ANNUAL REPORT
2010-2011

Evidence with Impact:

Maximizing Our Investment in Health Care

Cancer • Evidence
Infectious Diseases • Neurology
Dermatology • Diabetes
Diagnostic Tests • MRI • Endocrine Disorders
• Cerebrovascular Diseases • ER Overcrowding
ucose • Mental Health • Genetics • Geriatrics
Radiology • Heart and Stroke • Nephrology
s • Neurological Diseases • Gynecology
• Neonatology • Recommendations
ar Diseases • Emerging Issues

CADTH

CADTH at a Glance

THE CANADIAN AGENCY FOR DRUGS AND TECHNOLOGIES IN HEALTH (CADTH) IS A PAN-CANADIAN HEALTH TECHNOLOGY ASSESSMENT AGENCY THAT SUPPORTS EVIDENCE-INFORMED DECISION-MAKING BY PROVIDING HEALTH TECHNOLOGY ASSESSMENTS, DRUG FORMULARY ADVICE AND LISTING RECOMMENDATIONS, AND TOOLS TO PROMOTE THE OPTIMAL USE OF DRUGS, MEDICAL DEVICES, MEDICAL AND SURGICAL PROCEDURES, AND DIAGNOSTIC TECHNOLOGIES.

VISION

CADTH will enhance the health of Canadians by promoting the optimal use of drugs and other health technologies.

STRATEGIC GOAL

To work with CADTH partners in leading the development and dissemination of evidence that promotes the optimal use of drugs and other health technologies in Canada.

CORE VALUES

Leadership:

We have the courage to do what's right, even when it's difficult.
We identify opportunities and take smart risks.
We seek and accept responsibility and accountability.
We maintain a position as a world-class leader in health technology assessment.

Excellence:

We pursue excellence in everything we do.
We are champions of excellence in health technology assessment.
We focus on impact and optimal output.
We deliver what we promise and strive to exceed customer expectations.

Responsiveness:

We work collaboratively with all of our customers, both internal and external, to identify their needs and respond in a timely fashion.
We proactively offer support and assistance to our customers.
We listen to our customers and practice continuous quality improvement in response to their input.

Collaboration:

We encourage teamwork to enhance learning and create better solutions.
We respect diverse cultures, thoughts, and approaches in the pursuit of success.
We share information openly and proactively.
We create and nurture partnerships, and seek input from patients, the public, clinicians, and other stakeholders to foster the optimal use of drugs and other health technologies.

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ACKNOWLEDGEMENT

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CADTH takes sole responsibility for the final form and content of this report. The views expressed herein do not necessarily represent the views of Health Canada or any provincial or territorial government.

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A Message from the Chair and the President and Chief Executive Officer

Dr. Terrence Sullivan
Chair, Board of Directors

Dr. Brian O'Rourke
President and Chief Executive Officer

Since its inception in 1989, the Canadian Agency for Drugs and Technologies in Health (CADTH) has contributed to the quality and sustainability of health care in Canada by providing credible, impartial, evidence-based information and advice to health care decision-makers regarding the appropriate use of drugs and other health technologies.

CADTH's role has grown substantially over the years, with the addition of the Common Drug Review in 2002, new funding for health technology assessment in 2003, and the addition of the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) in 2004.

The importance of CADTH's work has also grown. Health care decision-makers operate in an increasingly complex environment characterized by rapid technological change and ongoing economic constraint. Drugs and other health technologies continue to be major drivers of health care costs. Jurisdictions across Canada face significant economic and demographic challenges and are looking for ways to "bend the health care cost curve," making the need for credible, independent, evidence-based information even greater.

This year, CADTH embarked on a process of fundamental change to ensure that the Agency is well-positioned to meet the needs of decision-makers today and tomorrow. Guided by recommendations in an independent review commissioned by the Conference of Deputy Ministers of Health, as well as the needs and priorities of health care decision-makers, CADTH underwent a cultural and organizational transformation that focused the Agency on bringing increased value for money to its stakeholders.

CADTH UNDERWENT A CULTURAL AND ORGANIZATIONAL TRANSFORMATION FOCUSED ON BRINGING INCREASED VALUE FOR MONEY TO ITS STAKEHOLDERS.

