



*Canadian Agency for
Drugs and Technologies
in Health*



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

One Agency, Thirteen Health Systems: Making HTA Relevant In A Decentralized Health System

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Outline

One Agency, Thirteen Health Systems: Making HTA Relevant In A Decentralized Health System

- Overview of Canada's decentralized health system
- Overview of CADTH
- Challenge of being a central resource in a decentralized system
- Examples of CADTH's approaches to making its work relevant

Objectives

- To gain a better understanding about the use and application of HTA in a decentralized health system context
- To improve understanding about CADTH
- To gain a better understanding of HTA in Canada

Canada



Singapore

A Mari Usque Ad Mare (Usque Ad Mare)

Canada's Decentralized Health System



- Sparsely populated - 32 million in 2nd largest area
- 80% live 320km from southern border
- 13 “slightly different” health jurisdictions
- Public funding from provincial revenue, income-associated health taxes, and transfer payments

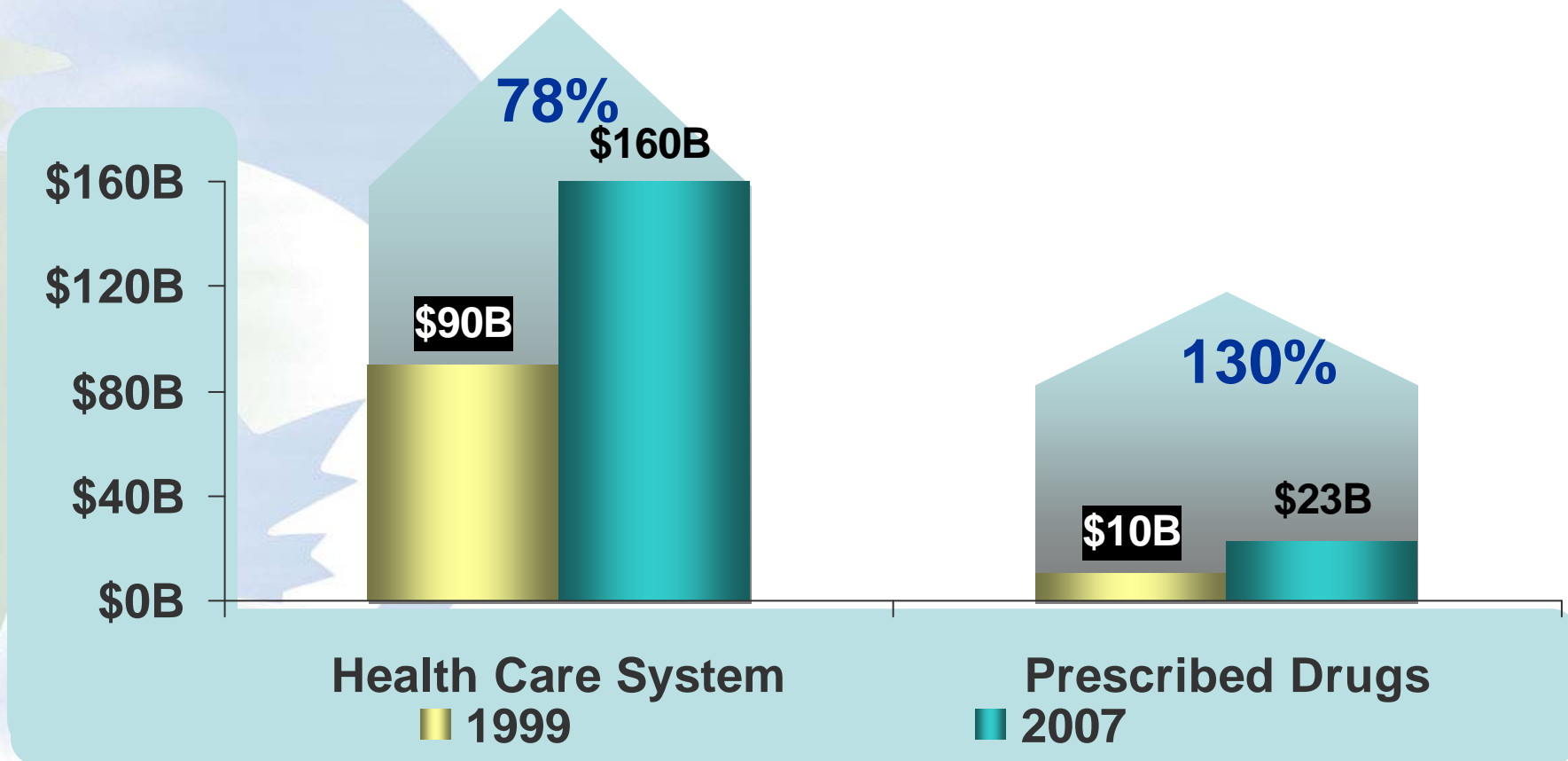
Canada's Decentralized Health System

- ~71% of total health expenditure is publicly funded (OECD, 2005)
- 2003 - \$US 2,998 per capita, ~10% GDP per capita
- Universal coverage for hospital and physician services
- Hospitals are not-for-profit institutions
- Physicians are mostly free-agents – contracted to institutions or in small business
- Drug costs for outpatients and long-term care not included

