



*Canadian Agency for
Drugs and Technologies
in Health*



*Agence canadienne
des médicaments et des
technologies de la santé*

Improving Drug Prescribing and Use: International Models for Evidence Uptake

Health Technology Assessment International 2009

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Canadian Agency for Drugs and
Technologies in Health**



Presentation Outline

- *Overview of Canadian Healthcare system*
- *Where CADTH fits*
- *Overview of CADTH's COMPUS program*
- *Canadian challenges and successes*
- *Opportunities for international collaboration*

Canada's Health Care System

- *Each Territory and Province is responsible for health care delivery*
- *Each makes independent decisions regarding coverage policies*
- *The federal government is responsible for the regulation of health technologies*
- *Universal public coverage for hospital and physician services, out-patient drugs not covered*
- *Provincial drug plans cover ~ 30% of population*



*Canada 33M people; area 10M km²
average pop. density 3.3/km²*

About CADTH

- ***Founded in 1989, by the Canadian federal, provincial, and territorial (F/P/T) Deputy Ministers of Health***
- ***Formerly the Canadian Coordinating Office for Health Technology Assessment (CCOHTA)***
- ***Not part of government***
- ***Private, not-for-profit organization***
- ***Funded by Health Canada, the provinces and territories***
- ***Independent annual audit, independent evaluations***

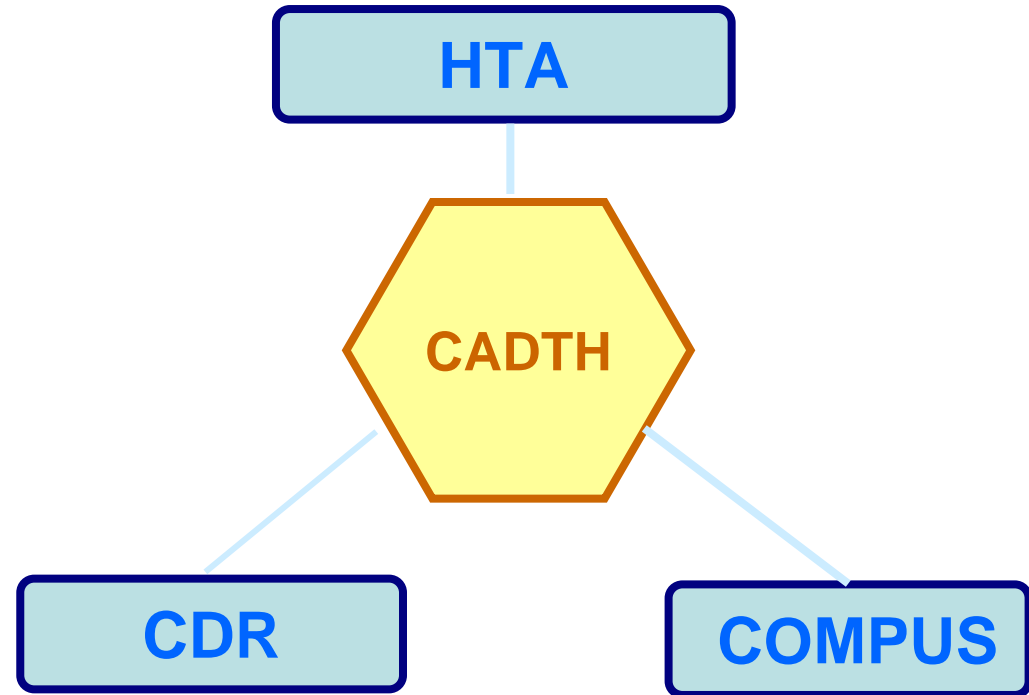


CADTH: Guiding Principles

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

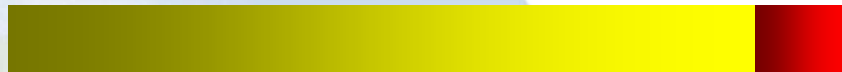
CADTH's Three Scientific Programs

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



CADTH's Programs

HTA



= Assessment



= Advice



= Recommendation



= User tools

CDR



COMPUS



Knowledge Transfer and Communications

- *Bridge the gap between research and healthcare decisions*
- *Increase health care system's capacity to access, understand and use research*
- *User education to facilitate uptake of advice*
- *Support dissemination and uptake of HTA work*
- *Messaging of reports*
- *Feedback on utility and impact of HTA*

