Health Technology Assessment at CADTH: One Size Doesn't Fit All

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Overview

- CADTH
- What is HTA? Why is it needed? What is needed – and when?
- HTA at CADTH
- Forecasting the Future
- Conclusions

CADTH: An Evolution

- 1989: Canadian Coordinating Office for Health Technology Assessment (CCOHTA) created
  - *Independent not-for-profit; funded by federal, provincial and territorial (F/P/T) governments*
- 1993: Drug assessments added
- 2000: HTA expanded
- 2002: Common Drug Review (CDR) launched
- 2003: Increased federal funding
- 2004: COMPUS launched
- 2004: Health Technology Strategy (HTS 1.0) approved
- 2006: CADTH launched, in response to HTS 1.0

CADTH: Vision and Mission

CADTH's vision is to facilitate the appropriate and effective utilization of health technologies within health care systems across Canada

Our mission is to provide timely, relevant, and rigorously derived evidence-based information to decision makers and support for decision-making processes

CADTH: Our Role

- CADTH has evolved from HTA to a broad service agency with programs that directly link to decision makers, facilitating optimum management of health technologies in Canada
- The areas we address include:
  - managing technologies "from cradle to grave"
  - appropriate utilisation of health technologies, including drugs
  - decision-maker support

CADTH: Guiding Principles

- Impartial
- Independent of stakeholder influence on findings
- Rigorous processes – rigorously applied
- Pan Canadian
- Focus on customer needs
- Support to customers for uptake of findings
- Adaptable to change
- Collaborative

CADTH: Our Customers

- Government policy makers
- Drug plan managers
- Regional health authorities
- Hospitals
- Health professionals

What is HTA?

Healthcare technology is defined as prevention and rehabilitation, vaccines, pharmaceuticals and devices, medical and surgical procedures, and the systems within which health is protected and maintained.

Technology assessment in health care is a multidisciplinary field of policy analysis. It studies the medical, social, ethical, and economic implications of development, diffusion, and use of health technology.

-From INAHTA (International Network of Agencies for Health Technology Assessment); www.inahta.org

Why is HTA Needed?

Managing Technologies – Cradle to Grave

Issues:

- Deciding which technologies to adopt and use to maximize health outcomes within constrained budgets
- Deciding how and when to discontinue use of technologies

Challenges:

- Rate and complexity of technological innovation
- Costs associated with technologies
- Methodology
- Comprehensiveness of studies
- Evidence and data

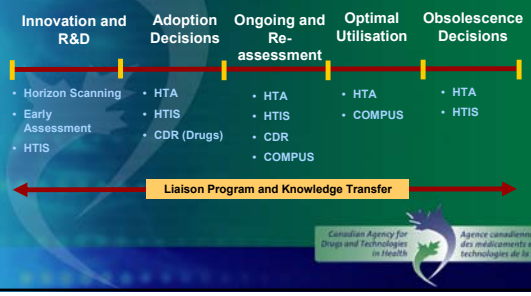
When is HTA most needed?

When a technology has or is expected to have significant impact on the publicly funded health care system

- Patient care
- Cost-effectiveness
- Highly controversial
- Projected / actual significant increase in utilization

HTA at CADTH

Specialised programs for stages of technology lifespan and type of decision



HTA Full Reports – The "Gold Standard"

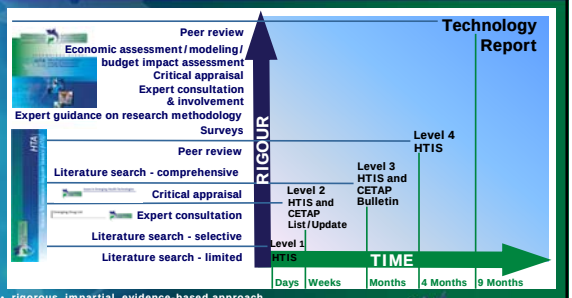
- Evaluate clinical effectiveness, cost-effectiveness and impact on patient health and on the health care system
- Gather, synthesize and assess relevant evidence and provide clear, unbiased conclusions, advice or recommendations
- Multi-disciplinary field
- "Systematic review" of clinical & economic literature
- Peer-reviewed
- 9-12 months to complete
- Transparent appraisal of the evidence
- Easy to read, understand and use
- Knowledge transfer activities

