

2008 | 2009
ANNUAL REPORT

DELIVERING VALUE FOR MONEY IN HEALTH CARE FOR 20 YEARS



*Canadian Agency for
Drugs and Technologies
in Health*

CADTH at a Glance

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

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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Delivering Value for Money in Health Care for 20 Years: A Message from the Chair, and the President and CEO

The occasion of our 20th anniversary is an opportune time to reflect on our evolution and the significant contributions CADTH has made to support value for money and evidence-based decision-making in Canada's health care system.

It is often said that organizations like CADTH do not emerge overnight. We have come a long way since we began our journey in 1989 as CCOHTA, the Canadian Coordinating Office for Health Technology Assessment — an independent, not-for-profit organization established by Canada's federal, provincial, and territorial ministers of health to disseminate information needed for decision-making on health technologies.

The occasion of our 20th anniversary is an opportune time to reflect on our evolution and the significant contributions CADTH has made to support value for money and evidence-based decision-making in Canada's health care system. Over the past two decades and particularly in the last 10 years, we have broadened our role, multiplied our programs, deepened our expertise, and extended our reach.

Today, CADTH's comprehensive range of integrated services are tailored to meet a full spectrum of needs: from detailed health technology assessments and rapid response requests, drug formulary advice, and listing recommendations to the promotion of optimal drug use through tools to influence behavioural change. Supported by its network of Liaison Officers across Canada and a system of jurisdictional advisory bodies and expert committees, CADTH maintains strong links within the health care system to ensure its work is timely and relevant. Health decision-makers from across the country and around the globe look to CADTH as a recognized leader in providing impartial, reliable information about drugs and health technologies.

Among the challenges facing health care in Canada are the accelerating rate of technological change, the growing complexity and costs of drugs and medical devices, and the pressures of the current economic climate. In this environment, the demand for CADTH's pan-Canadian expertise to assist informed decision-making has never been greater.

Throughout 2008–2009, CADTH continued to build on its record of achievement on all fronts. CADTH refined its topic prioritization processes for health technology assessments to enhance their relevance and timeliness. We are continuing to implement further improvements in 2009–2010 to increase the predictability and transparency of reviews and opportunities for prompt uptake. Our rapid response service, the Health Technology Inquiry Service (HTIS), responded to a large increase in demand in 2008–2009 and, in December, reached an impressive milestone — completing our 1,000th HTIS report.

The agency also underscored its pledge to continuous improvement by developing and consulting on new procedures in the Common Drug Review. One change is aimed at allowing for earlier access to publicly funded important new therapies by permitting a parallel review with Health Canada's review for marketing approval. This important process refinement, permitting pre-Notice of Compliance (NOC) drug submissions, was developed in consultation with stakeholders and was the subject of a successful pilot project in 2008. Our strict and uncompromising adherence to openness and consultation

was recognized in the Ontario Superior Court of Justice decision on the related legal challenge filed against CADTH by Boehringer Ingelheim (Canada). Ruling in the agency's favour, the Court stated: "The conduct of CADTH throughout has been transparent, even-handed, fair and reasonable."

The impact and influence of CADTH's efforts were also evident on the jurisdictional front lines of health care delivery. The collaborative approach to education and knowledge exchange in the Canadian Optimal Medication Prescribing and Utilization Service continued to pay off in 2008–2009. Our groundbreaking work and leadership in the areas of optimal therapy for proton pump inhibitors and in diabetes management influenced policy decisions in these important therapeutic areas that affect so many Canadians and represent significant health care expenditures.

As we celebrate these and other achievements of our 20th year outlined in this annual report, we would like to thank all those who have contributed to CADTH's development, growth and success — from its founders to our dedicated staff, board of directors, advisory and expert committee members, partners, and stakeholders who carry out, support, and benefit from its mission. We are proud of the trust placed in us. Our commitment is to continue to work diligently to live up to that trust — maintaining rigorous, objective standards, and evolving our products and services to keep pace with the changing needs of Canada's health system.

We remain committed to moving forward and proactively meeting the growing demand for evidence-based information in support of health care decision-making. CADTH will persist in the pursuit of excellence, doing our part to enhance the vitality and capacity of Canada's health care system.

We remain committed to moving forward and proactively meeting the growing demand for evidence-based information in support of health care decision-making.



Lauren Donnelly

Sincerely,

Lauren Donnelly
Chair, Board of Directors



Jill M. Sanders

Dr. Jill M. Sanders
President and CEO

Value for Money: From Research to Recommendations

“This Agency makes a remarkable contribution on a daily basis to the welfare of all Canadians.”

