

**CADTH Evaluation - Independent Assessment**  
**Prepared by SECOR-KPMG Consulting**  
**and Submitted to Health Canada by CADTH**  
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**Phase II - Management Response**

**Background**

Following completion of Phase I of the CADTH independent evaluation, SECOR-KPMG was engaged in April of 2012 to conduct Phase II of the evaluation. Building on the findings of Phase I, the second phase focused on CADTH's overall relevance and performance, the impact and value of its product lines, and the progress of its organizational transformation. Most of the findings from the Phase II evaluation already map to recommendations from the Phase I evaluation, with the exception of a small number of new recommendations related to stakeholder engagement. Therefore, SECOR-KPMG reviewers assessed progress to date on Phase I recommendations, and brought forward additional insights where applicable. The findings confirmed that CADTH has made significant progress in responding to the Phase I recommendations.

Management's response to the Phase II recommendations related to stakeholder engagement is outlined below.

<b>EVALUATION RECOMMENDATION</b>	<b>CADTH'S RESPONSE</b>
Define CADTH's philosophy of Stakeholder Engagement – who, and what level	During 2012 CADTH developed a number of strategies that define CADTH's philosophy of Stakeholder Engagement, such as the Customer Service Strategy, Impact Strategy, Partnership Strategy, and the Industry Engagement Strategy. Implementation of these strategies is underway.
Consider establishing more accessible channels for various stakeholder groups to provide input and establish check/balances in place; stakeholder groups include patients, clinicians, general public and manufacturers, at an overall level and for each product line.	<p>CADTH is eager to provide enhanced transparency and more value with respect to how it engages with its stakeholders. For example, at the request of jurisdictions and patients, starting in 2013, full CDR reports will be made public at the same time that recommendations are released.</p> <p>In response to the recommendations from the 2012 independent review of the Patient Input Process, CADTH has prepared an action plan that includes the following four key objectives:</p> <ol style="list-style-type: none"> <li>1. To provide insight into patient and public perspectives relative to CADTH activities and projects (including recommendations);</li> <li>2. To increase the legitimacy and acceptance of CADTH's products and services amongst funders, peers (patients and public), and stakeholders;</li> <li>3. To support greater awareness and understanding of the purpose and value of evidence-based reviews of health technologies on the part of patients and</li> </ol>

EVALUATION RECOMMENDATION	CADTH'S RESPONSE
	<p>public in order that they better understand CDR recommendations; and</p> <p>4. To enhance the transparency of CADTH processes.</p> <p>As part of its quality improvement processes, CADTH continually reviews its policies and procedures to ensure they align with HTA best practices and the needs and priorities of its customers and stakeholders.</p>
<p>Continue capacity building programs to promote the use of HTA reports in general (as noted in the communication and impact strategy).</p>	<p>During 2012, CADTH finalized and initiated implementation of its communication and impact strategies to promote increased uptake and use of evidence in the management of health technologies in Canada.</p> <p>CADTH hosts a number of webinars, educational sessions, and workshops each year as part of its efforts to promote common methodological approaches to producing HTA evidence to support acceptance and uptake of findings.</p> <p>Through its Liaison Officer Program, CADTH provides an array of capacity building workshops to support its customers in using HTA to inform their decision-making processes.</p> <p>The CADTH Annual Symposium provides an opportunity for HTA producers and users to share information and learn from each other about how to integrate evidence more effectively into health care decisions. This event has grown in popularity over the last 7 years and draws in some 600 participants from around the world.</p>
<p>Once the HTA/OU strategy is developed, articulate the value of using the HTA/OU product line.</p>	<p>Development of an HTA / OU strategy will be completed in 2013.</p>

The following additional insights identified by SECOR-KPMG through the Phase II evaluation will be considered as part of CADTH's business planning and continuous improvement processes:

### **CADTH's Value Proposition**

CADTH has made significant progress in articulating its dual value proposition as a producer and broker of HTA in a more balanced and transparent way. However, a renewed strategy and positioning for the HTA/Optimal Use portfolio is needed to ensure resources are allocated to the most unique and value-adding role that CADH can play, given the limited resources available for this product line.

### **Shaping the HTA Landscape in Canada**

CADTH has initiated several landscape-anticipating or shaping efforts, such as the pan-Canadian HTA Collaborative and CNESH (Canadian Network for Environmental Scanning in Health). As these efforts begin to materialize, CADTH could consider shifting focus on redefining its own products, service offerings, and internal processes to align with the landscape-anticipating or shaping strategies.

### **Establishing a Favourable Local Receptor Environment**

CADTH has initiated a number of activities to promote better uptake of HTA evidence by local receptors. These include strategies on outreach and customer service. As CADTH gains more positive momentum on this front, it could explore and pursue more aggressive initiatives that were tabled in Phase 1 and augmented here. For, example:

- Continue capacity building programs to promote the use of HTA reports in general.
- Continue to refine the systematic process (with set criteria) to identify and prioritize HTA/OU projects; integrate the prioritization process with other pan-Canadian brokering initiatives.
- Increase transparency of the prioritization process by publishing suggested topics and selection criteria online.
- In addition to an enhanced Liaison Officer Program, consider establishing a local "champion" practitioner program.

### **Common Drug Review (CDR) Product Line**

Progress against the initial CDR recommendations from Phase I of the evaluation has been gradual, as many were strategic in nature and would require agreement from multiple parties beyond CADTH (i.e. ideas for expansion of CDR into adjacent drug-related HTA issues). Additional opportunities for improvement that emerged from the Phase II evaluation include:

- Establishing a systematic way to understand factors that lead to incongruence and proactively address the factors under CADTH control.