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Evidence Journeys: Begin with a Canadian Source

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Overview

CADTH – some background and where CADTH fits in the evidence-based health care spectrum

Health Technology Inquiry Service – the little program that could...

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CADTH

- **Founded in 1989 by the Canadian federal, provincial, and territorial Deputy Ministers of Health**
- **Private, not-for-profit organization**
- **Funded by Health Canada, the provinces and territories**
- **Head office in Ottawa**
- **Second office in Edmonton**
- **Liaison presence in provinces and territories**

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CADTH

- Canada's national health technology agency
- Three programs
- 140 employees



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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

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Why CADTH

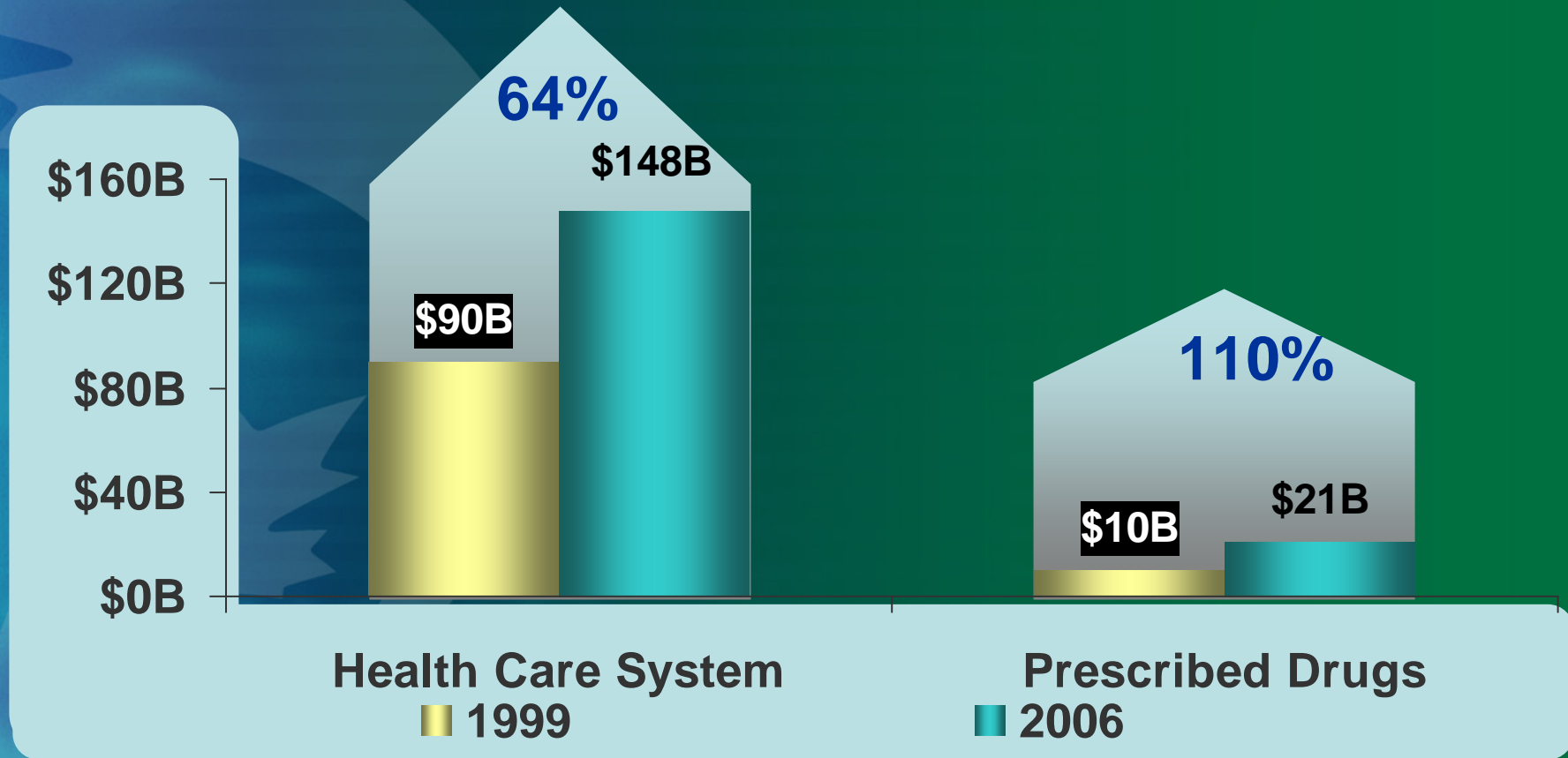
- Health care costs
- Rapid change in health technologies
- Abundance of health technology options
- Research information overload

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Canadian Health Expenditure Trends



Source: CIHI

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CADTH's key clients and users

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

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CADTH programs

- **Common Drug Review (CDR)**
- **Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)**
- **Health Technology Assessment (HTA)**



Common Drug Review

A single process for

- Conducting objective, rigorous reviews of clinical and economic evidence for new drugs
- Providing formulary listing recommendations to the publicly funded drug plans in Canada