The Honourable Perrin Beatty, President and CEO
The Canadian Chamber of Commerce
2009 CADTH Symposium (Ottawa)

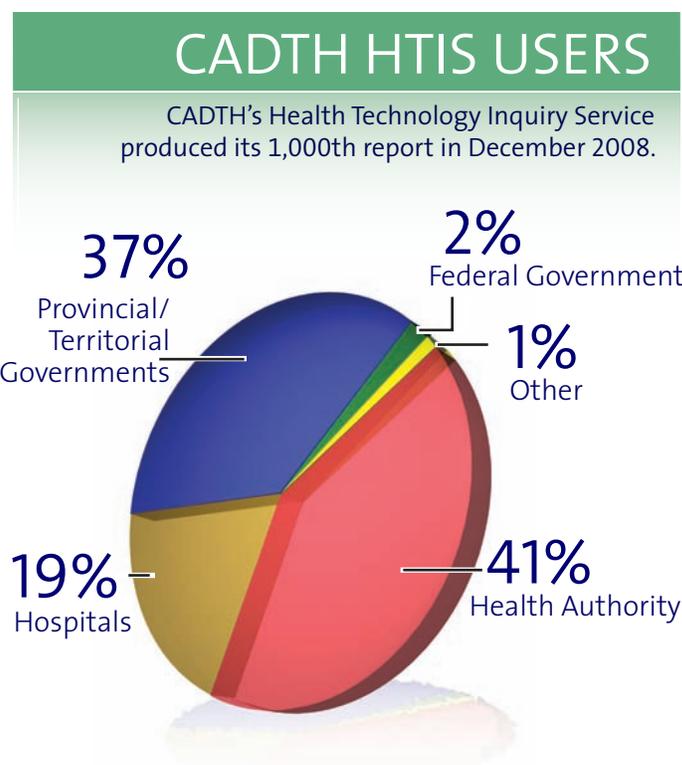
CADTH enters its 20th year with a well-earned reputation for excellence based on an uncompromising commitment and responsive approach to meeting the needs of health care decision-makers. In 2008–2009, CADTH fulfilled its important role delivering “Value for Money” in support of the Canadian health system through an innovative and active program agenda.

This mission is even more vital today as the demands facing Canada’s health care system continue to increase dramatically. According to the Canadian Institute for Health Information (CIHI) health care spending in 2008 is estimated to have increased to \$172 billion annually, outpacing the rate of economic and population growth. Through the unique combination of operating three programs under one agency — Health Technology Assessment (HTA), Common Drug Review (CDR), and the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), CADTH has helped to meet this exponential growth by providing timely, relevant, and rigorously derived evidence-based information to stakeholders at all levels of the health system.

Central to CADTH’s success is its capacity to distill large volumes of information to provide a comprehensive range of services, from early assessment and horizon scanning to adoption recommendations, support for optimal drug utilization, and reassessment of existing technologies. Each of CADTH’s core programs provides critical health information — from research to recommendations — that assist federal/provincial/territorial stakeholders to work toward improved health outcomes within sustainable budgets, while balancing the pressures arising from increased patient needs.

Whether it is a full health technology report, a rapid response inquiry, a formulary listing recommendation, or an optimal drug therapy tool, CADTH’s work equips stakeholders to make decisions using the best available information at the right time. The end result is significant — ensuring that limited dollars are invested wisely and that informed decisions can be made to facilitate the cost-effective delivery of health care in Canada.

The highlights outlined in the following pages point to the scope of our ongoing success and increasing impact as the pan-Canadian health technology agency positioned to be the “one-stop” shop for evidence-based information about drugs and other health technologies.



SUPPORTING INFORMED DECISION-MAKING

CADTH remains committed to the goal of effectively integrating evidence-based information into decision making in health care. Throughout 2008–2009, the value and impact of CADTH’s work was reflected in the increased uptake and utilization of the Agency’s broad inventory of user-friendly products, services, and tools. Ongoing modifications to CADTH’s Health Technology Inquiry Service (HTIS) provide a prime example of our adaptability, client-centred focus, and commitment to continuous improvement processes.

Since the request-based rapid response program was launched in 2005, the service has been enhanced and now allows users the choice of five different report levels with time frames based on user requirements.