The OECD Health Project. Health Technology and Decision Making. Paris, France: OECD. 2005.



Canadian Health Expenditure Trends



Source: CIHI

Canada's Decentralized Health System

- Global funding for hospitals (or regions) provided by ministries
- Health regions have emerged in the last two decades → regional planning bodies to service delivery organizations
 - Jurisdiction as planner → jurisdiction as steward
 - Multiplicity of systems
 - Expansion of decision nodes

Canada's Decentralized Health System

“Canada’s health care system seeks to achieve a balance among government direction, consumer choice and provider autonomy”

Battista R.N., Jacob R, Hodge MJ. Health Care Technology in Canada (with special reference to Quebec). Health Policy. 1994;30:73-122.



HTA in Canada (pre-2002)

- Began with the *Conseil d'Évaluation des Technologies de la Santé du Québec (CETS, 1988)*
 - Agence d'évaluation des technologies et des modes d'intervention en santé (AÉTMIS, 2000)
 - *Canadian Coordinating Office for Health technology Assessment (CCOHTA, 1989)*
 - *British Columbia Office of Health Technology Assessment (BCOHTA, 1990)*
 - *Health Technology Assessment Unit at the Alberta Department of Health (1993) then Alberta Heritage Foundation for Medical Research (AHFMR, 1995, now IHE 2006)*

Battista R.N., Côté B, Hodge M.J., Husereau D.R. Health Technology Assessment In Canada. Int J Technol Assess Health Care 2009; [in press]



HTA in Canada

- *“The Health of Canadians – the Federal Role”* (Standing Senate Committee on Social Affairs, Science and Technology, 2002)
- *“Building on Values: The Future of Health Care in Canada”* (Romanow, R, 2002)
- February 2003, First Ministers tasked Federal and Provincial Ministers of Health to develop a comprehensive Health Technology Strategy by September 2004
- Health Technology Strategy 1.0, developed, June 2004
 - Canadian Agency for Drugs and Technologies in Health (CADTH, 2006)

Romanow, R (2002), “Building on Values: The Future of Health Care in Canada”, Commission on the Future of Health Care in Canada, Final Report