From the implementation of a single, integrated, and customer-focused science program delivering products and services responsive to the needs of CADTH customers, to a strengthened governance structure and enhanced partnership to its new customer-focused culture, CADTH boosted its ability to provide and mobilize relevant information in a timely and efficient manner to ensure maximum impact.

Throughout our change process, CADTH continued to deliver high-impact reports that have influenced policy and practice decisions across the country — from assessing the clinical effectiveness of MRI scanners to reviewing the effectiveness of pharmacological-based strategies for smoking cessation.

Our accomplishments in 2010-2011 were due to the active participation of the CADTH Board of Directors, our advisory and expert committee members, our partners across the country, and the highly dedicated and competent Agency staff. We thank all of them for their integral role in these achievements.

Looking ahead, we pledge to harness the momentum created by the Agency's new service-based culture and continuous improvement philosophy to move CADTH forward, proactively meeting the demand for evidence with impact to support health care decision-making.

Sincerely,

Dr. Terrence Sullivan
Chair, Board of Directors

Dr. Brian O'Rourke
President and Chief Executive Officer

CADTH's Role in the Canadian Health Care System

Established in 1989 by Canada's Ministers of Health, CADTH has contributed to policy and operational decision-making at all levels of the health care system in Canada for more than 20 years.

Operating as an independent, not-for-profit corporation, CADTH provides health care decision-makers with the evidence, analysis, and advice they need to inform their decision-making. CADTH operates as a producer of high-quality and timely evidence-based information, and as an efficient broker of health technology assessment knowledge produced by others in Canada and internationally.

Products and services available through CADTH are used by decision-makers within provincial, territorial, and federal ministries of health, and by regional health authorities and hospitals, to support decisions about the adoption, appropriate use, and disinvestment of health technologies (drugs, medical devices, diagnostics, and medical/surgical procedures).

CADTH also helps decision-makers use evidence effectively, providing education and tools to support the increased uptake, use, and impact of its work. The CADTH Liaison Program, which employs ten Liaison Officers physically located in jurisdictions throughout the country, ensures strong links between CADTH and decision-makers.

CADTH's core products and services are:

Drug Formulary Advice and Listing Recommendations

CADTH's Common Drug Review (CDR) is a pan-Canadian process for conducting objective, rigorous reviews of the clinical and cost-effectiveness evidence for drugs, and providing formulary listing recommendations to all of Canada's publicly funded drug plans, except Quebec (which has its own process). The recommendations, which incorporate input from patient groups, are provided by a pan-Canadian committee made up of leading

experts in drug therapy, drug evaluation, pharmacoeconomics, and drug utilization (mostly practising physicians, pharmacists, and health economists), as well as representatives from the lay public. The drug plans use this information to support their coverage decisions. CDR continues to demonstrate significant impact by improving consistency among drug plans and reducing duplication of effort.

Health Technology Assessments (HTA) and Optimal Use Projects

HTA and optimal use projects are typically large projects involving systematic reviews of clinical evidence; cost-effectiveness analyses; and development of recommendations, guidance documents, and tools. The reviews are carried out in collaboration with an expert panel composed of clinicians, health economists, scientists, ethicists, public representatives, and other stakeholders from across Canada. Optimal use projects are intended to encourage appropriate prescribing and utilization of drugs and other health technologies.

Rapid Response Service

The Rapid Response Service provides Canadian health care decision-makers with evidence-based information tailored to their requirements. The reports respond directly to urgent jurisdictional needs for information that will inform policy and practice decisions. The Rapid Response Service has answered more than 2,000 requests for evidence since it was launched in 2005.

Horizon Scanning

This early alerting and awareness service keeps decision-makers ahead of the technology curve by alerting them to new and emerging health technologies that are likely to have an impact on the delivery of health care in Canada. Upstream information supports effective planning for the introduction of new technologies. As part of this service, CADTH also provides environmental scans of different health care practices, processes, and protocols inside and outside of Canada. Sharing information about best practices supports health system harmonization.

HEALTH CARE SUSTAINABILITY

The Rapid Response Service has answered more than 2,000 requests for evidence since it was launched in 2005.