Liaison Officers

- *Liaison Officers - “on the ground” in each jurisdiction*
- *CADTH employee in each province – hired locally, works locally*
- *Strengthen linkages between CADTH and users and stakeholders*
- *Ensure stakeholders needs are known, topic requests are accurate re: policy decision needs, feedback*
- *Delivering information-helping users with uptake and utilization of advice*



COMPUS

- *Funded by Health Canada (2004)*
- *Identifies optimal therapies in drug prescribing and use*
- *A pan-Canadian, collaborative service*
- *One of only a handful of country wide programs of this nature in the world*
- *Supports optimal therapy amongst policy makers, educators, health care providers and consumers*
- *Jurisdictional and expert advisory committees provide advice and guidance*



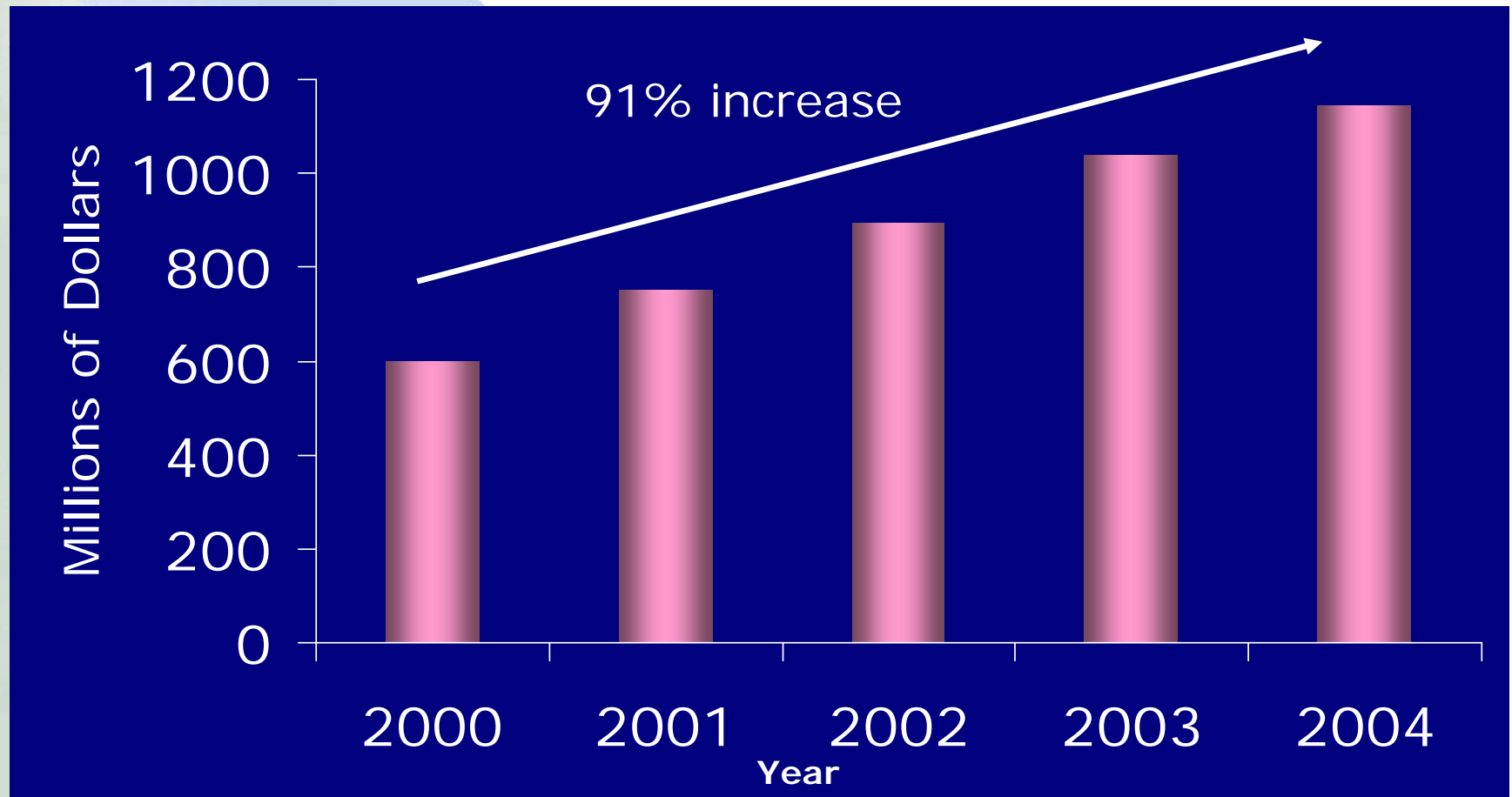
COMPUS topic areas

- **Proton Pump Inhibitors (PPIs)**
 - Product roll-out and uptake underway
- **Diabetes management**
 - *Insulin analogues*: Final recommendations and tools released in January '09
 - *Blood glucose test strips*: Final recommendations to be released in July 2009

