

MAKING A DIFFERENCE

ANNUAL REPORT 2006-2007



Canadian Agency for
Drugs and Technologies
in Health

CADTH at a Glance

Canadian Agency for Drugs and Technologies in Health (CADTH)

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The Canadian Agency for Drugs and Technologies in Health (CADTH) is a national body that provides Canada's federal, provincial, and territorial health care decision makers with credible, impartial advice and evidence-based information about the effectiveness and efficiency of drugs and other health technologies.

VISION

To facilitate the appropriate and effective utilization of health technologies within health care systems across Canada.

MISSION

To provide timely, relevant, and rigorously derived evidence-based information to decision makers and support for the decision-making processes.

ACKNOWLEDGEMENT

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From Our Stakeholders

“CADTH plays a critical role in the development and delivery of health care by providing a comprehensive, integrated and efficient approach to the management of health technologies. I wish you continued success as you move forward with an expanded mandate in support of quality, affordable and sustainable health care in this country.”

The Honourable Ross Wiseman, MHA

*Minister of Health and Community Services,
Government of Newfoundland and Labrador,
Liaison Jurisdiction for CADTH*

“Through the rigorous, objective, and independent information obtained by the CDR, governments are able to make decisions that protect the public from harm, ensure improved health outcomes, and contribute to the long-term sustainability of Canada’s health care system.”

John Wright

*Co-Chair and Deputy Minister, Saskatchewan Health,
Government of Saskatchewan, Conference of Deputy
Ministers of Health, in a presentation to the House of
Commons Standing Committee on Health*

EKOS Independent Evaluation

“Most key stakeholders interviewed indicated the main value of HTA products is that they support evidence – informed policy decisions, which have implications for the more efficient utilization of health technologies. The majority of stakeholders agreed that HTA products and services are providing value for money.”

Excerpt from EKOS Evaluation of CADTH

“Many stakeholders confirmed that the existence of the Liaison Program has strengthened their connection to CADTH, increasing their awareness and use of products and services.”

Excerpt from EKOS Evaluation of CADTH

Our Peers

“The CADTH Rx for Change, an interventions database, is an excellent body of work and a valuable addition to the dissemination of information about how to best implement optimal drug therapy.”

Kay Currie

National Institute of Clinical Studies, Australia

MAKING A DIFFERENCE

A period of sustained growth and change, which started with the new millennium, culminated on April 1, 2006 as the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) adopted a broader mandate and a new name, becoming the Canadian Agency for Drugs and Technologies in Health (CADTH).

As a broad service agency with programs that directly link to decision makers, CADTH facilitates the optimal management of health technologies in Canada by delivering independent, rigorously derived evidence, analysis and advice to address real, pressing policy questions.

Throughout 2006-2007, CADTH continued to build on the strengths and successes of its core programs – Health Technology Assessment (HTA), the Common Drug Review (CDR), and the Canadian Optimal Prescribing and Utilization Service (COMPUS) – and took additional steps to enhance support for decision makers at all levels of health care across Canada.

From launching the key mechanisms called for in the Canadian Health Technology Strategy to tailored CDR reviews for drugs of different complexities, to rolling out the first COMPUS optimal therapy reports and tools, to providing decision makers with more effective knowledge transfer, CADTH worked to increase its relevance, responsiveness, and connection to decision makers.

The achievements outlined in this report indicates CADTH's work is clearly making a difference. CADTH's increased impact was highlighted in a comprehensive, independent evaluation covering 2003-2004 through 2006-2007, the period of CADTH's greatest growth and change.

The evidence collected and synthesized by EKOS Research Associates Inc. confirmed that CADTH is meeting its strategic objectives and the needs of its stakeholders, and that CADTH's programs, products, and services are used and valued by key stakeholders in its member jurisdictions.

The evidence demonstrates that CADTH's products and services are used to inform policy decisions

and that CADTH plays a key role in ensuring that all jurisdictions have equal access to rigorous, relevant, and timely information.

Stakeholders described CADTH as “highly trusted”, “reputable”, “credible”, “independent”, and “unbiased”. Stakeholders strongly believe the absence of HTA products and services would adversely affect their operations. According to drug plan representatives and government stakeholders, the CDR has decreased duplication, increased efficiency, increased consistency, and increased rigour. Stakeholders identified efficiencies and consistent messaging across Canada as the key benefits to a pan-Canadian program like COMPUS.

We're very proud that CADTH is making a difference, and we would like to acknowledge the many organizations and individuals from across Canada who contribute to, use, and value CADTH's programs and services.

CADTH will continue to make a difference in the years ahead. The organization is well-positioned to continue to deliver on its mandate, meet the needs and expectations of its stakeholders, and continue to adapt and change in response to stakeholders' feedback and requirements.