The cornerstone of CADTH's work — and of CADTH's reputation in Canada and internationally — is the scientific rigour of its processes and methods, the quality of its products and services, and the discipline in its research management. CADTH is an acknowledged global leader in assessment methodology and continues to develop new methodologies to improve response time, while simultaneously ensuring the quality, accuracy, and reliability of its work.

The Year in Review

This was a year of revolutionary transformation for CADTH. Acting on key recommendations in an independent review of the Agency commissioned and endorsed by the Conference of Deputy Ministers of Health, CADTH moved aggressively to increase the timeliness, quality, relevance, and impact of its products and services.

RECOGNIZING THAT ITS VALUE TO DECISION-MAKERS IS ENHANCED BY ITS DUAL ROLES AS A PRODUCER AND BROKER, CADTH CONTINUES TO BUILD STRONG RELATIONSHIPS WITH OTHER PRODUCERS OF HEALTH TECHNOLOGY ASSESSMENTS.

CADTH's bylaws were revised to implement a hybrid model of Board governance, which combined jurisdictional and non-jurisdictional representation led by an independent, non-jurisdictional Board Chair. Jurisdictional appointments based on a regional distribution model continued to provide a key link to the Conference of Deputy Ministers of Health, while the non-jurisdictional representatives brought additional health care perspectives to CADTH's work. The new Board assumed its responsibilities on January 1, 2011.

CADTH's advisory bodies were consolidated and strengthened with representation from all federal/provincial/territorial jurisdictions and with the addition of non-jurisdictional representatives. The new advisory bodies enhance the relevance of CADTH's work by supporting strong linkages with jurisdictions and improved interaction with other health care system stakeholders.

Work to add additional perspectives to CADTH's expert committees while streamlining their operations was also initiated this year and will be finalized in 2011-2012.

Internally, a major reorganization replaced a silo-based structure with a leaner, more agile team approach that provides greater operational efficiency and enables a swift, efficient response to customer needs. A new central intake process improved the planning and prioritization of CADTH's work, eliminated the potential for duplication, and ensured full alignment with customer priorities. Integrated knowledge exchange and implementation support throughout CADTH's processes support enhanced impact and a maximum return on investment, with a product suite relevant to jurisdictional priorities.

To enhance CADTH's reputation for quality, Dr. Tammy Clifford was appointed CADTH's Chief Scientist. This is a new position that consolidates responsibility for quality management, scientific rigour, and cutting-edge methodology. Dr. Clifford's role is to advance the science, ensuring that CADTH remains at the forefront as a centre of excellence for assessments, recommendations, and knowledge mobilization. Under her guidance, CADTH and the broader Canadian health technology assessment community will be positioned to employ the most appropriate methods, tools, and processes to deliver high-quality health technology assessment recommendations.

Recognizing that its value to decision-makers is enhanced by its dual roles as a producer and broker, CADTH continues to build strong relationships with other producers of health technology assessments. By working in collaboration, producers of health technology assessments can provide an expanded library of evidence about a greater number of health technologies to decision-makers.

CADTH provides secretariat support to the Health Technology Analysis Exchange, which brings together 17 Canadian health technology assessment groups from seven provinces. The Exchange reduces duplication of effort and speeds up access to relevant information.

THROUGHOUT 2010-2011, CADTH CONTINUED TO DELIVER PRODUCTS AND SERVICES THAT BRING REAL VALUE TO ITS CUSTOMERS AND CONTRIBUTE TO IMPROVED PATIENT OUTCOMES.

CADTH also provides secretariat support to the Policy Forum, which was established as part of the pan-Canadian Health Technology Strategy 1.0. The Policy Forum provides an opportunity for jurisdictions to identify areas of common policy interest, share information, and collaborate where beneficial. Under the direction of the Policy Forum, CADTH has issued two policy information/option documents *(The Use of Positron Emission Tomography (PET) in Oncology in Canada* and *Renal Replacement Therapy in Critical Care* and two discussion papers *(Managing Technology Diffusion and Reassessment of Health Technologies: Obsolescence and Waste)*.

Perhaps the most significant change in a year of change was CADTH's shift to become a service-based organization focused on producing relevant, high-quality evidence, analysis, and recommendations responsive to jurisdictional needs. Throughout 2010-2011, CADTH demonstrated its commitment to delivering products and services that bring real value to its customers and contribute to improved patient outcomes.