Criteria for topic selection:

- large deviations from optimal utilization (over- or under-use)
- size of patient populations
- impact on health outcomes and cost-effectiveness
- benefit to multiple jurisdictions
- measurable outcomes
- potential to effect change in prescribing and use

Proton Pump Inhibitors (PPIs)



Estimated total PPI retail pharmacy sales in Canada

COMPUS Provides:



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



Concise key messages



Evidence-based user-friendly tools

Used by jurisdictions and practitioners to toward optimal drug therapy

Scientists, researchers, experts

Policy makers, administrators, managers

Practitioners, physicians, prescribers

COMPUS mandate

Identify evidence-based optimal therapy



+

Provide strategies and tools



+ Implementation =

Improved prescribing and use

- Evidence-based reviews
- Recommendations

- Interventions
- Tools
- *Rx for Change*

COMPUS

Decision Makers

Rx for Change interventions database

- ***First-in-class tool promoting optimal therapy***
- ***Publicly accessible 'go-to' place***
- ***Unique source of evidence about what works to improve prescribing and use***
- ***Assists health care policy makers and health care professionals***
- ***Guides decision makers when targeting resources***
- ***May provide information on areas where further research is needed***

www.rxforchange.ca



Intervention tools

Delivery of a suite of intervention tools to support Optimal Therapy Reports

- Optimal Therapy Newsletter
- Quick Reference Prescribing Aid
- COMPUS/RxFiles Pearls Document
- Upskilling Document
- Didactic Presentations for Pharmacists and Physicians
- Interactive Presentations for Physicians and Pharmacists
- Project in Brief brochure
- Evaluation Framework

COMPUS Optimal Therapy Newsletter: Insulin Analogues

What are insulin analogues and how do they compare?

Decision Support for Insulin Analogues

Cost (CAD) per mL

Insulin Analogue	Cost (CAD) per mL
Insulin aspart, 100	\$1.04
Insulin aspart, 300	\$1.04
Insulin lispro, 100	\$1.04
Insulin lispro, 300	\$1.04
Insulin glargine, 100	\$1.04
Insulin glargine, 300	\$1.04
Insulin degludec, 100	\$1.04
Insulin degludec, 300	\$1.04
Insulin aspart, 100 (Dec 2008)	\$1.04
Insulin aspart, 300 (Dec 2008)	\$1.04
Insulin lispro, 100 (Dec 2008)	\$1.04
Insulin lispro, 300 (Dec 2008)	\$1.04
Insulin glargine, 100 (Dec 2008)	\$1.04
Insulin glargine, 300 (Dec 2008)	\$1.04
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Uptake and impact of CADTH work on PPIs

<i>Recommendations</i>	<i>Uptake and Impact</i>
<p>2 Key Messages</p> <p>Practitioners have the flexibility to choose a lower cost PPI, without compromising quality of care.</p> <p>Single daily dose of PPIs, as initial therapy, is better than prevalent practice of double daily dose therapy.</p>	<p>IMPACT – The lowest cost PPI is 43% less than the highest cost PPI.</p>
	<p>IMPACT – The cost of a single dose PPI regimen is approximately 45% less than a double does regimen in most cases</p>
	<p>UPTAKE – Based on COMPUS work, five drug plans have changed previous access decisions re:PPIs; other provinces are currently reviewing policies. (Two provinces had existing policies that are aligned with COMPUS recommendations.)</p>
	<p>UPTAKE – Academic detailing across Canada; CME programs; newsletters; etc.</p>

What we would do differently

- *Identify relevant audiences earlier in the process*
- *Gathering input from end users – more and sooner*
- *Test key messages earlier in the process*
- *Ensure time and resources to relationship building and maintenance*

What has worked for us

- *Bringing the right people together*
- *Identifying champions and influencers*
- *Building relationships that get the right information in the hands of the right audience*
- *Test marketing messages and tools – stakeholder feedback*
- *Adapting tools to specific audiences*



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