NEW FUNDING FOR HTA

The Canadian Coordinating Office for Health Technology Assessment (CCOHTA) will receive new federal funding of $45 million over the next five years to support health technology assessment (HTA) research in Canada.

The new funding, which was announced on February 18, 2003 as part of the federal government's 2003 budget, responds to the Romanow Commission on the Future of Health Care in Canada, the Kirby Senate Study on the State of the Health Care System in Canada and several recent provincial reports that have stressed the importance of HTA research.

The budget document stated, "With the development of new diagnostic and treatment technologies, there is increasing need for reliable, evidence-based information to ensure that these technologies are used in clinically beneficial, cost-effective ways."

As a result of this new investment, CCOHTA's annual budget for HTA increased by $5 million on April 1, 2003 to $9.3 million and will grow to $14.3 million on April 1, 2004.

“This new funding will strengthen Canada’s health care system by enabling us to increase the number and scope of HTA projects and ensure that HTA information is readily available and widely used in Canada," said Dr. Jill M. Sanders, President of CCOHTA."

Dr. Sanders also applauded the commitment of Canada’s First Ministers to develop a comprehensive Canadian strategy for health technology assessment. The commitment is a key element of the 2003 First Minister’s Accord on Health Care Renewal that was signed in early February.

“I look forward to using CCOHTA’s considerable expertise and existing network of partners to support the development of this important strategy,” said Dr. Sanders. "We anticipate working collaboratively with all jurisdictions, other Canadian experts and the full range of HTA stakeholders to ensure the strategy builds on and enhances existing programs and meets the needs of health care decision-makers.”

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A new international society for the promotion of health technology assessment will be launched during the ISTAHC 2003 conference in Canmore, Alberta on June 25, 2003.

The new society, to be called HTA international or HTAi, will replace the International Society for Technology Assessment in Health Care, which ceased operations effective February 1, 2003.

The Institute for Health Economics in Edmonton, led by Professor Devidas Menon, will provide secretariat services under contract to HTAi.

HTAi will focus on health technology assessment and provide the key forum for all those from the worlds of health care, academia and business interested in the science, development and application of HTA. It will convene an Annual Scientific Meeting and support further meetings and the formation of groups of members to share and develop particular topics - such as information resources for HTA and HTA in developing countries.

A Committee for a New International Society for HTA (CNSHTA) chaired by Alicia Granados has been developing plans for a new society since last June. CNSHTA plans to circulate a Founding Constitution and draft a corporate strategy in April 2003. Nominations for positions on the Founding Board of HTAi will open as soon as the Founding Constitution is circulated and will close on May 1, 2003. The election of the Founding Board will be held in early June using e-mail voting.

CNSHTA will hold a public meeting in Canmore on Monday, June 23 to report on its work since last year. HTAi will formally be launched on June 25. The first business meeting will be held in the morning and there will be an opportunity to meet informally with the Founding Board in the afternoon.
**SPOTLIGHT . . .**

**Stroke rehabilitation services**

Stroke rehabilitation is a key component of after-stroke care. The interventions used in rehabilitation programs are broad in scope, and services can be administered in specialized stroke units or on general medical or geriatric wards. Rehabilitation can also include early supported discharge services and rehabilitation in the community.

**The Issue**

Stroke rehab programs vary widely in focus and intensity, depending on where and under what conditions the therapy services are delivered. As disability and death from stroke costs the Canadian economy $2.7 billion per year, it is increasingly appropriate and meaningful to conduct systematic reviews of the cost-effectiveness, as well as the overall clinical effectiveness, of stroke rehabilitation interventions.

**Based on the available evidence, CCOHTA has concluded that:**

- Stroke patients who receive organized care in a stroke unit are more likely to be alive, independent, and living at home after the stroke - and at comparable costs - than those patients who receive general ward care.
- Early supported discharge services produced greater independence at modestly lower costs, for patients with mild or moderate disability.
- Home-based rehabilitation results in similar primary outcomes as compared with usual care and no firm conclusions can be drawn regarding its relative total cost.