HTA to Health Technology Policy Development Process

Process steps

Topic Identification	Topic Prioritization and Refinement	HTA	HT Policy Options Development	Knowledge Transfer/ Dissemination/ User Support
• CADTH • Jurisdictional Advisory Committees	• CADTH • Jurisdictional Advisory Committees	• CADTH • Other HTA Producers	• CADTH • Jurisdictions • Health System Users	• CADTH • Jurisdictions

An Expanded Spectrum of HTA



- rigorous, impartial, evidence-based approach
- Carefully examine existing evidence to reduce duplication and maximize use of limited resources and expertise

Horizon Scanning

- Helps decision makers anticipate, plan, and manage the introduction and diffusion of new technologies
- Products help inform health care decisions:
  - Support the review of new drugs and formulary decisions by hospital and health region Pharmacy and Therapeutics Committees
  - Provide information to brief Assistant Deputy Ministers
  - Support positions taken by Health regions to offer or not to offer specific types of surgery

Health Technology Inquiry Service (HTIS)

- Launched February 2005
- Provides Canadian health care decision makers with quick access to health technology assessment information, based on best available evidence
- Services provided at no charge
- Who is using the HTIS service?
  - restricted to governments or institutions supported by government
- HTIS information supports policy or coverage decisions

Health Technology Inquiry Service (HTIS)

- **Four different products, depending on needs and urgency**
  - In as little as 24 hours for a list of relevant reports (with abstracts)
  - ~ 3 weeks for critical appraisal (clinical & economic)
  - ~6 weeks for peer-reviewed appraisal (clinical & economic)
  - ~16 weeks for a "rapid review"
  - Excludes primary economic modeling
- **Demand increasing:**
  - 2005-6: 150 responses
  - 2006-7: 263 responses
  - 2007-8: 350-400 responses anticipated
- **Nature of requests:**
  - Ratio 3:1, non-drug to drug topics
  - Increased demand for appraisals & peer-reviewed appraisals

HTA Then and Now: Summary

THEN

- HTA academic endeavour – not well linked to decision makers
- Quantitative – evidence only
- Only full assessments
- Limited resources – limited impact
- Conclusions only
- Relied on passive uptake by users
- Uptake of findings poor
- Decision makers saw role for HTA in decision making
- Gap existed between the information needs of policy makers and what HTA reports provided

NOW

- Evidence based but with qualitative aspects incorporated; e.g. societal values, impact, etc.
- Directly linked to decision makers
- Real needs of policy and decision makers are addressed
- Range of report types
- Expanded resources worldwide
- Recommendations and advice
- Expanded dissemination and knowledge transfer
- Effective knowledge exchange activities
- Policy maker – HTA gap bridged

The Forecast: Continuing Evolution

- Demand for evidence-based advice will grow
- Decision makers need more than scientific conclusions:
  - policy analysis
  - advice
  - recommendations
  - support for uptake and application of CADTH's work
- Increased inclusion of qualitative factors (patient expectations, societal values, ethical considerations, access and equity)
- Increased transparency in processes
- Increased public involvement
- Decide how and when to discontinue use of technologies

Conclusion

- Increasing complexity, costs and rate of technological change are fueling demand for improved overall health system management
- Specialized programs for different decision needs
- Direct links to stakeholders and policy makers are crucial
- Challenging to balance timeliness, quality/rigour, dissemination, stakeholder support, resources while maintaining independence
- Provision and uptake of evidence based products and services is challenging in the distributed decision making model that exists in healthcare

Canadian Agency for Drugs and Technologies in Health

Agence canadienne des médicaments et des technologies de la santé

www.cadth.ca