In addition to reaching the milestone of 1,000 HTIS reports in December 2008, CADTH completed 409 HTIS reports in total for the year, compared with 269 reports in 2007–2008 — an impressive jump of more than 50 per cent.

Evidence collected confirmed that the service fills a broad-based need with the largest number of requests originating from regional health authorities, followed by federal/provincial/territorial governments, and almost one-quarter from local hospitals. Client feedback indicates that HTIS reports have become an invaluable part of the evaluations that aid purchasing, coverage, and policy decisions.

Developed in direct response to topics put forward by stakeholders, these comprehensive health technology assessment (HTA) reports continued to be the gold standard for high-quality, evidence-based information targeted for use by policy and health care decision-makers.

An example of the high-impact value of this work was demonstrated in the 2008 release of our HTA report on Reprocessing of Single-Use Medical Devices (SUDs),

“Congratulations to CADTH on the extremely valuable national survey and health technology assessment. This information has been very useful to the Federal/Provincial/Territorial Working Group in developing a Pan-Canadian framework on reuse of single-use medical devices.”

Dr. Philip Neufeld
Medical Devices Bureau
Health Canada

undertaken in collaboration with the Ontario Hospital Association (OHA). Several stakeholders based their policy decisions on SUDs using the pan-Canadian framework,

HTA REPORTS

CADTH continues to meet the growing need for HTA reports, producing a total of 454 in 2008–2009.



“The Common Drug Review has been viewed as a major step forward in collaboration and cooperation among governments, saving each jurisdiction the expense and time of assessing medications on its own.”

The National Pharmaceuticals Strategy: A Prescription Unfilled
Health Council of Canada Report
January 2009

including the OHA which applied the findings to support decisions about program operations and develop a tool kit for its hospitals. At the federal level, the report served to assist in guidelines development and to inform both research and policy decisions.

The evidence points to the substantial return on investment this work provides throughout the health

care system by facilitating direct input to funding or purchasing decisions whether at the jurisdiction, regional health authority, or hospital level. CADTH's reports continue to influence policy, procedure, practice or guideline development, and several have also been employed in practitioner education.

Drug expenditures in Canada reached an estimated \$29.8 billion in 2008, growing faster than any other component of the health system. To help decision-makers respond appropriately to the increasing cost burden, CADTH's Common Drug Review (CDR) continued to provide valuable benefits to its stakeholders by making recommendations for listing of new drugs by public drug plans based on evaluations of their clinical and cost-effectiveness.

CADTH has continued to meet aggressive timelines for these reviews. Federal, provincial, and territorial drug plans recognize and appreciate the CDR program, which has reduced duplication and increased efficiency and consistency while optimizing the use of limited resources and expertise in drug reviews.

CADTH completed 30 reviews of submissions under the CDR in 2008–2009 and provided participating drug benefit plans with listing recommendations, all within prescribed timelines. In addition, CADTH conducted three reviews in response to Requests for Advice from drug plans. Significantly, drug plans agreed with CADTH's recommendations in the large majority of cases, reflecting

DRUG REVIEW EXPERTISE



CADTH completed 30 reviews of submissions under the CDR in 2008–2009.

a consistent and strong acceptance of the objectivity and high standards inherent in CADTH's rigorous drug review process.

Expert work in support of CADTH's optimal therapy efforts also continued to influence decision-making, including formulary listings, in jurisdictions across the country. This real impact was most evident in the widespread adoption of CADTH's optimal therapy recommendations and tools for proton pump inhibitors (PPIs), which are prescribed extensively in Canada for the treatment of gastrointestinal conditions.

Between 2000 and 2004, expenditures on PPIs in Canada increased over 100 per cent to over \$1 billion. This has reinforced the importance of CADTH's ground-breaking work on appropriate prescribing and usage practices. In 2008, two provincial drug programs, New Brunswick and Newfoundland and Labrador, initiated policy changes regarding PPIs that align with CADTH recommendations.

The federal Non-Insured Health Benefits program, Canada's fifth largest drug plan, also followed suit in April 2009. Eight of Canada's public drug programs now provide coverage for PPIs in line with CADTH recommendations.

In addition, CADTH worked closely with RxFiles and the University of Saskatchewan's Division of Continuing Professional Learning, supporting the development of an online self-audit tool for PPIs designed to help physicians effectively select and prescribe this class of medication. From the time of its deployment in October 2008, there have been 3,200 downloads of the self-audit tool, and academic detailers have advocated its effectiveness during face-to-face visits with health care providers across Saskatchewan.