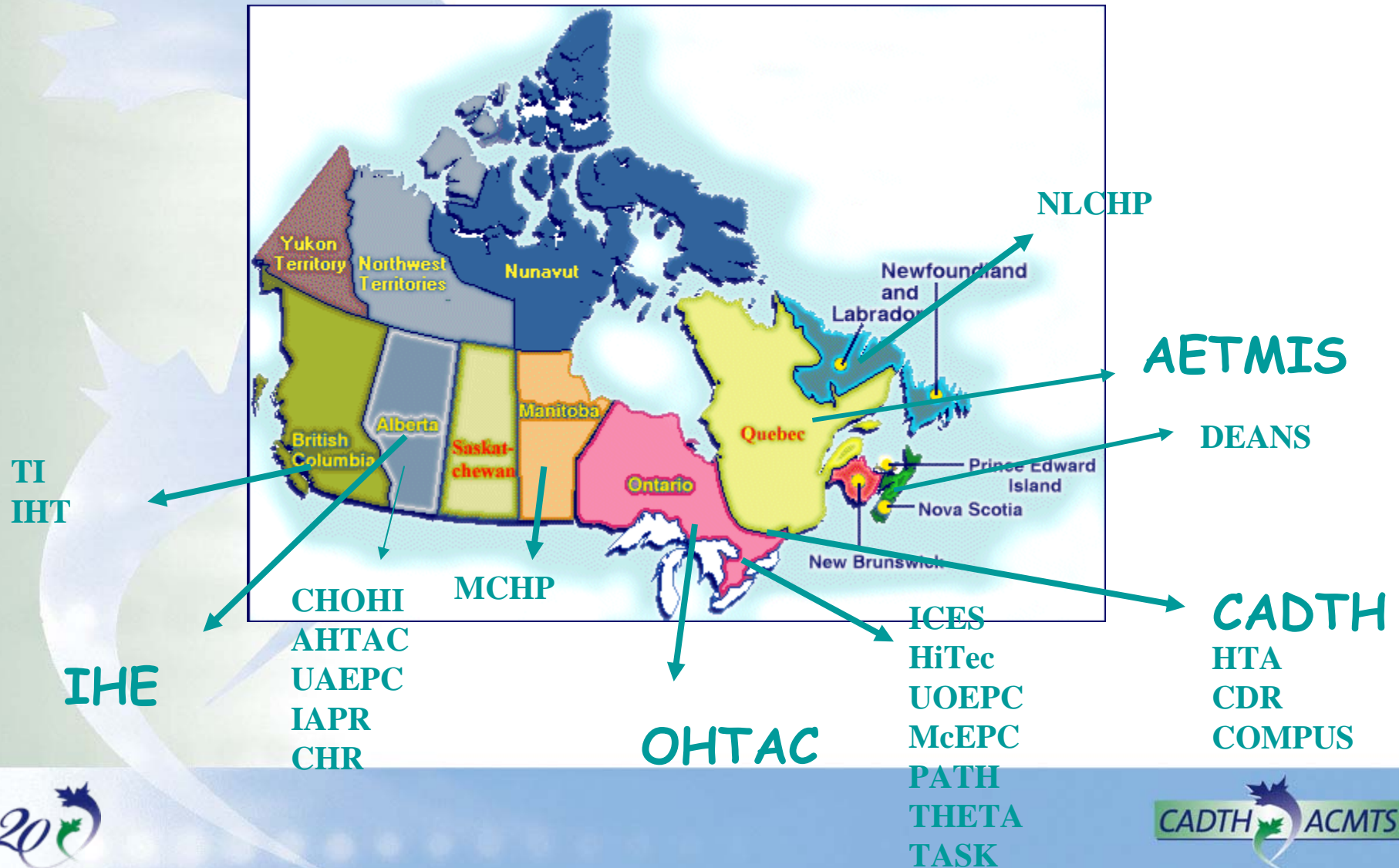
Standing Senate Committee on Social Affairs, Science and Technology (2002), The Health of Canadians – The Federal Role, Final Report, October



Health Technology Strategy HTS 1.0

- Pan-Canadian strategy to better manage health technologies
- Approved in 2004
- Spans the life of technologies - from innovation to obsolescence
- Provides linkages between the key stages of technology development, uptake and utilization
- Three mechanisms
 - The Policy Forum
 - The Exchange
 - A pan-Canadian field evaluation program

Health Technology Assessment - Canada



CADTH

- **Founded in 1989, by the Canadian federal, provincial, and territorial (F/P/T) Deputy Ministers of Health -**

***“We need a more coordinated approach across the country to ensure that all Canadians are benefiting from the advances being made in health technology ”
(Perrin Beatty, Minister of National Health and Welfare, 1989)”***

