

CADTH Evaluation - Independent Assessment
Prepared by SECOR Consulting
And Submitted to Health Canada by CADTH
December 2011

Management Response

BACKGROUND

CADTH engaged Secor Consulting in September 2011 to conduct Phase I of an independent program evaluation that focused on the Agency’s former programs (which continue as product lines in the new CADTH) of: CDR (formulary reviews), COMPUS (which is now Optimal Use and HTA products), and the Rapid Response Service. The evaluation informs CADTH’s transformation process that the organization embarked upon in 2009, and complies with the requirements of CADTH’s funding agreement with Health Canada. Findings from the evaluation are supporting CADTH’s continuous improvement processes, as well as informing Phase II of the evaluation which is to be completed between March and October 2012.

Generally, findings from Phase I of the evaluation concluded that CADTH has evolved significantly since the 2009 Conference of Deputy Ministers (CDM) assessment, and that its transition towards a customer-focused orientation and culture is welcomed. In the short to medium term, CADTH customers and stakeholders will increasingly be looking to the Agency for important leadership as the volume and complexity of technology appraisals increases. The Phase I evaluation report acknowledged that a number of CADTH’s stated plans and current initiatives readily respond to the challenges and opportunities identified during Secor’s review. The recommendations contained in the report range from operational improvements to opportunities for more strategic repositioning of the organization.

A summary of the recommendations and actions being taken by CADTH to address them are noted below. Many of the recommendations are already being addressed or implemented as part of CADTH’s 2012-2015 Strategic Plan and 2012-2013 Business Plan.

CADTH Overall

EVALUATION RECOMMENDATION	CADTH’S RESPONSE
1. Reposition CADTH’s Value Proposition.	
1A. Reposition CADTH’s value proposition as an efficient facilitator and broker of HTA knowledge, and align strategy and portfolio accordingly.	CADTH is embarking upon a number of initiatives to strengthen its role as a broker of health technology assessment. For example: <ul style="list-style-type: none"> - A key initiative of the 2012-2013 Business Plan is to establish the Canadian Network for Environmental Scanning in Health (CNESH) as a permanent network. CNESH is composed of individuals and organizations from across the country involved in environmental and horizon scanning. - Discussions were initiated in January 2012 with a number of HTA stakeholders from Alberta, Ontario, Quebec and Health Canada to explore the feasibility of a collaborative approach to health technology management in Canada. This will be further pursued through a pan-Canadian HTA collaboration as identified in CADTH’s 2012-2013 Business Plan.

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	<ul style="list-style-type: none"> - A partnership strategy is being developed that focuses on cultivating an environment for evidence generation and adoption in Canada. - A major focus of CADTH's 2012-2015 strategic plan is to strengthen CADTH's role as a broker of HTA. - 3-year work plans have been developed for the Policy Forum and HTA Exchange to further advance their mandates. CADTH continues to provide the secretariat support.
<p>1B. Reposition CADTH's value proposition as an HTA producer, align resources to a clarified target customer and unique value proposition.</p>	<ul style="list-style-type: none"> - Key initiatives of the 2012-2013 Business Plan include implementation of a Customer Service Strategy and Impact Strategy. These strategies will guide CADTH in better meeting customer needs, and increasing the uptake and use of its products. - A revised impact and evaluation framework will be fully implemented in 2012-2013. The framework promotes a results-based approach to assessing the impact of the organization's performance. Jurisdictional input will be an essential component of this process. - The pan-Canadian HTA initiative (referenced above) will help to clarify roles and responsibilities of HTA producers in Canada, and identify opportunities for collaboration. - CADTH's Portfolio Committee oversees the CADTH-wide portfolio of projects. The Committee assesses all projects to confirm relevance, impact, and priority, and resource capacity. CADTH staff are in contact with the customer and key stakeholders throughout the project lifecycle to facilitate uptake and use of project findings and recommendations. Projects that are no longer aligned with jurisdictional priorities will be stopped.
<p>2. Shape the Evolving HTA Landscape in Canada.</p>	
<p>2A. Prioritize efforts to shape the HTA landscape by anticipating HTA needs of jurisdictions and the country.</p>	<ul style="list-style-type: none"> - CADTH Advisory Committees provide the organization with strategic direction and advice on the work it conducts related to drugs and non-drug technologies. - CADTH employs a thematic approach to topic identification and development. Focusing work on thematic areas by individuals with expertise and established networks in the thematic area allows CADTH to be proactive in project identification and development of topics that will meet customer needs and have maximum impact. - As part of its annual business planning process, CADTH considers data gathered through its horizon scanning program, topic requests received from jurisdictions, input from its expert and advisory committees and staff, interactions with national and international partners, notification of pending drug review submissions; and Health Canada pipeline meetings. - In addition to the pan-Canadian HTA initiative and Partnership Strategy noted above, CADTH continues to strengthen its relationships with other HTA producers, and key stakeholders. - As part of the pan-Canadian HTA initiative, an annual national priority-setting process will be explored to inform the HTA