Ed Hunt

Dr. Ed Hunt
Chair, Board of Directors



Jill M. Sanders

Dr. Jill M. Sanders
President and CEO

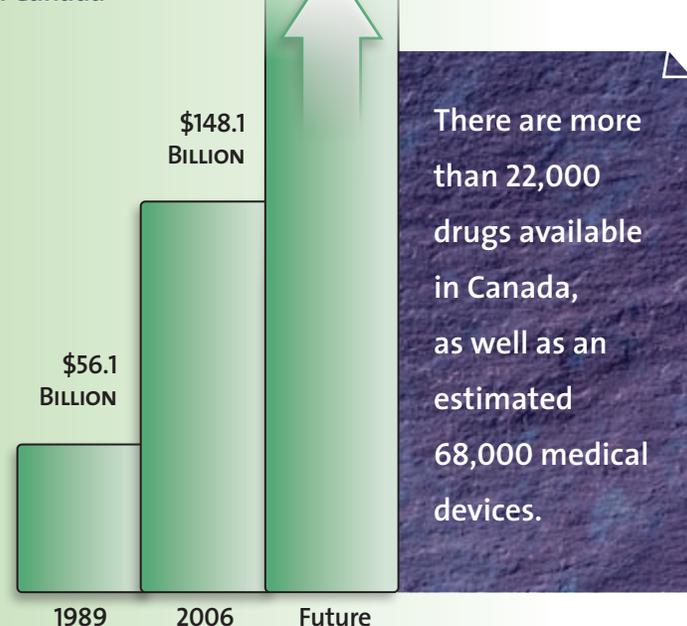
Health Technology Assessment

THE NEED

Total health expenditures have been steadily rising in Canada. Between 1989 when CADTH was launched, and 2006, total health expenditures in Canada rose from \$56.1 billion to approximately \$148.0 billion. The number and complexity of drugs and other health technologies are constantly increasing, making them significant drivers of health care costs. There are more

than 22,000 drugs available in Canada, as well as an estimated 68,000 medical devices. Faced with large amounts of information that can be contradictory, biased, or lacking in scientific rigour, decision makers need independent, rigorously derived, contextual information regarding social, legal and ethical factors, and support to interpret and apply the information.

Health Expenditures in Canada



THE PROGRAM

CADTH's Health Technology Assessment (HTA) program delivers timely, relevant, evidence-based information to support informed decisions on health technologies at different stages of their life cycle.

The HTA work plan is directed by CADTH's member jurisdictions and is entirely stakeholder needs driven.

The HTA program provides three services:

- Health Technology Assessment** produces comprehensive assessments addressing topics of broad and significant interest to CADTH jurisdictions. HTAs review the clinical effectiveness, cost-effectiveness and broader impact of health technologies such as budgetary, organizational, societal, ethical, and equity impacts.

HTA Services and Products, 2003-2004 to 2006-2007

Fiscal Year	2003-2004	2004-2005	2005-2006	2006-2007
HTA Reports, & Overviews	9	13	19	33
Emerging Technology Bulletins / Alerts	29	27	37	41
HTIS* Reports	-	33	156	263
Pre-assessments/Technology Briefings	13	6	13	42
Total	51	79	225	379

* Health Technology Inquiry Service introduced in February 21, 2005 (data represents six-week total)

Note: Timelines for producing HTA reports reduced to 9 to 12 months, with improved processes and methods introduced since 2004-2005.

“The vast majority of stakeholders interviewed regard CADTH as a trusted, reliable source. Overall, stakeholders describe the Agency as ‘highly trusted’, ‘reputable’, ‘credible’, ‘independent’, and ‘unbiased’. In addition, the HTA products, especially the Technology Reports, are viewed by respondents as ‘comprehensive’, ‘thorough’, and ‘high-quality’ products.”

Excerpt from EKOS Evaluation of CADTH

- **The Health Technology Inquiry Service (HTIS)** provides Canadian health care decision makers with rapid access to health technology assessment information to support policy or coverage decisions. Information based on the best available evidence is provided within 24 hours or up to 30 business days depending on the needs, the urgency of the request, and the level of response required to support the decision.
- **Horizon Scanning and Emerging Health Technologies** assesses technologies in the early stages of their life cycle in order to alert decision makers to technologies likely to have an impact on the delivery of health care in Canada. The service helps decision makers anticipate, plan, and manage the introduction and diffusion of new technologies.
- Two “Partners in Health Technology Assessment” centres were established to support Canadian capacity for the production, update, and utilization of HTA information. The centres are McMaster University’s Network of Excellence for the Assessment of Health Technologies (NEAHT) and the University of Alberta/Capital Health Evidence-Based Practice Center (EPC).