CDR Incoming Work	2003	2004	2005	2006	2007	2008	2009	2010
Submissions Received from Manufacturers and Drug Plans	9	25	25	35	30	32	29	24
Requests for Advice from Drug Plans	0	0	0	1	3	4	1	0
Total Incoming Work	**9**	**25**	**25**	**36**	**33**	**36**	**30**	**24**
CDR Outputs								
CEDAC Final Recommendations Issued	0	21	16	33	28	30	27	20
Records of Advice Issued to Drug Plans	0	0	0	0	2	2	2	0
Completed Reports Sent to Joint Oncology Drug Review	0	0	0	0	4	1	4	4
Total Outputs	**0**	**21**	**16**	**33**	**34**	**33**	**33**	**24**

Impact Highlights • 2010-2011

CADTH strives to provide decision-makers with the best available evidence, advice, and implementation support to make informed decisions about the optimal use of drugs and other health technologies throughout their life cycles. CADTH works closely with decision-makers to ensure that its work has real impact on policy and practice, delivering value for money to jurisdictional stakeholders and contributing to improved patient outcomes. Here are some examples of CADTH's high impact work for 2010-2011.

OPTIMAL USE PRODUCTS

Changing the Diabetes Management Story

CADTH's groundbreaking work on the self-monitoring of blood glucose, traditionally considered an indispensable component of diabetes management, showed that most patients with type 2 diabetes who are not using insulin can test less often than they do without negatively affecting their health. If practice changed to reflect the evidence, more than $150 million a year could be freed up for antidiabetes interventions that are proven effective.

CADTH's recommendations on the optimal use of test strips for self-monitoring of blood glucose have sparked educational initiatives in a number of jurisdictions, including British Columbia and Nova Scotia. CADTH continues to assist jurisdictions in applying this work to maximize impact.

A partnership with the Public Health Agency of Canada enabled CADTH to increase awareness of the issue across Canada through a series of 12 Café Scientifique events. Designed to change the "diabetes management story" and initiate thoughtful reflection and peer-to-peer discussion about the role of test strips in overall diabetes management, these events enabled CADTH to present evidence and expert opinion to more than 600 patients, care providers, and decision-makers.

IF PRACTICE CHANGED TO REFLECT THE EVIDENCE, MORE THAN $150 MILLION A YEAR COULD BE FREED UP FOR ANTIDIABETES INTERVENTIONS THAT ARE PROVEN EFFECTIVE.

THE MRI PROJECT IS A PRIME EXAMPLE OF HOW CADTH'S WORK CAN DIRECTLY IMPACT HEALTH CARE SYSTEM SUSTAINABILITY BY GIVING DECISION-MAKERS THE TOOLS TO MAKE EVIDENCE-INFORMED PURCHASING DECISIONS ABOUT EXPENSIVE TECHNOLOGIES.

PROTECTING CANADA'S SENIORS

CADTH is helping to protect seniors from the health risks related to hip fractures in long-term care facilities.

Increased Access to Magnetic Resonance Imaging Services

CADTH's guidance report laid the foundation for New Brunswick's decision to purchase as many as six 1.5 Tesla magnetic resonance imaging (MRI) machines instead of just four machines (two 1.5 Tesla MRI units and two 3.0 Tesla MRI units). The impact of this decision means increased access to MRI services for a greater number of patients in jurisdictions across the province.

New Brunswick Ministry of Health officials and the Health Minister relied heavily on CADTH's work to inform stakeholders on the evidence behind this difficult decision. The impact in this case was two-fold: the optimal investment of limited resources that will ultimately increase MRI capacity, while also significantly reducing wait times for patients in the province.

The MRI project is a prime example of how CADTH's work can directly impact health care system sustainability by giving decision-makers the tools to make evidence-informed purchasing decisions about expensive technologies.

Protecting Canada's Seniors — Saving Hips and Lives

More than 300,000 Canadians are residents of long-term care facilities, and hip fractures are a significant health concern for these residents. Hip fractures also have a high cost: The estimated total annual economic cost of hip fractures in Canada is $650 million.

CADTH is helping to protect seniors from the health risks related to hip fractures in long-term care facilities. The Agency's updated report, *Hip Protectors in Long-Term Care: A Clinical and Cost-Effectiveness Review and Primary Economic Evaluation* found that hip fractures in long-term care residents may be reduced by preventing and treating osteoporosis, preventing falls, and by using hip protectors, which are garments or undergarments with pockets for protective pads that protect the hips in the case of a fall.