Formulary decisions are based on

- CDR recommendations
- Individual plan mandates, priorities, resources

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CDR within the health care system

FEDERAL GOVERNMENT
Approval of new drugs for sale in Canada

CADTH
Evidence-based review
Common listing recommendation

F/P/T DRUG PLANS
Listing/Coverage decision

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Canadian Optimal Medication Prescribing and Utilization Service

COMPUS

- Identifies optimal therapies in drug prescribing and use
- Promotes their use by policy makers, educators, health care providers and consumers

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COMPUS process

Evidence-based review
and recommendations
on the prescribing and
use of drugs



Concise key messages



Evidence-based
user-friendly tools



Used by jurisdictions to
implement change
toward optimal drug
therapy



COMPUS projects

- Proton Pump Inhibitors (PPIs)
- Diabetes Management

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Health Technology Assessment

CADTH's HTA program offers three services:

- Health Technology Assessment (HTA)
- Horizon Scanning and Emerging Health Technologies
- Health Technology Inquiry Service (HTIS)

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Health Technology - definition

Health technologies

- Improve health
- Prevent, diagnose or treat disease
- Aid in rehabilitation or long-term care

Comprise

- Medical devices and equipment
- Medical and surgical procedures
- Drugs, vaccines, and blood products



Health Technology Assessment

HTA: an evaluation of the clinical effectiveness, cost effectiveness and impact of health technologies on patient health and on the health care system.

HTA reports are tools for decision makers

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Purpose of HTA

Encourage the appropriate use of health technologies

Provide a basis for informed decisions about the purchase and use of health technologies by:

- Providing reliable and timely information
- Making complex research accessible
- Synthesizing relevant literature



HTA process

Systematic review of best available evidence on a topic

- *Literature searches of clinical and health services research databases identify relevant literature from around the world*

Transparent appraisal of the evidence

Formulation of conclusions

External review by at least two experts in the field



CADTH HTAs – recent examples

- *Emergency department overcrowding*
- *Re-use of single-use medical devices*
- *Minimally invasive arthroplasty in the management of hip arthritic disease*
- *Technologies for aiding reduction of medication errors in hospitals (in progress)*



Health Technology Inquiry Service

HTIS

Quick access to evidence to inform decisions about:

- Medical devices
- Medical procedures
- Diagnostics
- Drugs

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HTIS users

HTIS is available to

- Federal and provincial ministries of health
- Provincial and territorial medical directors
- Regional health authorities
- Hospitals and other publicly funded health care facilities



The product

HTIS reports contain evidence on:

- Clinical outcomes
- Risk, safety, mortality, morbidity
- Quality of life
- Published cost-effectiveness, economic, or cost impacts



The product (cont.)

Reports may include:

- A bibliography of best evidence listing quality evidence papers and other resources
- A list of abstracts from quality documents
- Additional sources of potentially useful information
- Contact information for people with pertinent knowledge of a particular topic
- **A clinical evaluation and summary based on the evidence**



HTIS examples

- Pneumatic anti-shock garments for acute shock
- Needle gauge for administration of red blood cells
- Disposable stapler use in bowel surgery
- Cost-effectiveness of bariatric surgery for morbidly obese patients



Examples (cont.)

- Temporal temperature measurement during minor surgery
- Daily access to Port-a-Cath: guidelines
- Mattresses for decubitus ulcer prevention
- Vacuum assisted wound closure
- Flexible bronchoscope versus video laryngoscope for adults with difficult intubation



HTIS in practice – 1

From a small northern hospital

Fetal scalp sampling: One clinician endorsed the practice, a second did not.

“Excellent review in timely fashion that saved me a lot of work. This information will be useful to many people.”

RHA Medical Director



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HTIS in practice – 2

From a suburban hospital in the GTA

The efficacy and safety of using positive pressure devices on central venous access devices in pediatric patients, including neonates:

The issue: One major pediatric hospital in Ontario endorses the practice, a second does not.



HTIS in practice – 3

From a small, remote hospital:

- 1. What is the cost-effectiveness of VAC dressings compared to other types of wound care for wound healing?*
- 2. Is there any evidence that VAC dressings decrease hospital length of stay compared to other types of wound care?*
- 3. Is there a specific patient population that VAC dressings should be used for?*



HTIS in practice – 3 (cont'd)

Feedback

"All I can say is that this is an absolutely super service.

I was called once to review my request and within two weeks I have been supplied with a veritable plethora of info that will help us to make a very informed decision.

I was also put on to McGill and the University of Köln, Germany where I have had personal communication with experts in the Field of Medical Technology Evaluation. That is pretty good for a small community hospital in Northern Ontario.

Thanks for the super job!"

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The good news

HTIS is Canadian

HTIS is free to any health care decision maker in the publicly funded health care system

HTIS is quick

HTIS responds to specific needs/questions

HTIS is confidential



One caveat

Not meant to be fully rigorous research



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Accessing HTIS

Existing reports

Topics database accessible through CADTH staff

Monthly summaries of reports

E-mail distribution from CADTH

New requests or more information

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