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	<p>research agenda and support an integrated and efficient approach to the management of all drugs and other technologies in Canada.</p> <ul style="list-style-type: none"> - CADTH holds semi-annual meetings with the two associations that represent pharmaceutical companies in Canada (Rx&D and BIOTECanada), as well as regular meetings with MEDEC, the Canadian association that represents device manufacturers. - CADTH will be preparing both a drug and non-drug scan this fall to support jurisdictions in getting ahead of the curve. This initial scan will look at what is in the pipeline for the next 12-24 months.
<p>3. Establish a favourable local receptor environment for the uptake of HTA evidence.</p>	
<p>3A. Establish a robust context-adding program within jurisdictions to enable significantly better uptake of HTA evidence produced across the portfolio.</p>	<p>A 3-year Liaison Officer Program workplan has been developed that focuses on enhanced outreach and communications, and strengthened relationships with CADTH customers and stakeholders to increase awareness and uptake of evidence. The responsibilities of the Liaison Officer will continue to evolve and be assessed as the Program's workplan is implemented.</p> <p>One of the objectives of the pan-Canadian HTA initiative is to explore collaborative models/approaches for the production, contextualization, and dissemination of HTA in Canada.</p>
<p>3B. Foster more discipline and jurisdictional commitment to the intake, prioritization, adoption, and post-market assessment process.</p>	<p>A number of CADTH initiatives support enhanced engagement with customers, selection of relevant topics that align with jurisdictional priorities and needs, and increased uptake and use of evidence. Some of these include:</p> <ul style="list-style-type: none"> - Adoption of a thematic approach to topic identification and development. Project themes are identified as priorities of the Canadian health care system, provide an opportunity to proactively address particular health care issues, and have an audience of knowledge partners who are receptive and interested in using the evidence for decision-making. - Incorporating increased customer contact in CADTH processes to ensure the customer is engaged throughout the project lifecycle. - Development of an Impact Strategy that focuses on expanding the use of evidence- informed decision making in the management of health technologies. - Development of an annual dissemination plan to ensure all CADTH products achieve maximum impact (from early assessment of potential impact before a topic is selected for research to effective strategies for supporting uptake/ implementation at decision maker levels). <p>CADTH continues to explore its funding model and opportunities for revenue generating services.</p>

4. Widely communicate transformation objectives.	
4A. Communicate transition status, objectives, and timelines to internal staff and external stakeholders.	<p>CADTH is placing a greater emphasis on brand recognition, increasing awareness of its products and services, and increasing communications regarding its recent organizational transformation (e.g. status, progress) as well as communications generally.</p> <p>A model of continuous quality improvement has been adopted, including the conduct of lessons learned sessions following completion of HTA/Optimal Use projects; and regular evaluations of new processes.</p> <p>Phase II of the CADTH independent program evaluation, to be completed by October 2012, will include an assessment of progress against key elements of the organizational transformation.</p> <p>An Impact and Evaluation Framework has been developed to guide the measurement and assessment of the impact of CADTH's activities and support continuous improvement of product and service development.</p> <p>An impact strategy and a customer service strategy have been developed and will be implemented starting in 2012-2013. Each of these strategies identifies activities to communicate CADTH's transformation and its renewed value proposition.</p> <p>Updated CADTH organizational charts and key processes are being posted on the intranet.</p>