Similarly, the uptake and utilization of CADTH's optimal therapy recommendations and tools in the area of diabetes management proved to be a key barometer of the Agency's increasing impact on policy decisions.

During the past year, four public drug programs — the Nova Scotia Seniors' Pharmacare Program, Ontario Drug Benefit Program, Manitoba Pharmacare Program and Saskatchewan Drug Plan — initiated policy changes regarding the use of insulin analogues that align with CADTH recommendations. In addition, the Pharmacy and Therapeutics Committee for acute care facilities in Alberta employed CADTH's work on insulin analogues in finalizing its formulary recommendations. As well, academic detailing initiatives for insulin analogues were delivered, or will be underway, in Saskatchewan, Manitoba, and Alberta. The Pharmacy and Therapeutics Committee for acute care facilities in Alberta employed CADTH's work in finalizing its formulary recommendations.

COMPUS IMPACT ON PPIs



COMPUS supported the successful development of an online self-audit tool for PPIs, resulting in 3,200 downloads.

Value for Money: From Research to Recommendations

“I have found Rx for Change to be a vital resource that puts evidence-based interventions at my fingertips and helps my team select proven strategies that translate research into improved clinical practice.”

Dr. Janet Martin
Co-Director, Evidence-Based Perioperative Clinical Outcomes Research (EPiCOR)
High Impact Technology Evaluation Centre (HiTEC)
Pharmacy Services and Department of Anesthesia and Perioperative Medicine
London Health Sciences Centre

Rx for Change, CADTH's first-in-class interventions database was initially published online in April 2007. A major update was completed in March 2009 including reviews from April 2006 to May 2008. *Rx for Change* provides decision-makers with reliable, up-to-date, evidence-based information to assist in the selection of behaviour-change strategies that promote the optimal use of medicines. CADTH is actively seeking partners to participate in funding and advising on the future direction of the database.

MEETING STAKEHOLDER NEEDS

Throughout 2008–2009, a broad range of reports and products provided relevant and meaningful solutions in response to stakeholder needs in the primary areas of drugs, devices, and health care systems. It remains critical that CADTH's work reach end users quickly and easily.

CADTH's Liaison Program is at the heart of its ability to respond and deliver directly and effectively to meet stakeholder needs. Based in participating jurisdictions across Canada, the Liaison Officers are mandated to facilitate two-way communications and essential linkages between CADTH and decision-makers at all levels of the health system. In coordination with Knowledge Exchange team members, they work in unison with CADTH's science programs to identify appropriate end users and establish mechanisms to ensure needed health information reaches them effectively.

A key element of this work is CADTH's continued implementation and integration of two Canadian Health Technology Strategy (HTS) 1.0 mechanisms — the Health Technology Policy Forum and the Health Technology Analysis Exchange. Approved in 2004 by Canada's health ministers, HTS 1.0 was a direct outcome of the *2003 Accord on Health Care Renewal*.



CADTH's Research Information Specialists provided research support for all 500 CADTH reports, tools, and information products.

The Strategy confirmed CADTH's status as Canada's health technology agency by mandating it to provide collaborative approaches toward ensuring Canadians have ongoing access to appropriate health care technology.

The Health Technology Policy Forum, which acts as an important venue for senior level policy-makers from across Canada to meet and collaborate, completed its initial Policy Options document by using the CADTH HTA report on continuous renal replacement therapy. As part of the development process, an expert review panel was established to seek clinical insight and opinions to ensure that recommended policy options were consistent with available evidence and assessed based on their feasibility in the jurisdictional health care environments.

The Health Technology Analysis Exchange became fully engaged with 13 members from across Canada and solidified its mandate as a mechanism for improving health technology assessment methodologies and practices by undertaking and completing several major initiatives. This included a workshop seminar on the implementation of a pan-Canadian field evaluation system and a comprehensive inventory of Canadian HTA producers compiled to identify capacity issues. The development of a Rapid Review special interest group rounded out an active 2008–2009 program agenda.

CADTH continued to look for high-impact and far-reaching communication channels to share the results of its work. A series of journal articles covering the efficacy and safety of insulin analogues for diabetes management was first published in the February 2009 issue of the *Canadian Medical Association Journal (CMAJ)*. These articles were subsequently referenced by a variety of national and international publications.

Early feedback indicates that facilitating the publication of results from CADTH work in peer-reviewed journals is both an effective and credible way of sharing results with decision-makers and other stakeholders.