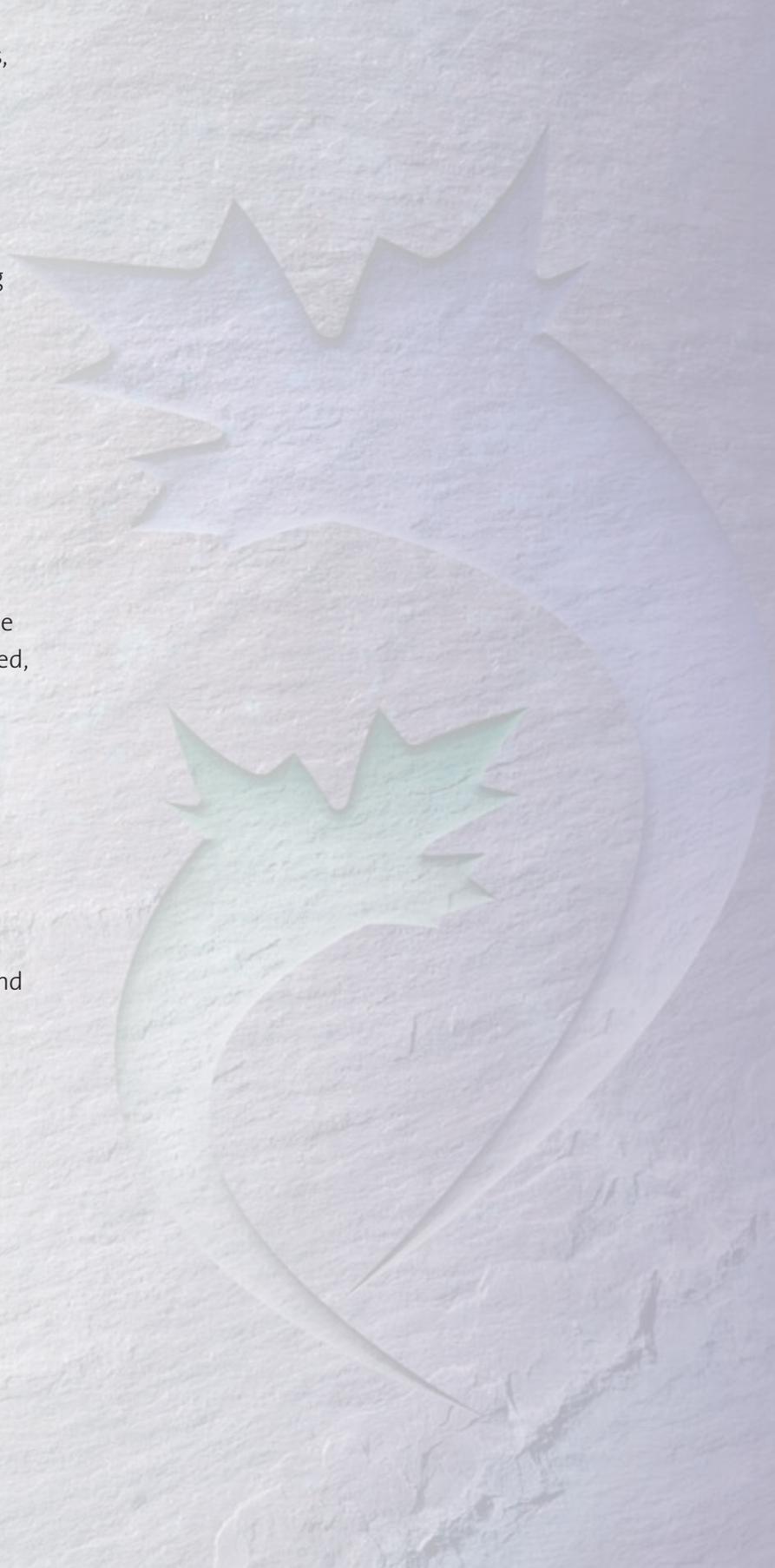
HTA PROGRAM KEY ACHIEVEMENTS

- Program outputs have increased 68%, from 225 products in 2005-2006 to 379 in 2006-2007.
- Timelines for producing a comprehensive HTA report have been reduced to 9 to 12 months, with improved processes and methods.
- Requests for the HTIS service have more than doubled since its introduction in 2005. An average of 25 to 30 requests per month are received from ministries of health and health authorities.

“A majority of stakeholders interviewed agree that the HTA program has increased or enhanced the application of evidence-based information, with many interviewees identifying specific decisions and policies where HTA program reports or information was used.”