COMMON DRUG REVIEW

EVALUATION RECOMMENDATION	CADTH'S RESPONSE
1. Incorporate assessment of ideas proposed by the field for CDR mandate expansion into next strategic planning cycle and CDM discussions (e.g. harmonizing reviews for adjacent technologies – vaccines, hospital drugs, new indications, repurposed drugs; integrating pCODR into CADTH; initiating pre-NOC reviews for drugs introduced in other OECD countries)	<p>The 2012-2015 CADTH Strategic Plan includes a number of initiatives to address this recommendation:</p> <ul style="list-style-type: none"> - Work collaboratively with decision-makers to anticipate future needs and challenges regarding the optimal use of technologies, and contribute to the development of methodologies and policy frameworks to address them (e.g. drugs for rare diseases, values-based analysis, disinvestment). - Pursue an annual national priority-setting process with key partners to inform the health technology assessment research agenda and support an integrated and efficient approach to the management of all drugs and other health technologies in Canada. - Work with federal, provincial, and territorial partners to streamline and rationalize the number of tables involved in drug and device evaluation.
2. Understand and address the drivers of jurisdictional variation in listing	To be taken into consideration as part of the review and assessment of the findings and recommendations of the final evaluation report.

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<p>conditions and timing. For issues outside of CADTH control, table issues to the CDM in order to maximize consistency post-CDR handover.</p>	<p>Will form part of ongoing communications with the CADTH Liaison Deputy Minister and CDM.</p>
<p>3. Further explore opportunities to engage in dialogue with industry to anticipate each other's needs and minimize avoidable activities and investments.</p>	<p>CADTH engages the pharmaceutical industry through the Industry Liaison Forum (ILF), which takes the form of semi-annual meetings with the two associations that represent pharmaceutical companies in Canada: Rx&D and BIOTECanada. The ILF has spawned two working groups which allow CADTH to consult with industry on specific projects of mutual interest; the science working group, and the engagement working group.</p> <p>One of CADTH's key initiatives for 2012-2013 includes development and implementation of an industry engagement strategy.</p>
<p>4. Catalyze more rapid decision-making in jurisdictions with lengthening timelines (e.g. Ontario, Alberta) through regular interactions after CDR recommendation is made; explore an LO-like role in Ontario.</p>	<p>Efforts to strengthen relationships with CADTH customers continue to be a key priority for the organization.</p> <p>At this time, an LO-like role in Ontario is not considered necessary.</p>
<p>5. Develop a common understanding of how patient input will be used in reviews both internally and externally.</p>	<p>An assessment of CADTH's Patient Input Process will be conducted in fiscal year 2012-2013, to ensure that the initiative continues to evolve to meet the information needs of reviewers, Committee members, and patient groups.</p>
<p>6. Disclose full CDR reports. Enable jurisdictions to share CDR report evidence and information with regional health authorities to support health authority drug review process.</p>	<p>CADTH recognizes the need to support jurisdictions in this regard and has undertaken an initiative to make CDR review reports public in an effort to increase transparency. The primary barrier to increased transparency is gaining agreement from industry. There are a lot of steps involved (including stake holder consultation) and if all goes according to plans, implementation could occur by early next year.</p>
<p>7. Incorporate "on time" accountabilities into the evaluation framework. While the majority of drug reviews are delivered on time, there is opportunity for CADTH to better understand source of delays that occur in the process.</p>	<p>This is being addressed as part of the current process review and development.</p>
<p>8. Re-evaluate time spent on each file during CDEC meetings in order to properly support decision-making and provide an opportunity for optimal use reviews.</p>	<p>This has been addressed as part of the process review and development. As a result of some process improvements, it is not anticipated that this will be an issue in the future.</p>