**Exercise-based cardiac rehab programs**

Cardiovascular disease is the leading cause of death in Canada and costs the health care system billions of dollars each year. Cardiac rehabilitation programs are used to enhance recovery and to prevent future cardiac events in patients with coronary artery disease. These programs are either based on "exercise-only" interventions, or can consist of a "comprehensive care" approach that includes psychological interventions and management risk factors, in addition to physical exercise.

**The Issue**

Cardiac rehabilitation programs vary widely in scope, focus and intensity. Only about 10% of eligible patients enter a cardiac rehabilitation program. Previous systematic reviews reporting on these programs covered the period up to 1998; however, several new trials have been conducted since then. There was a need to examine the clinical- and cost-effectiveness of cardiac rehab programs and their potential impact on health policy.

**Based on the available evidence, CCOHTA has concluded that:**

- Cardiac rehabilitation programs have beneficial effects on cardiac mortality.
- Exercise-only programs show a statistically significant reduction in total mortality, and comprehensive care programs showed a trend in that direction.
- Cardiac rehab programs are cost-effective and may reduce costs to the health care system.

**Technology Reports** are CCOHTA's full assessments; detailed technical reports that are peer reviewed.
Using novel antipsychotic drugs to treat dementia-associated agitation (DAA)

DAA, characterized by behavioural and psychological symptoms, is a major cause of morbidity for patients with dementia. Novel antipsychotics have been used as alternatives to conventional antipsychotics to decrease adverse effects for patients with psychotic disorders such as schizophrenia; they may also provide first-line drug treatment for patients with DAA.

The Issue
Currently, risperidone is the only novel antipsychotic approved in Canada for the treatment of behavioural disturbances in patients with dementia. Studies are needed to assess the efficacy and safety of using other novel antipsychotic drugs, compared to risperidone, to treat DAA.

Based on the available evidence, CCOHTA has concluded that:

- The efficacy of intramuscular olanzapine in the rapid treatment of DAA is comparable to that of benzodiazepine lorazepam.
- Over the longer term (6 - 12 weeks), the evidence regarding the efficacy of olanzapine and risperidone was variable. Both drugs increased some types of side effects.
- The efficacy of risperidone compared to haloperidol was similar over the longer-term trials. However, haloperidol significantly increased the incidence of Parkinson-like symptoms.

CCOHTA Reaches Out!

- CCOHTA presented an information session on the Common Drug Review for public stakeholders on March 4, 2003. CCOHTA's Board Chair Eleanor Hubbard, CCOHTA president Dr. Jill M. Sanders, CDR Director Barb Shea and Common Drug Review Committee Chair Marnie Mitchell made presentations and solicited feedback.

- Dr. Sanders also attended a meeting with the Deputy Ministers Advisory Committee of Information and Emerging Technologies in February.

- CCOHTA Health Economist Bruce Brady, went to Belgium in March where he presented at the World Health Organization Regional Office for Europe on new developments on the evaluation of pharmaceuticals in Canada.

- CCOHTA staff also exhibited at the Canadian Society of Hospital Pharmacists conference in Toronto in February.
CCOHTA has Moved!

CCOHTA has moved to larger offices to accommodate recent growth as a result of the implementation of the Common Drug Review and a substantial increase in federal funding for health technology assessment.

"There was simply no room to expand in our current space. We're very pleased to have found the additional space we need in a quality location not far from our current office," said Dr. Jill M. Sanders, CCOHTA President.

CCOHTA's phone number and extensions, fax number, e-mail addresses and web address have not changed.

Alefacept: Potential new therapy for patients with moderate-to-severe psoriasis

Alefacept is a new biotechnology-derived protein product used to treat patients with chronic plaque-type psoriasis. Administered by intravenous or intramuscular injection, alefacept has a dual mechanism of action: it prevents the activation and proliferation of T lymphocytes, and kills the memory T-cell subset while leaving the naïve population of T-cells intact.