Excerpt from EKOS evaluation of CADTH

- Awarded six capacity building grants valued at \$475,000 to researchers in hospitals, universities, and provincial HTA units across the country for knowledge transfer, education and training. The approved projects build on existing HTA capacity in Canada and, in the view of internal and external evaluators, continue to help build capacity in Canada and assist CADTH in carrying out its mandate.
- Serves as the Secretariat for the Health Technology Policy Forum and the Health Technology Analysis Exchange, two new mechanisms for increased health technologies coordination, established in accordance with the Health Technology Strategy. In 2006-2007, the Secretariat was set up, mechanisms and structures for the Policy Forum and the Exchange were established, initial members were appointed, and inaugural meetings were held.
- Launched a centralized HTA Topics Database providing key stakeholders in member jurisdictions with convenient on-line access to health technology information from all three service streams.
- New methods work was undertaken in two key areas – the impact of using surrogate outcomes and Canadian databases used in economic analyses.



Common Drug Review

THE NEED

While prescription drugs can provide important improvements in health outcomes, spending on drugs is growing faster than any other category of health spending in Canada. Total health care spending increased by 64% between 1999 and 2006, while spending on prescription drugs increased by 110% over the same period, from \$10 billion to an estimated \$21.1 billion. Increased spending on drugs puts pressure on federal/provincial/territorial drug benefit plans. To ensure that the expenditures provide good value for money, drug plan managers need timely, reliable formulary listing recommendations in order to select the most effective and cost-effective therapies for the population they serve.

THE PROGRAM

The Common Drug Review (CDR) undertakes reviews of the clinical and economic evidence for new drugs and provides a formulary listing recommendation to its 18 participating federal, provincial and territorial drug plans.

Recommendations are based on established criteria and are developed by the Canadian Expert Drug Advisory Committee (CEDAC). The criteria are:

- ✓ Safety, efficacy and effectiveness of the drug compared to alternatives
- ✓ Therapeutic advantages and disadvantages related to current accepted therapy
- ✓ Cost-effectiveness relative to current accepted therapy.

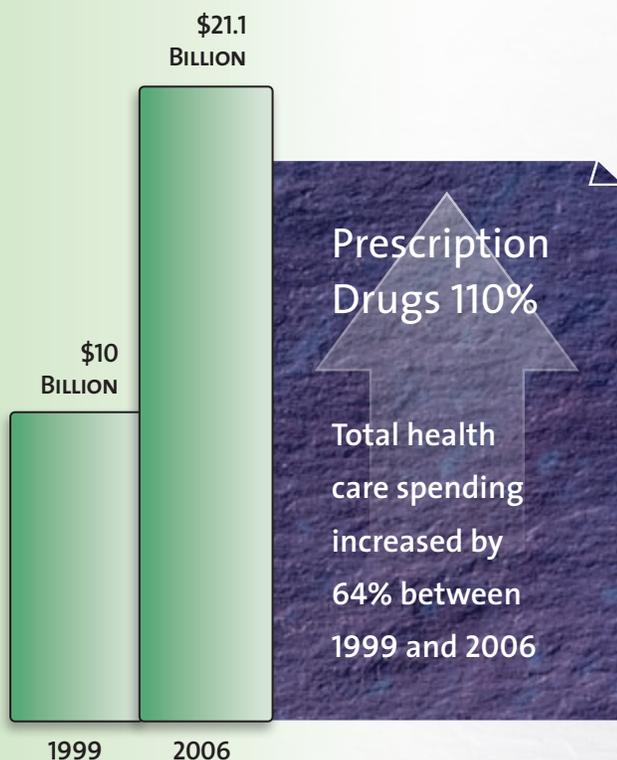
“The CDR has rapidly become an internationally recognized and respected peer among the review agencies internationally.”

“It is clear that, with few exceptions, most of the participating drug plans have universally adopted the CDR process.”

Steve Morgan

Assistant Professor, UBC Centre for Health Services and Policy Research in a presentation to the House of Commons Standing Committee on Health





The ongoing status of drug reviews by the CDR and the recommendations and reasons for recommendations are publicly available on the CADTH web site.

The process, which takes 19 to 25 weeks from submission to recommendation, reduces duplication, maximizes the use of limited resources and expertise, and provides equal access to the same high level of evidence and advice by all participating plans.

A submission to the CDR constitutes a submission for formulary listing to all participating plans. While submissions are typically made by the drug manufacturer, drug plans may also initiate a CDR submission. For a drug to be eligible for submission, it must have received approval for marketing from Health Canada.

Formulary decisions are made by each of the participating drug plans, based on the CDR recommendation, individual plan mandates, and jurisdictional priorities and resources. In practice, drug plans adopt CDR recommendations approximately 95% of the time.

In practice, drug plans adopt CDR recommendations approximately 95% of the time.



“From the perspective of participating drug plans, the impacts of the CDR are entirely positive. According to drug plan representatives interviewed and government stakeholders surveyed, the CDR has decreased duplication, increased efficiency, increased consistency, and increased rigour. It has had a particularly positive impact on smaller drug plans which now have access to a higher level of expertise and information.”