HTA/OPTIMAL USE

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<p>1. Take the lead in getting closure on the debate about the need/viability of a centralized process for non-drug technology assessments.</p>	<p>Initiated discussions with a number of HTA stakeholders from Alberta, Ontario, Quebec and Health Canada to explore the feasibility of a collaborative approach to health technology management in Canada. This will be further pursued through a pan-Canadian HTA collaborative as identified in CADTH's 2012-2013 Business Plan.</p> <p>The Policy Forum has identified as one of its three priorities for the next 1-2 years development of a Common Technology Review Process for non-drug technologies.</p>
<p>2. Leverage outreach conducted by CADTH expert committees as a means to gain buy-in from key opinion leaders.</p>	<p>This has been incorporated into the terms of reference and membership of the CADTH expert committees, as well as the communications/impact strategy.</p>
<p>3. Continue to increase ease of use and relevance of reports.</p>	<p>Increased ease of use of reports is being addressed through regular customer/user feedback and dialogue and knowledge exchange/mobilization initiatives. For example:</p> <ul style="list-style-type: none"> - Implementation of an annual dissemination plan to ensure all CADTH products achieve maximum impact. - Implementation of individual knowledge exchange/mobilization plans for "key" projects that have been identified as having high impact for CADTH customers and CADTH, including implementation support initiatives. - Raising awareness and providing professional development opportunities for decision makers to effectively use evidence to support decision making. - Expanding CADTH's network of champions to support knowledge development and mobilization. <p>As noted above, CADTH's Portfolio Committee oversees the CADTH-wide portfolio of projects and assesses all projects to confirm relevance, impact, and priority, and resource capacity. Projects that are no longer aligned with jurisdictional priorities are discontinued.</p>
<p>4. Build flexibility into the methodology to better address the timeliness issues.</p>	<p>One of the key initiatives of the 2012-2013 Business Plan is delivering better products faster. To ensure CADTH products meet high standards of scientific credibility, relevance, and impact, as well as meet the pressing timelines and priorities of decision-makers, a number of initiatives will be undertaken throughout the year to refine and improve methods, procedures and processes. For example, the processes for higher level HTA/OU products (non-drug) will be assessed for possible gains of efficiencies that will shorten timelines while still maintaining a high degree of quality.</p>
<p>5. Continue to refine TR methodology to align with CDR timelines.</p>	<p>The Therapeutic Review Framework continues to be reviewed and improvements made as necessary to ensure products continue to meet customer needs and priorities. The TR process was recently revised based on lessons learned and stakeholder feedback. The new framework has been posted and is now in use.</p>
<p>6. Enhance budgeting for HTA projects and drive accountability through the</p>	<p>Costing for all CADTH products is currently being undertaken and in the upcoming year the organization will be moving towards more of a</p>

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emerging evaluation framework.	project/activity-based costing model versus a program-based model. This will provide the opportunity for assessing the return on investment of CADTH projects and costs versus actuals.
7. Continue to use the integrated teams model, involving researchers and KE officers early, and emphasizing collaboration between KE officers and LOs.	Efforts continue in further evolving the integrated teams model at CADTH. The newly developed Impact Strategy links a number of key elements, each designed to support increased profile and impact for HTA in Canada. The strategy integrates and leverages all investments in communications related actions/ functions at CADTH, including media relations, stakeholder engagement, outreach, partnerships, conferences, government relations, knowledge exchange, marketing, web-new media development and internal and external communications.

RAPID RESPONSE SERVICE

EVALUATION RECOMMENDATION	CADTH'S RESPONSE
1. Align resource allocation across RRS user groups and the intended use of the report based on a clarified value proposition.	Recommendations related to the rapid response service are currently being assessed and taken into consideration as CADTH works to evolve the service to better meet customer needs, and increase its use in decision-making.
2. Ensure that requests align with jurisdictional priorities, in order to limit the number of potentially low-impact requests.	As above.
3. Continue to work with customers to accurately define research question and understand customer requirements.	Customer satisfaction is a key success factor for the organization. Its Customer Service Strategy was recently released and contains a number of implementation tactics to help CADTH enhance its customer focus.
4. Increase level of awareness of RRS among senior decision-makers within jurisdictions.	This is one of the major activities to be undertaken by CADTH Liaison Officers as outlined in the Program's 3-year 2012-2015 Work Plan.
5. Promote electronic web-based capture for feedback on completed requests.	This recommendation has been incorporated.

COMPUS

EVALUATION RECOMMENDATION	CADTH'S RESPONSE
1. Strategically manage relationships with influential voices.	This has been addressed within the recently developed Partnership Strategy, Impact Strategy, and Knowledge Mobilization Plan. Implementation will occur in fiscal year 2012-2013.
2. Align investments in KE with goal of decision-making impact.	This has been addressed within the recently developed Impact Strategy, Knowledge Mobilization Plan, and the 3-year Liaison Officer Program Work Plan. Implementation will occur in fiscal year 2012-2013.