The Issue

Current treatments for managing psoriasis involve using topical agents such as corticosteroids, or, for patients with a severe case of the disease, systemic agents like cyclosporin. Unfortunately, these drugs are associated with serious adverse effects, including kidney damage and liver/renal dysfunction.

The US FDA released a briefing document in 2002 that reported on two randomized, double-blind placebo-controlled phase III trials. Approval in Canada for alefacept is still pending (as of February 2003).

Based on the available evidence, CCOHTA has concluded that:

- Alefacept is well tolerated (based on a review of the safety database).
- There was a dose-dependent increase in injection site reactions in the alefacept groups compared to the placebo groups.
- In two randomized controlled phase III trials of patients with moderate-to-severe disease, alefacept showed a modest but significant increase in the number of responders (patients with improved symptoms of psoriasis) compared to placebo. Alefacept has a lymphocyte-depleting effect (not linked to serious adverse events) that requires monitoring of blood count.

Issues in Emerging Technologies:

CCOHTA’s horizon scanning program regularly produces short bulletins that may impact the Canadian health care system.

Effective March 24, 2003, CCOHTA's new address is:

CCOHTA
865 Carling Avenue, Suite 600
Ottawa, Ontario
K1S 5S8
New staff

Mike Gaucher will join CCOHTA's Common Drug Review Directorate in late April as an Analyst. Mike has 15 years experience in hospital pharmacy management and has been actively involved in strategic planning, program development and implementation, and drug use/formulary management. He also has over 15 years of experience with hospital "Pharmacy & Therapeutics" committees, and has served on the Advisory Committee on Institutional Pharmacy Practice and Formulary committee of Saskatchewan Health.

Terri O'Grady has accepted a Pharmacist position with CCOHTA's Common Drug Review Directorate. After receiving a B.Sc. in Pharmacy from the University of Toronto, Terri obtained a hospital pharmacy residency certificate from the Ottawa Hospital/ University of Toronto. She worked as a clinical pharmacist on the general surgery service at the Ottawa Hospital's Civic Campus for one year before entering the graduate program in pharmacology at Queen's University (specializing in hypertension-related research). Terri also worked as an associate editor at the Canadian Pharmacists Association.

Cheryl Fawcett has been appointed Executive Assistant for the Common Drug Review Directorate. Cheryl has over 16 years experience working as an executive assistant within the former Region of Ottawa-Carleton. She also worked with the provincially appointed Ottawa Transition Board to fulfill its mandate of amalgamating the new City of Ottawa. Most recently, Cheryl served as a project coordinator for a medical research study with the Ottawa Hospital.

Lynn Brodsky joins CCOHTA as a Research Officer, Devices and Systems in the HTA Directorate. Lynn worked as a senior epidemiologist at Health Canada, doing research and writing reports on cancer control in Canada and on the health of children and youth in circumpolar nations. She held an NSERC Post doctoral fellowship at the University of Western Ontario and did biological research in the high Arctic while a doctoral student at Queen's University.

Kerri-Vaughan Lynch is the newest member of the administrative support team at CCOHTA. Kerri-Vaughan is providing administrative service in reception and will join the HTA team this summer. Kerri-Vaughan comes to us with many years of secretarial experience and is very pleased to be joining CCOHTA.

