4.3.3. Revised CDEC Recommendations from CDR Process

Embargoed CDEC recommendations will be issued for drugs where existing CDEC recommendations have been revised as a result of the therapeutic review. The process for revising these recommendations is described in detail in the *Procedure and Submission Guidelines for the CADTH Common Drug Review* (June 2018).

4.4. Knowledge Mobilization Phase

CADTH develops a brief, plain-language summary for all therapeutic review projects. Additional knowledge mobilization tools may be developed to support implementation and outreach. CADTH considers the following factors when determining the appropriate approach for knowledge mobilization:

- customer requests
- large deviations from optimal utilization (overuse or underuse)
- a new intervention becomes available
- size of patient populations
- impact on health outcomes and/or cost-effectiveness or budgets
- benefits to multiple jurisdictions
- measurable outcomes
- potential to effect change in prescribing and use (to the extent that evidence is available).

Discussions are held with the jurisdictions to obtain feedback on the tools developed.

Appendix 1: Definitions

Advice: Advice consists of a statement(s) provided by the CADTH Canadian Drug Expert Committee (for drugs) that provides direction regarding a policy decision or course of action related to the optimal use of a drug, but does not make a recommendation. Advice is issued based on an assessment of supporting evidence.

Business Day: Any day (other than a Saturday, Sunday, statutory holiday, or company holiday) on which the CADTH office is open for business during normal business hours.

CADTH: The Canadian Agency for Drugs and Technologies in Health is an independent, not-for-profit agency funded by Canada's federal, provincial, and territorial governments. CADTH's role is to deliver reliable, timely, and credible evidence-based information and impartial advice to Canada's health care leaders and decision-makers through a variety of customized products and services.

CADTH Canadian Drug Expert Committee (CDEC): A CADTH advisory body composed of individuals with expertise in drug therapy and drug evaluation, and public members. For drugs reviewed through the CADTH Common Drug Review process, CDEC makes formulary reimbursement recommendations for use by the participating federal, provincial, and territorial publicly funded drug plans. CDEC also provides other drug-related recommendations or advice based on CADTH reviews, to inform decisions and strategies including optimal drug use in Canada.

CADTH Common Drug Review (CDR): A single technology drug review process by which CADTH conducts an objective, rigorous, evidence-based health technology assessment of the relative therapeutic merits and cost-effectiveness of drugs, incorporating patient group–submitted input.

Customer: A CADTH customer is an entity or organization that requests CADTH's products or engages CADTH's services. (The customer is most often the first point of contact and requests knowledge from CADTH. Customer needs may vary with specific topics, and they may request or choose between different products, services, and suppliers. By expressing their needs, customers drive the knowledge that CADTH produces.)

Discussants: The Director of the CADTH Common Drug Review and Optimal Use of Drugs, in consultation with the CADTH Canadian Drug Expert Committee (CDEC) Chair, identifies two CDEC technical expert members and one CDEC public member as discussants for CADTH drug projects that contain recommendations or advice statements.

Drug Policy Advisory Committee (DPAC): CADTH's standing committee of Canadian jurisdictional representatives who provide advice on CADTH drug projects. DPAC members are primary customers for the products and services of therapeutic review projects. DPAC has nominated members to sit on two working groups, the Formulary Working Group and the Optimal Use Working Group, which provide advice and direction to CADTH on drug and formulary projects.

Formulary Working Group (FWG): A working group of the Drug Policy Advisory Committee. FWG comprises representatives from the federal, provincial, and territorial publicly funded drug plans and other related health organizations. FWG provides advice to CADTH on pharmaceutical issues. Committee members also facilitate effective jurisdictional sharing of pharmaceutical information.

Health Technology Assessment (HTA): The systematic evaluation of the properties and effects of a health technology that addresses a technology's direct and intended effects, as well as its indirect and unintended consequences. HTAs are primarily aimed at informing decision-making regarding health technologies.

Jurisdictions: These include the federal, provincial, and territorial health ministries from across Canada.

Meta-Analysis: A quantitative statistical analysis that is applied to separate but similar experiments of different and usually independent researchers, and that involves pooling the data and using these pooled data to test the effectiveness of the results.

Optimal Use: Use of a drug or health technology that balances maximized benefits with minimized risks for people's health based on quality evidence, taking into account the options, costs, available resources, and societal context.

Patient Group: For the purpose of CADTH therapeutic reviews, a patient group is defined as an organized group that represents patients with a specific disease or condition, or collection of diseases or conditions. A group will typically have members who are patients, and/or patients' family members, and have a public face, such as a website or Facebook page.

Recommendations: One or more statements issued by the CADTH Canadian Drug Expert Committee (CDEC), CADTH pan-Canadian Oncology Drug Review Expert Review Committee (pERC), or the CADTH Health Technology Expert Review Panel (HTERP) that provide specific counsel to support the optimal use of a drug or health technology on the basis of the assessment of the supporting evidence.

Stakeholders: Stakeholders for the therapeutic review process are organizations, institutions, or individuals who have a strong and vested interest in specific optimal use projects and their outcomes. Stakeholders may include (but are not limited to):

- federal, provincial, and territorial ministries of health
- hospitals and health institutions
- health regions
- individual patients, consumers, and caregivers
- patient groups
- health professionals
- industry.

Tools: These are knowledge mobilization tools used to enable health care decision-makers to use the guidance and/or recommendations that are developed. Tools may include summaries, presentations, conference or workshop materials, continuing education content, and interactive tools (i.e., electronic tools) that allow decision-makers to customize the guidance provided with their own information.