From HTA recommendation to adoption at scale

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Hurdles to full value capture from med tech

1. Evidence
2. Licensing
3. HTA, Coverage decision
4. Funding, fee codes …
5. Procurement
6. Adoption
7. Diffusion (+ Obsolescence of old)

Average time from evidence to widespread practice in medicine: 17 years (CAHO)
The med tech landscape in Canada

Degree of “Newness” Vs. Std. of Care

Impact Potential / Gravity of unmet need

Medtech innovation in Canada at a glance:

~5,000 / year
• ~2,000 novel
• <100 breakthrough

Ontario: <20 HTA/yr

CADTH: ~4 HTA/yr

Canada a top 10 in patents

Canada <3% of market
• Laggard in adoption
• Net importer
The Big Idea: Start HTA Earlier ...

In Collaboration with Payers & Regulators

**medvalue**
Netherlands

- Qualitative research – patients, clinicians, ...
- Quantitative – theoretical HTA

**NICE**
National Institute for Health and Care Excellence

- Review of clinical trial design / data

**CMTP**

- Review of clinical trial design
- Review of market access plan

~10 US payers

**MaRS EXCITE**

- Design + execute pivotal study that reflects ...
- .... Needs of payers & regulators, ‘cuz they are involved at front end

Ontario + UK + US

Our Future Matters
EXCITE: A Collaboration on Steroids

Health System
- Ontario
  - Ministry of Health and Long-Term Care
  - Health Quality Ontario

Regulators
- Health Canada
- Santé Canada

MaRS EXCITE

Academic HTA
+ 24 research hospitals
+ >30 community health orgs

Industry
+ 15 others

Other Organizations:
- AHRC
- PATH
- theta
- OZMOSIS
- CAHO
- Mount Sinai Services
- BresoTec Inc.
- assurex health
- MyndTec
- Medtronic
- Rna Diagnostics

Our Future Matters
EXCITE International: Working Model

International Board

EXCITE INTERNATIONAL SECRETARIAT

- Coordinates multinational evaluations for MNEs & SMEs
- Facilitates methodologist centre quality frameworks
- Advises/assists members in setting up local EXCITE – like operations

International Leadership Centres

EXCITE International Affiliates

CANADA  US  UK  EUROPE  NZ  ...

EXCITE International: Working Model

Develop accepted frameworks to assist EXCITE International affiliates in their work

VERY PRELIMINARY
Evidence-to-Adoption Panel

William Charnetski
Chief Health Innovation Strategist, MoHLTC

Daria O’Reilly, Ph.D.
Associate Prof., McMaster
Director, PATH @ SJHH

Irfan Dhalla, MD
VP Evidence Dev. & Stds,
Health Quality Ontario

Fiona Miller, Ph.D.
Associate Prof., UofT
Director, THETA @ UHN
OCHIS: Catalyst for Collaboration and Commercialization

April 11, 2016

William Charnetski
Chief Health Innovation Strategist
Ministry of Health and Long-Term Care
Office of the Chief Health Innovation Strategist

Purpose:

To drive collaboration across the health care system to accelerate the adoption of new innovative health technologies and processes to:

- Improve patient outcomes
- Add value to the system
- Create jobs in Ontario
Office of the Chief Health Innovation Strategist

Priorities:

• Optimize pathways to the adoption and scalability of innovative Ontario health technologies and processes
• Enable effective procurement of innovation
• Provide better care closer to home through enabling technologies such as digital, virtual and mobile health
• Build a dynamic market of consumer e-health tools and supports
• Advance opportunities for innovation in Aboriginal health
Priority: Optimize Pathways for Adoption and Scalability

• One opportunity: Realize the potential of the emergence of breakthrough/disruptive Ontario technologies.
• The Ministry is examining the pathway by which such technologies are evaluated, reviewed and adopted by the Ontario health system.
• We will execute the MaRS EXCITE value proposition and, with our external partners, build on HQO/OHTAC and EXCITE experiences.
• Refined pathway and improved processes will reflect core principles:
  – Streamlined & Harmonized
  – Cost-effective
  – Transparent & Open
  – Timely & No Bottlenecks
  – Patient-centred
  – Outcome-oriented
  – Appropriately resourced
Working with partners at MaRS EXCITE and HQO, the Ministry will enhance existing pathways for evidence generation and adoption.

Prioritization of Technologies
• Deeper engagement across multiple partners to select topics best aligned with Ontario health priorities

Execution – Informed analysis
• Ministry and other partner involvement to ensure accuracy of assumptions (e.g. funding projections) / study design (e.g. clinical pathway, funding)

Implementation
• Expedited review, approval and implementation

As prioritized topics are confirmed, parallel and collaborative processes will be instituted to address barriers to implementation as analysis is underway, leading to prioritized and expedited implementation.
From recommendation to adoption at scale: emerging frameworks and initiatives to close the evidence-to-patients loop

Irfan Dhalla, MD, MSc, FRCPC
Vice-President, Evidence Development and Standards

CADTH – April 11, 2016
Quality Matters: Realizing Excellent Care for All
Excellent Care for All Act

- Health Quality Ontario’s functions are:
  - “to monitor and report…”
  - “to support continuous quality improvement.…”
  - “to promote enhanced patient relations in health sector organizations…”
  - “to support the patient ombudsman.…”

- “to promote health care that is supported by the best available scientific evidence by

  - making recommendations to health care organizations and other entities on standards of care in the health system, based on or respecting clinical practice guidelines and protocols, and

  - making recommendations, based on evidence … to the Minister concerning the Government of Ontario’s provision of funding for health care services and medical devices… [and in so doing HQO] shall take into account implications for health system resources
Excellent Care for All Act, 2010

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      into account implications to health care resources...
Excellence Through Evidence: 7 key objectives

**Guiding our work**

- Strengthen our health technology assessment work
- Launch HQO Quality Standards to help close gaps between evidence and practice
- Develop a new approach for comprehensively evaluating complex health system interventions
- Involve patients, caregivers and the public more meaningfully in our work

**Maximizing our impact**

- Monitor and support health system uptake of our recommendations

**Our key enablers**

- Strengthen our provincial and national partnerships
- Expand our communication efforts and make everything we do more transparent

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www.HQOntario.ca
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What does perfection look like?

Every HTA recommendation has a clear path to a state of optimal adoption – at both the policy level and the practice level.
What the HTA community can do

• Start with the why

• Ensure that our methods are fit for purpose

• Improve our communications and transparency

• Work with decision makers and clinicians

• Involve patients and the public