TOTAL WEB VISITS



Value for Money: From Research to Recommendations

Increased awareness and uptake through the CADTH website continues to be achieved through creative approaches to hosting the Agency's information products, services, and tools using leading edge multimedia technology. To mark Diabetes Awareness Month in November 2008, CADTH launched a web micro-site to coincide with International Diabetes Day. The site featured an interactive virtual library of the Agency's full range of products related to the management of diabetes. In addition, CADTH participated in the *Globe and Mail's* diabetes day supplement, which featured the Agency's work in this area.

CADTH continued to improve its website and to develop additional online tools, such as extranets and micro-sites, to deliver information to stakeholders and facilitate uptake and utilization of its work. Our website continues to hold the top-ranking in the evaluation conducted by Laval University of 120 evidence-based health information organizations in the world.

CADTH drove stakeholder engagement via several external avenues. The Agency sponsored or exhibited at national events held in Canada, resulting in an extended reach to an estimated 20,000 stakeholders. It also organized workshops at international events held in Canada and hosted a webinar/seminar on health economics that attracted on-site attendees and a large virtual audience through 39 simultaneous webcasts across Canada.



Demonstrating the true pan-Canadian composition of its stakeholder community, the 2008 CADTH Symposium was successfully hosted outside of Ottawa for the first time.

Held in Edmonton, Alberta, it attracted 329 registrants who participated in an intensive three-day schedule of workshops, plenary sessions, and panel discussions. As a result of the positive reaction and feedback from participants, CADTH has committed to holding this annual event in different regions of the country on a rotating basis.

“CADTH continued to look for high-impact and far-reaching communication channels to share the results of its work.”

TRANSPARENT, RIGOROUS, INNOVATIVE

The Agency continued to demonstrate its responsiveness to stakeholders by implementing several new initiatives in the past year. CADTH’s CDR program revised its submission guidelines and procedures to address the implementation of pre-Notice of Compliance (NOC) submissions to facilitate earlier reviews and recommendations on priority drugs that offer substantial improvements over other available therapies.

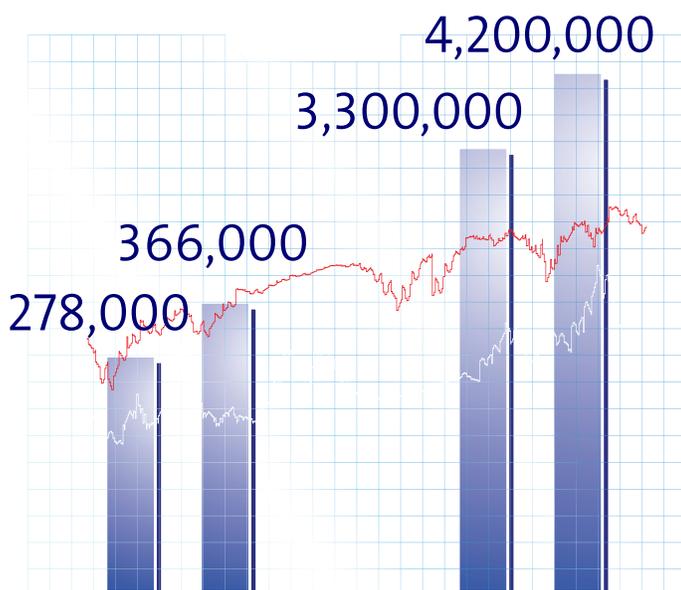
Changes to resubmission procedures were also implemented. The resubmission with a reduced price during the embargo period allows for the drug to be resubmitted, while maintaining its place in the review queue. In both cases, CADTH sought and incorporated stakeholder feedback in the development of these procedures and guidelines.

Enhancements to further increase the transparency of the CDR process were introduced by expanding the amount of information available to a broader population.

CADTH continued its commitment to public involvement through the ongoing participation of public members in its expert review committees, CEDAC, and the COMPUS Expert Review Committee (CERC).

Open dialogue with industry remained a priority and was initiated and fostered through the CADTH Information Forum held in October 2008. In addition to providing updated corporate and program information regarding its areas of operation, the Forum featured round table discussion groups, which facilitated two-way exchange between industry representatives and CADTH. Discussion topics included pharmacoeconomics, clinical review methods, transparency, filing submissions, and other subjects of mutual interest.

VISITORS — PAGEVIEWS



CADTH@20: The Vision Continues

“We need a coordinated approach to evaluating technologies to ensure that all Canadians will benefit.”