Excerpt from EKOS Evaluation of CADTH

CDR PROGRAM KEY ACHIEVEMENTS

- Handled 40% more drug submissions.
- Consistently met its targeted timelines.
- Continued to respond to the recommendations from the 2005 CDR Evaluation; CDR developed tailored reviews for drugs of different complexities, and added two public members to CEDAC.
- Developed and released new guidelines for the submission of pharmacoeconomic evaluations to facilitate reviews of varying complexity.
- Collaborated with Health Canada on opportunities to exchange information between the drug review processes.
- Continued to work with the National Pharmaceuticals Strategy (NPS) toward achieving the goal of a common national formulary via expansion of the CDR.

Federal/Provincial/Territorial Ministers Task Force recommends staged expansion of CDR, beginning with new indications for old drugs

CDR* Planned and Completed Reviews, 2003-2004 to 2006-2007

	2003-2004	2004-2005	2005-2006	2006-2007
Submissions	9	25	25	35
Withdrawn Submissions	0	1	3	3
Final Recommendations	0	21	16	33

*Permanent CDR implemented in September 2003. Overall, CDR recommendations are adopted by F/P/T jurisdictions 90% of the time.

Canadian Optimal Medication Prescribing and Utilization Service

THE NEED

Pharmaceuticals are the fastest growing category of health spending in Canada, yet evidence shows that drugs are not always used effectively or appropriately. Optimal prescribing and use of drugs has been found to benefit patients through better health outcomes, and the health care system as a whole.

THE PROGRAM

The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) was launched in 2004 as the third core program at CADTH. In partnership with the Federal, Provincial, and Territorial Health Ministries, COMPUS identifies and promotes optimal drug therapy. Evidence-based recommendations, tools, and services are provided to encourage the use of evidence-based clinical and cost-effectiveness information in decision making among health care providers and consumers.

Fully funded by Health Canada, COMPUS is the first pan-Canadian initiative to support optimal drug therapy and one of the only programs of its kind in the world.

By providing strategies, tools, and services to encourage the adoption of optimal therapy, COMPUS supports improved health outcomes and helps ensure limited health care resources are targeted more effectively. Fully funded by Health Canada, COMPUS is the first pan-Canadian initiative to support optimal drug therapy and one of the only programs of its kind in the world.

“Doctors and patients should have access to information about drug costs; it is part of the reliable, up-to-date, impartial drug information that should be available to all Canadians. To that end, the federal government should build on the excellent preliminary work of the Canadian Optimal Medication Prescribing and Utilization Service to fund a comprehensive program to promote optimal prescribing and drug therapy monitoring by health professionals.”

Dr. Brian Day

President of the Canadian Medical Association

Proton Pump Inhibitor Topic

**11 USER-FRIENDLY TOOLS, SUPPORTED BY
9 OPTIMAL THERAPY REPORTS**

Questions about the use of PPIs

Which PPIs should be prescribed? At what dose?
When should PPIs be prescribed?
When should other therapeutic options be considered?

Why focus on PPIs?

Impact on health outcomes & cost-effectiveness
Size of patient population
Potential deviations from optimal use
Potential to effect change

*PPIs are commonly prescribed and widely used in Canada
15% ↑ in PPI prescriptions – 10.8M to 12.4M over 2 years*

Rx for Change interventions database

First-in-class tool promoting optimal drug therapy

Reliable information readily available

www.rxforchange.ca

“A number of professional continuing education providers are reported to have already adopted the COMPUS PPI messages or are planning on using the PPI messages and products in the near future.”

“The key benefits to a pan-Canadian program like COMPUS identified by stakeholders are the efficiencies and consistent messaging across Canada.”

Excerpt from EKOS Evaluation of CADTH

COMPUS PROGRAM KEY ACHIEVEMENTS

COMPUS Mandate	Achievement	Impact
Provide strategies and tools	User-friendly tools: PPI topic Optimal Therapy Reports: PPI topic	Assisting decision makers in making evidence-based decisions
Build networks and partnerships	Rx for Change interventions database	Collaborating with Cochrane Effective Practice Organisation of Care (EPOC) Group to provide decision makers with evidence about the effectiveness of strategies and programs to improve drug prescribing and use
Identify evidence-based optimal drug therapy	COMPUS Expert Review Committee (CERC) – including experts, public members and specialist experts	Ensuring a high standard of rigour in the assessment of evidence
Identify evidence-based optimal drug therapy	Diabetes management project	Consulting with the Canadian Diabetes Association, initiated first two topics under diabetes management
Build networks and partnerships	Continued work with the National Pharmaceutical Strategy (NPS)	Participating on the NPS Task Group and contributing to the development of initiatives under Real World Safety and Effectiveness (RWSE) Working Group
Support and encourage informed decision making	Consultation with F/P/T jurisdictions	Ensuring products and services aligned with client needs, and ensuring adequate support for uptake of COMPUS information

COMPUS Statistics, 2005-2006 to 2006-2007

COMPUS Program Activity	2005-2006	2006-2007
CAC Updates	4 updates	20 updates
Communiqués	5 issues 1,648 approx. subscribers	12 issues 1,994 approx. subscribers
PPI Optimal Therapy		9 Reports
<i>Rx for Change</i> (interventions database)		Launched March 2007

Supporting CADTH's Core Programs

STRATEGIC COMMUNICATIONS AND KNOWLEDGE EXCHANGE

THE NEED

CADTH ensures that decision makers at all levels in health policy and health care delivery across Canada have easy access to user-friendly products that translate evidence-based science into plain language for use in managing health technologies.