Several jurisdictions — Saskatchewan, Newfoundland, and British Columbia — have since implemented initiatives based

on CADTH's evidence and guidance. This has contributed to injury prevention strategies for patients living in long-term care facilities.

Helping People to Stop Smoking

CADTH's health technology assessment *Pharmacologic-based Strategies for Smoking Cessation* confirmed that smoking cessation pharmaceuticals are effective in helping people quit smoking and remain non-smokers long term. Armed with that knowledge, CADTH and two Health Canada programs — the Drugs and Tobacco Initiatives Program and Non-Insured Health Benefits — collaborated with the Assembly of First Nations on direct-to-patient outreach. At the invitation of the Assembly of First Nations, CADTH and Health Canada promoted that all-important key message to the public at National Aboriginal Day celebrations in Ottawa, with Chiefs and Elders at the Annual General Assembly of the Assembly of First Nations in Moncton, New Brunswick, and with First Nations youth in Winnipeg, Manitoba. CADTH continues to partner with the Assembly of First Nations and Health Canada on outreach initiatives to support smoking cessation among First Nations people.

CADTH CONTINUES TO PARTNER WITH THE ASSEMBLY OF FIRST NATIONS AND HEALTH CANADA ON OUTREACH INITIATIVES TO SUPPORT SMOKING CESSATION AMONG FIRST NATIONS PEOPLE.

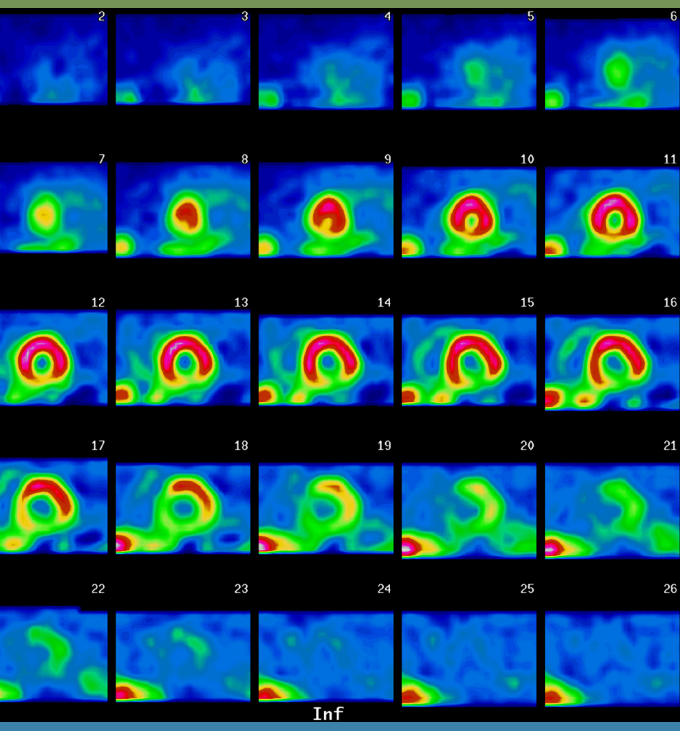
Since the report's release in September 2010, the provinces of Saskatchewan, British Columbia, and Ontario have made decisions to list one or more smoking cessation pharmaceuticals on their publicly funded formularies. Non-Insured Health Benefits, which provides coverage for Canada's First Nations and Inuit populations and which already provided coverage for some cessation pharmaceuticals, increased the options available to its clients.

Reducing Infection, Reducing Hospital Stays

CADTH's rapid response report on preoperative skin antiseptic preparations and application techniques presented evidence suggesting that antiseptic showers are effective for reducing surgical site infections. The Alberta Surgical Clinical Network will use CADTH's work in the development of province-wide policies aimed at standardizing practice across Alberta hospitals. Potentially, positive health outcomes and cost savings gains can accrue from the resulting reduced hospital stay and costs of

hospitalization. Surgical site infections occur in approximately 2% to 5% of patients who undergo clean extra-abdominal surgeries, such as thoracic and orthopedic surgery, and in up to 20% of patients who undergo intra-abdominal surgery interventions. Surgical site infections can be responsible for increased morbidity and mortality in post-surgical patients, and are associated with longer hospital stays (average increase of 7.5 days) and greater costs of hospitalization (estimated at $130 million to $845 million per year in the United States).

