

CADTH - Patient Community Liaison Forum Wednesday March 8 2017, teleconference

Attended: Thank you to Marjorie Morrison (CCAN) who chaired the meeting. Alexandra Chambers (CADTH), Connie Côté (HCCC), Durhane Wong-Rieger (Advocare), Gail Attara (BMC), Ken Bond (CADTH), Helen Mai (CADTH), Paulette Eddy (BMC), Robin Markowitz (CCAN), Sarah Berglas (CADTH), Seema Nagpal (HCCC), Tamara Rader (CADTH), Wayne Critchley (CORD).

Guests: Jocelyn Chisamore, Lead, Governance Corporate Planning & Reporting (CADTH), Peter Chinneck, Special Assistant to the President and CEO (CADTH).

Apologies: Trevor Richter (CADTH)

1. Welcoming Remarks / Approvals

Agenda approved. Summary of January 2017 meeting approved.

2. Updates from All Members

CORD is hosting “Innovative approaches to innovative medicines” on March 29, in Vancouver. Trevor Richter (CADTH) is presenting with representatives from Health Canada, University of Alberta, Manulife, and the Ontario Ministry of Health and Long-Term Care.

Best Medicines Coalition is sending representatives to the ISPOR annual conference in May and will provide a session on HTA for BMC members at their spring meeting.

CCAN is focusing on their evaluation framework for 2017-2018 and will produce a report on the CCAN / pCODR HTA navigator project.

HCCC will have a booth at the CADTH symposium.

CADTH’s symposium is April 23 to 25, in Ottawa, with 870 delegates to explore measuring value when it comes to the effective assessment and management of health technologies. On April 23 there will be 16 half-day workshops, with several designed for patient group representatives and students who are new to HTA. The conference is Patient Included, with CADTH providing travel assistance to 45 students and patient representatives.

3. Questions on CADTH Update

A question was asked around timings of the joint CDR and pCODR patient input template and guidance materials. Both are now available at <https://cadth.ca/about-cadth/what-we-do/products-services/cdr/patient-input> and <https://cadth.ca/pcodr/guidelines-procedures-and-templates>

4. CADTH 2012 – 2016 Evaluation

As required by Health Canada, CADTH activities are evaluated every five years. The most recent evaluation was conducted by Science-Metrix, under the direction of a steering committee. The evaluation informs planning and priority setting by CADTH.

Three overall evaluation recommendations were made relating to CADTH's governance, product mix, and performance measurement. CADTH's new long-term strategic plan and upcoming business plan will reflect the recommendations offered.

Specific to patient engagement, evaluation finding #14 stated: "CADTH was one of the few HTA organizations and networks (EUnetHTA, NICE, SMC) that has been proactive in the systematic implementation of patient engagement as part of its HTA processes. Incorporating the patient perspective lends additional credibility to CADTH's products and services and increases the likelihood of uptake by customers.

[Evaluation] Interviewees recommended some areas for further improvement in CADTH's efforts toward patient engagement:

- Improve the definition of patient, in order to make a clear distinction between patient and public representatives as different stakeholders
- Identify the optimal combination of methods by which patient input can be obtained
- Build on mechanisms for balancing between specific lobbies and patients acting as individuals."

Full details can be found at <https://www.cadth.ca/about-cadth/how-are-we-doing/evaluation-reports>

5. Health Technology Management Strategy

In 2016, CADTH presented a long-term strategy and proposal to the Conference to Deputy Ministers. The proposal offered four major initiatives to extend assessments over a technology's life cycle, strengthen the evidence to action connection, and to create new capacities and partnerships.

Ken Bond offered a brief high level overview of the document. CADTH will expand the scope of current programs and closely work with pan-Canadian Pharmaceutical Alliance to support price negotiations as part of governance and priority setting. Broader engagement with stakeholders will assist priority setting. Assessments of technologies lifecycles will involve greater involvement in the pre-market space, adapting reviews to provide advice on disinvestment and exploring means to incorporate real work evidence. The proposal also imagines the development of an innovative and well-supported approach to involve patients in all steps of the health technology management process, from priority setting to final recommendation and advice.

A forum member highlighted the distinction between patient input and engagement; emphasizing the need for patient groups to be involved in identifying and defining where patient engagement can occur.

Another forum member highlighted the existing opportunities for patient engagement support at EMEA, EUPATI, and PRISM meetings.

6. Meeting close.