New Responsibilities

Dr. Jill M. Sanders is pleased to announce Vijay Shukla's promotion to Scientific Advisor for the Common Drug Review Directorate. A CCOHTA staff member since 1998, Vijay brings to CDR several years of experience in the area of systematic reviews, meta-analysis and pharmacoeconomic reviews. He has also published 45 research papers in national and international journals. Vijay's knowledge and extensive background in the evaluation of pharmaceuticals will greatly benefit the work of the Directorate. Vijay will play an important role in mentoring fellow members of CDR, a service that he will provide on a part-time basis while continuing his work for CCOHTA's HTA Directorate.
Canadian Connections

Manitoba Centre for Health Policy
www.umanitoba.ca/centres/mchp

New Releases
- Discharge outcomes for long-stay patients in Winnipeg acute care hospitals (February 2003)
- Why is the health status of some Manitobans not improving? The widening gap in the health status of Manitobans (March 2003)

Institute for Clinical Evaluative Sciences (ICES)
www.ices.on.ca

New Releases
- Health Technology Assessment of Positron Emission Tomography (PET) in Oncology - A Systematic Review (Updated February 2003)

Coming Soon
- Module 3 of the ICES Practice Atlas: Diabetes in Ontario (early April 2003)

Agence d’évaluation des technologies et des modes d’intervention en santé (AÉTMIS)
www.aetmis.gouv.qc.ca

New Releases
- The use of electroconvulsive therapy in Québec (February 2003)
  (also available in French)
- L’évaluation des technologies et des modes d’intervention en santé dans les hôpitaux universitaires (March 2003)
  (in French only)

Coming Soon
- Determination of optimal care management of patients with or suspected to have cancer
- Exogen™ Ultrasound Bone Healing System
- Neutron therapy and malignant tumours of the salivary glands
- Enhanced external counterpulsation
- Sentinel node biopsy and breast cancer

Alberta Heritage Foundation for Medical Research (AHFMR)
www.ahfmr.ab.ca

New Release
- Suicide prevention strategies: Evidence from systematic reviews (Technology assessment report) (February 2003)

Health Quality Council
www.hqc.sk.ca

New Releases
- Issue #1 of Health Quality Council update bulletin (January 2003)
- Room for improvement: Setting priorities for making Saskatchewan health care better (March 2003)
- A picture of health in Saskatchewan: System characteristics, health determinants and outcomes (March 2003)

Did You Know?

CCOHTA uses Reference Manager™, a software that has been extensively customized by CCOHTA to maintain records of articles used to support CCOHTA researchers’ publications. Since Jan. 2001, 11,000 records have been added to this database!
CCOHTA New Releases

Technology reports

- Novel antipsychotics for agitation in dementia: A systematic review (March 2003)
- Stroke rehabilitation services: Systematic reviews of the clinical and economic evidence (March 2003)
- Exercise-based cardiac rehabilitation programs for coronary artery disease: A systematic clinical and economic review (March 2003)

Emerging technology bulletins

- Atomoxetine for attention deficit/hyperactivity disorder (April 2003)
- Vacuum assisted wound closure therapy (March 2003)
- Multislice/spiral computed tomography for screening for coronary artery disease (February 2003)

Newly approved topics for emerging technology bulletins

- Post-op use of serotonin antagonists
- Given M2A ingestible capsule
- Biventricular pacemakers
- BNP triage test

Coming soon

Technology Reports

- Molecular diagnosis for familial cancers
- Clinical review of luteinizing hormone-releasing hormone agonists in prostate cancer
- Gastroduodenal ulcers associated with the use of non-steroidal anti-inflammatory drugs: A systematic review of preventive pharmacological interventions
- Riluzole for the treatment of amyotrophic lateral sclerosis: An assessment of clinical efficacy
- Raloxifene to treat and prevent osteoporosis in postmenopausal women: A systematic review of efficacy and safety evidence

Emerging Technology Bulletins

- Spiral computed tomography for lung cancer screening
- Transcatheter closure of a trial septal defects

Did You Know?

You can access PowerPoint tutorials from CCOHTA’s web site designed to help you:

- learn how to write clearly using plain language techniques,
- create clear and engaging posters,
- learn how to effectively present information in a poster format.

Click on PowerPoint Communication Tutorials under Resources & Links at www.ccohta.ca