MEDICAL ISOTOPES



Medical Isotopes

The medical isotope technetium-99m (^{99m}Tc) is used in a variety of medical imaging procedures, for various indications, and is susceptible to supply shortages. In 2010, Health Canada commissioned CADTH to provide national guidance on the prioritization of ^{99m}Tc during a supply disruption, and CADTH is on target to meet the project deliverable by March 31, 2012.

To date, CADTH and the Medical Isotopes and Imaging Modalities Committee (MIIMAC) — a 23-member pan-Canadian committee consisting of two public members and clinical and methodological experts — have identified a list of clinical indications that account for a large portion of all ^{99m}Tc-based imaging procedures performed in Canada. CADTH and MIIMAC have also developed a list of 11 criteria on which to evaluate the ^{99m}Tc-based imaging test and its alternative(s). Research reports were prepared for each clinical use of ^{99m}Tc and using the 11 criteria, MIIMAC scored the uses to generate a priority ranking. The priority ranking identifies which clinical uses ^{99m}Tc should be allocated to first in the event of a shortage.

The resulting national guidance document will provide health care decision-makers with an evidence-informed framework for ^{99m}Tc allocation during a future supply shortage. The work by CADTH and MIIMAC is the foundation for a customizable, web-based tool that will allow end-users to create a priority ranking of ^{99m}Tc usage which is reflective of their local environment.

DRUG FORMULARY RECOMMENDATIONS

Common Drug Review (CDR)

In 2010-2011, CADTH received 26 submissions (24 from manufacturers or the CDR-participating drug plans and two from the Joint Oncology Drug Review) and issued 20 formulary listing recommendations.

Participating drug plans continue to follow CADTH formulary listing recommendations more than 90% of the time.

In May 2010, CADTH added patient group input to the Common Drug Review process. This helps ensure that health outcomes and issues important to patients are considered in a formal and meaningful way.

The Canadian Expert Drug Advisory Committee (CEDAC) — one of CADTH's expert committees — considers patient perspectives, along with other information (such as a drug's effectiveness and safety, and cost-effectiveness or value for money compared with other available therapy) before making a formulary listing recommendation to Canadian public drug plans (except Quebec).

Patient input information received by CADTH is also shared with the drug plans for use in their decision-making. In 2010-2011, CADTH issued calls for patient input on 22 drugs and received 53 patient group submissions.

Under the interim provincial and territorial Joint Oncology Drug Review and now the pan-Canadian Oncology Drug Review, the CDR continues to review oral oncology agents, as it has done in the past. CADTH is an observer on the steering committee for the pan-Canadian Oncology Drug Review and has contributed to the development of its process.

CADTH formulary reviews contribute to increased consistency of drugs listed by jurisdictional formularies, thereby enhancing equity of access to appropriate medications for Canadians covered by public drug plans. CADTH continues to meet the tight CDR review timelines.

PARTICIPATING DRUG PLANS CONTINUE TO FOLLOW CADTH FORMULARY LISTING RECOMMENDATIONS MORE THAN 90% OF THE TIME

CADTH FORMULARY REVIEWS CONTRIBUTE TO INCREASED CONSISTENCY OF DRUGS LISTED BY JURISDICTIONAL FORMULARIES, THEREBY ENHANCING EQUITY OF ACCESS TO APPROPRIATE MEDICATIONS FOR CANADIANS COVERED BY PUBLIC DRUG PLANS.