THE PROGRAM

The Strategic Communications and Knowledge Exchange (SCKE) Directorate is a knowledge management resource that supports CADTH's overall objective of increasing jurisdictional understanding, uptake, and use of CADTH's products and services. SCKE brings together four areas of expertise: the Liaison Program, Knowledge Transfer, Communications and Production, and Partnerships and Strategic Initiatives.

The Liaison Program was established in 2004 to provide two-way communication between CADTH and decision makers in participating jurisdictions, and to support decision makers in the uptake and use of CADTH information into decision making and practice.

CADTH's Knowledge Transfer Program develops products and initiatives to optimize the distribution, uptake, and use of CADTH products.

SCKE PROGRAM KEY ACHIEVEMENTS

The Liaison Program delivered 25 workshops and 87 presentations and attended over 400 conferences/meetings to profile and raise awareness about CADTH, its products and services, as well as to directly link decision makers to targeted HTA reports and services.

- According to the EKOS evaluation, the Liaison Program has enhanced awareness, capacity and use of HTA products and services in health ministries and expanded it more broadly to other health related organizations (e.g. regional health authorities, hospitals, professional associations).
- CADTH's 2006 invitational symposium, which is the focal point for interaction between policy makers and researchers, attracted more than 250 participants from across the country. CADTH also sponsored, exhibited, or presented at 22 national and international events.
- A Knowledge Transfer Strategy for CADTH's Emergency Department Overcrowding HTA resulted in coverage by every major media outlet in Canada; it generated 23 interviews and 150 media calls. CADTH's reports were mentioned in five provincial legislatures. Knowledge Transfer support was also provided to five other HTA reports and 13 start-up HTA projects.

Liaison Program Activities 2004-2005 to 2006-2007

	Jurisdictions	Meetings/Conferences	Presentations	Workshops
2004-2005*	6	189	43	0
2005-2006	9	316	35	5
2006-2007	11	400	87	25

* Note: Partial-year statistics as first Liaison Officer hired in August 2004 followed by 5 more hires at different intervals.

- Completed its web site enhancement project. Since 2003-2004, CADTH has increased its web site activity 12-fold from an average of 11,374 to 138,405 page views per month.
- Undertook a stakeholder environmental scan to obtain feedback on CADTH products and services.

CORPORATE SERVICES

THE NEED

As CADTH continues to evolve into a more complex organization, there is a need to manage growth and change in order to meet existing, new, and future commitments.

THE PROGRAM

The Corporate Services (CS) Directorate provides the professional and management services that are essential to CADTH's effective performance.

These services include Human Resources, Finance and Administration, Information Management (IM) and Information Technology (IT).

CS DIRECTORATE KEY ACHIEVEMENTS

- Information Specialists provided information identification, retrieval, and management support for over 500 reports, products, and services.
- Managed 275 contracts valued at over \$6.2 million.
- The HTA topics database and Rx for Change database were developed.
- A framework was established for the CADTH Evaluation.
- Undertook ongoing enhancements of processes and systems to support finance, corporate administration, human resources, corporate performance management and reporting, information management and technology and governance.

The Corporate Services (CS) Directorate provides the professional and management services that are essential to CADTH's effective performance.

Summarized Financial Statements

STATEMENT OF OPERATIONS

For the year ended March 31

	2007		2006
	BUDGET	ACTUAL	ACTUAL
	\$	\$	\$
REVENUE			
Grants	21,375,772	21,559,245	10,991,566*
Interest and other income	40,000	233,864	143,468
	<u>21,415,772</u>	<u>21,793,109</u>	<u>11,135,034</u>
EXPENDITURE			
Health Technology Assessment	5,855,813	5,497,091	5,212,795
Common Drug Review	3,403,433	3,440,871	2,557,336
Canadian Optimal Medication Prescribing and Utilization Service	4,486,285	4,516,269	2,731,530
Corporate Administration	4,083,220	4,586,524	4,234,855
Strategic Communications and Knowledge Exchange	3,584,758	3,364,341	2,414,113
	<u>21,413,509</u>	<u>21,405,096</u>	<u>17,150,629</u>
Excess (deficiency) of revenue over expenses for the year	<u>2,263</u>	<u>388,013</u>	<u>(6,015,595)</u>