- **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**



CADTH Governance Committee Structure

Non Jurisdictional

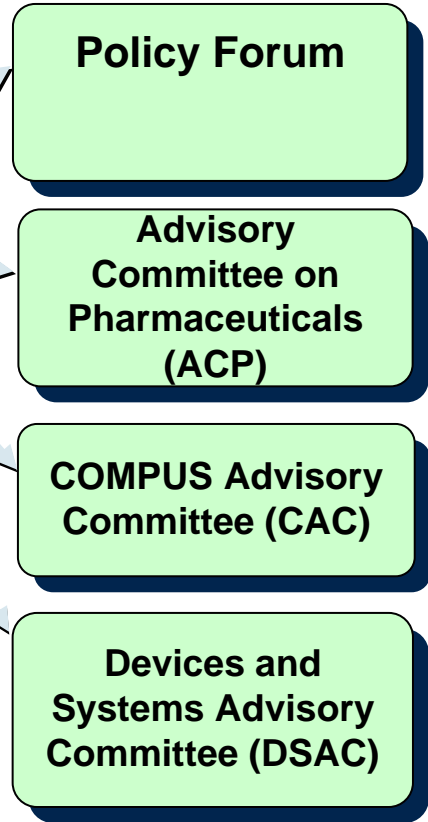


F/P/T Conference of Deputy Ministers of Health

CADTH Board

CADTH

Jurisdictional



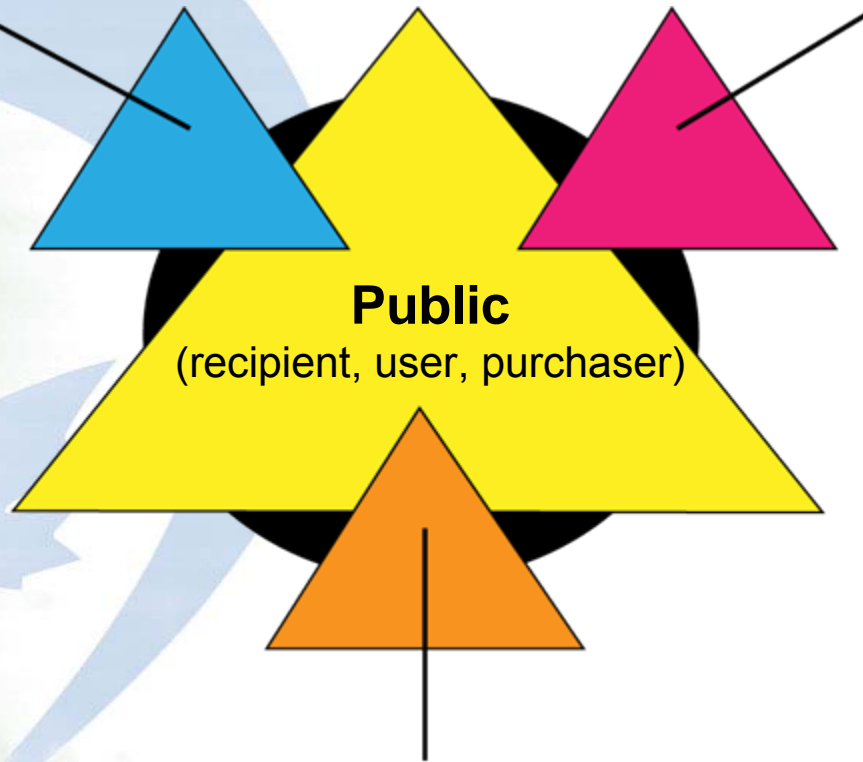
CADTH's Vision and Mission

- 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

Principal Stakeholders in Health Technology Management

Regulators

(Federal Government)



Provinces / Territories

(responsible for health care system delivery)

Health Authorities / Hospitals

(delegated purchasing decisions)

Health Care Professionals

(health care delivery)

Industry

(designer, tester, manufacturer, information provider)

Challenges

- Health systems continue to evolve along with the “needs and interests” of decision makers
- Differences in health service delivery reflect differences in approaches to technology management
 - e.g., Ontario Health Technology Advisory Committee, 2003
 - e.g., Alberta Health technology Decision process
- Some common decision contexts/nodes
 - e.g., Non-insured drug services
 - Common Drug Review (2002)
 - Canadian Optimal Medication Prescribing and Utilization Service (2004)

Challenges

- Some technology decisions decentralized (or in flux) within jurisdictions
- Decision contexts differ across jurisdictions
- CADTH approach two-pronged
 - Tailored responses to specific jurisdictional contexts
 - Technology assessments based on common needs

Responding to Context

- Liaison Program
 - CADTH employee in each province – hired locally, works locally
 - Ensure stakeholders needs are known, topic requests are accurate re: policy decision needs, feedback
 - Helping users with uptake and utilization of advice
 - Facilitating workshops

Responding to Context

- Health Technology Inquiry Service
 - Provides rapid reviews of existing literature
 - Officially launched on February 21, 2005
 - HTIS responds to inquiries specific to health technologies (drugs, devices, and procedures)
 - The program receives 30 - 40 requests per month and anticipates in excess of 400 requests for 2009-2010

Responding to Context

- Capacity building grants
 - Strengthen understanding of HTA
 - Facilitate technology assessment culture in health care
- Regional workshops
- Evidence-based consulting – beyond reviews
- Regional technology decision processes
 - Use HTIS as a source of global evidence

Addressing Common Needs

- CDR and COMPUS programs
- Project Development
 - Includes topic Identification, prioritization
 - Addresses common needs across Canada, or overlapping needs
 - Work with established pan-Canadian networks, including recommendatory frameworks
 - Assessments become part of CADTH library, can be contextualized or updated as necessary

Addressing Common Needs

CADTH's role in HTS 1.0

Implementation of Policy Forum and Exchange

- CADTH is the secretariat for both initiatives
- We support development of processes, structures, and mechanisms for each
- We will revise or implement new products and services to support this work

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Other Reading

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- Hailey D.M. Health Technology Assessment in Canada: diversity and evolution. *MJA* 2007;187:286-288



Questions?

For More Information



CADTH web site: www.cadth.ca