SUMMARIZED FINANCIAL STATEMENTS

Statement of Operations

For the year ended March 31, 2011	2011	
	Budget ($)	Actual ($)
Revenue		
Grants	21,976,221	23,064,053
Interest and other income	260,000	388,662
	22,236,221	**23,452,715**
Expenditure		
Products and Services	11,477,803	10,856,535
Programs	4,614,519	4,903,504
Advancing the Science	1,384,727	1,657,483
Corporate Services	4,886,462	4,773,424
Isotopes	0	1,063,592
Other	222,710	219,363
	22,586,221	**23,473,901**
Deficiency of revenue over expenses for the year	(350,000)	(21,186)

Statement of Financial Position

As at March 31, 2011	2011 ($)	2010 ($)
Assets		
Cash and cash equivalents	4,196,694	6,119,113
Current portion of investments	1,372,208	0
Grant receivable	147,720	0
Accounts receivable	236,299	64,990
Prepaid expenses	402,939	387,475
Leasehold improvement allowance receivable	59,919	131,530
	6,415,779	**6,703,108**
Investments	1,119,200	0
Capital assets	519,968	680,444
Capital assets related to leasehold inducement	681,490	705,342
	8,736,437	**8,088,894**
Liabilities		
Accounts payable and accrued liabilities	3,176,462	2,580,618
Grants repayable	0	3,249
Deferred revenue	234,916	128,570
	3,411,378	**2,712,437**
Deferred contributions related to capital assets	371,707	363,554
Deferred leasehold inducement	795,112	833,477
	4,578,197	**3,909,468**
Net Assets		
Invested in capital assets	148,962	317,236
Internally restricted	3,749,926	3,749,926
Unrestricted net assets	259,352	112,264
	4,158,240	**4,179,426**
	8,736,437	**8,088,894**

The summarized financial statements above have been extracted from the Audited Financial Statements. Copies of the 2011 report of the Auditors, Colins Barrow Ottawa LLP, and complete audited financial statements are available from CADTH head office. No comparative information is provided for the statement of operations since CADTH changed its organization structure during the year and the restatement of comparative information was not practical.

CORPORATE INFORMATION

Board of Directors

Dr. Terrence Sullivan
(Chair of the Board)
Former President and Chief Executive Officer, Cancer Care Ontario

Ms. Abby Hoffman
(Jurisdictional — Federal)
Associate Assistant Deputy Minister, Health Policy Branch, Health Canada

Ms. Bernadette Preun
(Jurisdictional — Western provinces)
Assistant Deputy Minister of Provincial Programs and Services, Manitoba Health

Ms. Susan Williams
(Jurisdictional — Western provinces)
Assistant Deputy Minister of the Health Policy and Service Standards Division, Alberta Health and Wellness

Dr. Alana Froese
(Jurisdictional — Territories)
Territorial Director of Pharmacy, Government of Nunavut

Ms. Diane McArthur
(Jurisdictional — Ontario)
Assistant Deputy Minister and Executive Officer of Ontario Public Drug Programs

Dr. Catherine Bradbury
(Jurisdictional — Atlantic provinces)
Associate Deputy Minister, Department of Health and Community Services, Government of Newfoundland and Labrador

Dr. Richard Wedge
(Jurisdictional — Atlantic provinces)
Executive Director, Medical Affairs for Health, Prince Edward Island

Dr. Robert Halpenny
(Health Authorities)
President & CEO, Interior Health, Kelowna, B.C.

Dr. Édouard Hendriks
(Health Authorities)
Vice-President, Medical and Academic Affairs, Horizon Health Network, New Brunswick

Dr. Renaldo Battista
(Academia)
Professor, Department of Health Administration, Université de Montréal, Quebec

Ms. Sally Aileen Brown
(Public)
Former CEO, Heart and Stroke Foundation of Canada

Dr. John M. Horne
(Public)
Adjunct Professor, Royal Roads University, Victoria, British Columbia

Dr. Juan Roberto Iglesias
(Observer)
President and Chief Executive Officer, Institut national d'excellence en santé et en services sociaux (INESSS), Quebec

Executive Team

Dr. Brian O'Rourke
President and Chief Executive Officer

Glenna Benson
Vice-President, Programs

Matthew Brougham
Vice-President, Products and Services

Dr. Tammy Clifford
Chief Scientist

Lynda Jobin
Vice-President, Corporate Services

CADTH IS ASSISTED IN ITS ACTIVITIES BY A VARIETY OF ADVISORY BODIES. THESE BODIES ALSO FACILITATE THE EXCHANGE OF HEALTH TECHNOLOGY INFORMATION WITHIN CANADA.

THE TERMS OF REFERENCE AND MEMBERSHIP LISTINGS OF CADTH ADVISORY BODIES ARE AVAILABLE AT WWW.CADTH.CA

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