STATEMENT OF FINANCIAL POSITION

As at March 31

	2007	2006
	\$	\$
ASSETS		
Cash and short-term investments	4,948,620	4,644,130
Accounts receivable	74,149	116,519
Prepaid expenses	220,479	298,023
	<u>5,243,248</u>	<u>5,058,672</u>
Capital assets	1,030,141	931,041
	<u>6,273,389</u>	<u>5,989,713</u>
LIABILITIES		
Accounts payable and accrued liabilities	1,978,176	1,736,275
Grants repayable	188,183	387,765
	<u>2,166,359</u>	<u>2,124,040</u>
Deferred contributions related to capital assets	630,502	777,158
	<u>2,796,861</u>	<u>2,901,198</u>
NET ASSETS		
Invested in capital assets	399,639	153,883
Internally restricted	3,076,889	2,934,632
	<u>3,476,528</u>	<u>3,088,515</u>
	<u>6,273,389</u>	<u>5,989,713</u>

The condensed financial statements above have been extracted from the Audited Financial Statements. Copies of the 2006-2007 report of the Auditors, Collins Barrow Ottawa LLP, and complete audited financial statements are available from CADTH's head office.

*Actual 2006 revenues were less than budget. This was due to a one-time return of federal funds accumulated in previous fiscal years. Revenue returned to budget levels in the fiscal year ending March 31, 2007.

LOOKING AHEAD

CADTH, although still in the early days of its new role as Canada's health technology agency, is already making a difference by meeting the needs of health care decision makers. This focus will be maintained in 2007-2008.

In addition to delivering the products and services CADTH's clients expect and rely upon, CADTH will undertake new or expanded initiatives that will increase its impact in the years ahead.

Based on CADTH's Five-Year Business Plan for 2006-2011 and the 2007-2008 Business Plan (both of which are available at www.cadth.ca), key priorities for 2007-2008 are:

- CADTH will continue to actively contribute to the National Pharmaceutical Strategy, with CDR and COMPUS representatives supporting the efforts of the Common Formulary, Real World Safety and Effectiveness, and Expensive Drugs for Rare Diseases working groups.
- The CDR program will expand to include new indications for old drugs. Initiatives to increase the transparency of the CDR process will be implemented, including plain language versions of CEDAC recommendations, summaries of the CEDAC discussion of drugs, and the publication of CDR reviews.
- The HTA program will continue to deliver Health Technology Assessment reports in response to provincial and territorial stakeholder needs and requests.
- The activities of the Health Technology Policy Forum and the Health Technology Analysis Exchange in 2007-2008, will enhance the sharing of, and access to, HTA policy analysis information, and improve coordination in gathering evidence and policy advice.
- The Health Technology Inquiry Service (HTIS) is well received by stakeholders and will continue to grow in 2007-2008.
- The COMPUS program will focus on diabetes management, releasing optimal therapy reports, and support resources. COMPUS will also support jurisdictions in the implementation of selected PPI behavioural change interventions.
- CADTH will continue to support partnerships and strengthen links to its stakeholders. CADTH recognizes that partners, stakeholders, and end users are central to its success in all that we do. By developing a clear understanding of their needs and priorities, CADTH will continue to support stakeholders in their efforts to address the increasingly complex issues and demands facing Canada's health care system.

Corporate Information

BOARD OF DIRECTORS

Dr. Ed Hunt

(Chair)
Medical Consultant
Department of Health and Community Services
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Health System Strategy Division
Ministry of Health and Long-Term Care
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Alberta Health & Wellness
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Dr. David Elliott

(Board Executive – Member-at-Large)
Medical Consultant
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Government of Nova Scotia

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Medical Advisor, Insured Services Division
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Ministry of Health Services
Government of British Columbia

Pam Mitchell

Assistant Deputy Minister
Institutional Services and
Prescription Drug Program
Department of Health
Government of New Brunswick

Heather Reichert (2007)*

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Chief Financial Officer
Administration, Finance & Accountability
Manitoba Health & Healthy Living
Government of Manitoba

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Department of Health
Government of Prince Edward Island

Sherri Wright

Director
Insured Health and Hearing Services
Department of Health and Social Services
Government of the Yukon Territory

Health Canada Representative

Abby Hoffman

Associate Assistant Deputy Minister
Health Policy Branch
Health Canada

* Year appointed

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Mike Gaucher

Vice-President, Health Technology Assessment

Suzanne McGlashan

Vice-President, Strategic Communications and
Knowledge Exchange

Barb Shea

Vice-President, Canadian Optimal Prescribing and
Utilization Service

Mike Tierney

Vice-President, Common Drug Review

CADTH COMMITTEES

The CADTH Board has established jurisdictional and expert committees to provide ongoing assistance, guidance, and input into specific areas of activities. The Terms of Reference and membership of CADTH Committees are available at www.cadth.ca.

Jurisdictional Committees

Four jurisdictional committees facilitate consultation and information exchange among federal, provincial and territorial health ministries, other relevant organizations, and CADTH.

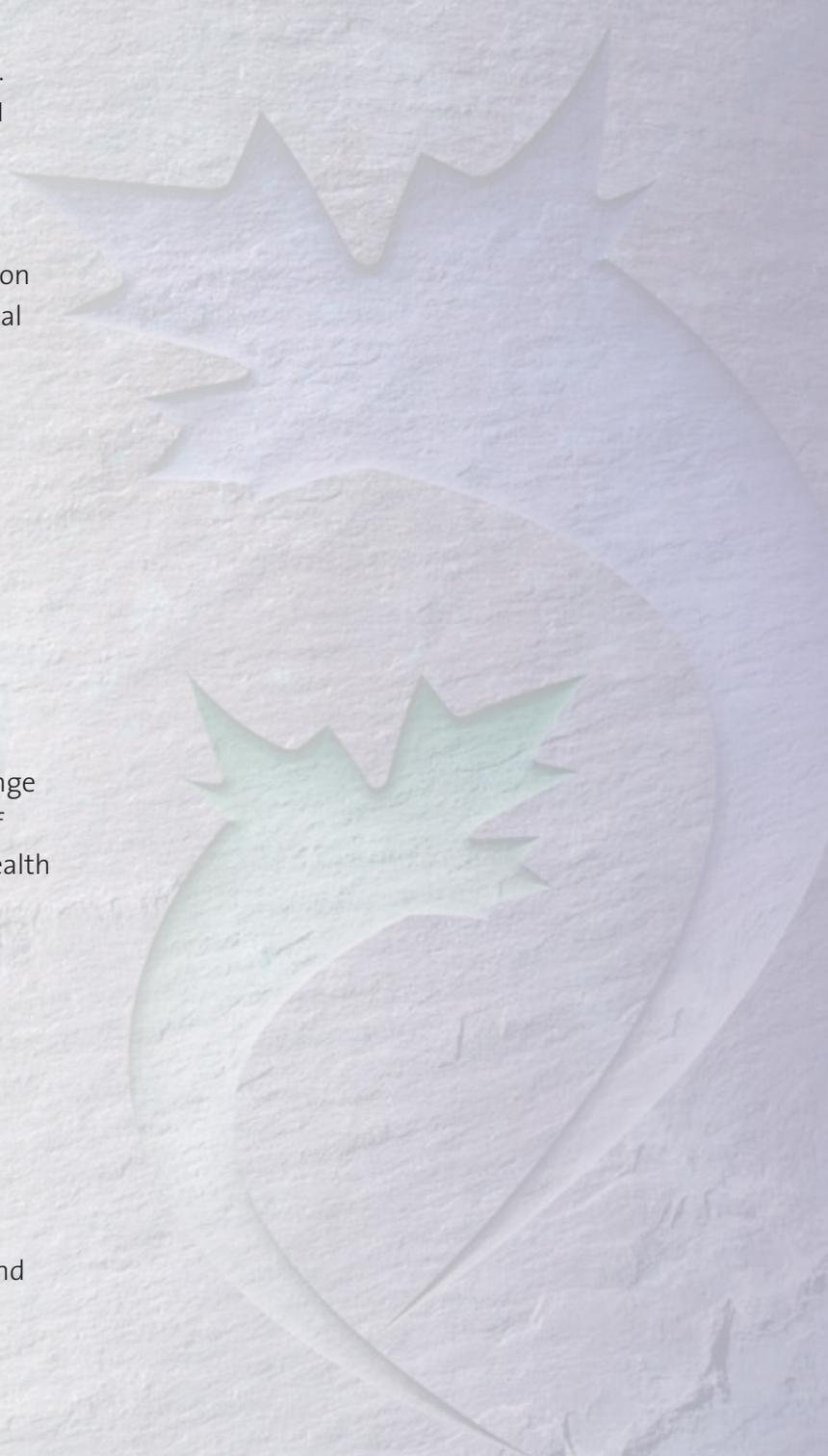
Advisory Committee on Pharmaceuticals
COMPUS Advisory Committee
Devices and Systems Advisory Committee
Health Technology Strategy – Policy Forum

Expert Committees

Expert committees ensure that CADTH's work is informed by Canada's leading experts in a wide range of disciplines relevant to the production and use of evidence-based information on drugs and other health technologies.

Canadian Expert Drug Advisory Committee
COMPUS Expert Review Committee
COMPUS Expert Review Panel on PPIs
Health Technology Analysis Exchange

CADTH expresses its appreciation to the members of these committees for their guidance, support, and dedication throughout the year.





*Canadian Agency for
Drugs and Technologies
in Health*

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