The Honourable Perrin Beatty
Minister of National Health and Welfare (1989)
Announcing the creation of CADTH (CCOHTA)

When the organization was created 20 years ago by Canada’s federal, provincial, and territorial ministers of health on December 7, 1989, as the Canadian Coordinating Office for Health Technology Assessment (CCOHTA), annual health spending in Canada was \$56 billion — compared with \$172 billion today. In April 2006, the organization was renamed the Canadian Agency for Drugs and Technologies in Health (CADTH) to more accurately reflect its expanded role and the comprehensive range of services it now provides to Canadian health care decision-makers.

The following highlights encapsulate the incredible journey that has been the CADTH story — from a small coordinating office to one of Canada’s pre-eminent health technology assessment organizations, providing those working in the health system with the information they need to make informed decisions about health care investments and optimal use of health technologies.

The organization officially opened its Ottawa office for business in August 1990. By 1993, the agency’s efforts to deliver maximum value to the Canadian health care system was already beginning to be recognized. The Conference of Deputy Ministers of Health (CDM) confirmed the growing importance of CADTH’s role in the health system by adding pharmaceutical reviews to its core mission. The organization’s budget was tripled to accommodate this broadened responsibility. A further milestone was reached 12 months later in 1994, as CADTH published Canada’s first-ever guidelines for the economic evaluation of pharmaceuticals. These guidelines are still in use today throughout the country (and referenced internationally) to assist producers of economic evaluations in generating credible, standardized information that is relevant and useful to decision-makers in Canada’s publicly funded health care system.

A landmark court ruling in 1998 established CADTH’s independence, when the Ontario Supreme Court dismissed Bristol-Myers Squibb Canada’s request for an injunction to halt the release of a health technology report on pravastatin (Pravachol). The Court concluded that the Agency had followed proper procedures in conducting a responsible evaluation and affirmed its autonomy by allowing the report’s publication. Over a decade later, the impact of this precedent-setting decision still resonates both in Canada and internationally by paving the way for the development of independent health technology assessment work that organizations like CADTH produce every day.

CADTH continued to diversify and grow during a dynamic second decade. In December 1999, the CDM approved its first five-year business plan laying out an ambitious vision for the organization. In September 2002, the CDM selected CADTH to manage the Common Drug Review (CDR), a single process designed to review new drugs and provide

STRONG LEADERSHIP



First CADTH Board of Directors
1991–1992

“I am confident that the work of CADTH will continue to contribute to improved management of pharmaceuticals and technologies in the health system.”

The Honourable Tony Clement
Minister of Health (February 2008)
Announcement of Health Canada funding
to CADTH for \$84.5 million (2008–2013)

listing recommendations to participating publicly funded federal, provincial, and territorial drug benefit plans in Canada.

In response to the Romanow Commission on the Future of Health Care in Canada, and the Kirby Senate Study of the State of the Health Care System in Canada, the federal government’s February 2003 budget directed new funding to CADTH totalling \$45 million over five years to address the growing need for reliable evidence-based information. To meet this pan-Canadian role, CADTH established the Liaison Program, which places Liaison Officers within participating provinces and territories to actively engage with jurisdictional health care decision-makers and create stronger links between the Agency and its stakeholders.

The organization continued to expand with the creation of the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS). Launched in March 2004, CADTH’S COMPUS program is a collaborative, pan-Canadian service funded by Health Canada. In partnership with the federal, provincial, and territorial health ministries, the service identifies and promotes optimal drug prescribing and use among health care providers and consumers. It remains one of the few collaborative programs of its kind in the world.

Also in 2004, Canada’s health ministers approved a new Canadian Health Technology Strategy (HTS 1.0), arising from the 2003 Accord on Health Care Renewal, and again confirmed CADTH’s status as Canada’s health technology agency.

The Health Technology Inquiry Service (HTIS) was initiated in 2005 to provide Canadian health care decision-makers access to available health technology information based on a rapid response model that delivers the best available evidence in 24 hours to 30 business days, depending

on end-user requirements. The HTIS program completed its 1,000th report on December 17, 2008.

In 2007, CADTH appeared before the House of Commons Standing Committee on Health (HESA) on two occasions as part of the committee’s study of the mandate and performance of the CDR. Both the parliamentary report recommendations and the federal government response were positive and supportive of CADTH’s CDR program and its crucial value to the health system.

The importance and relevance of CADTH’s work was further documented in an independent evaluation conducted by EKOS Research Associates and released in July 2007. The independent study concluded the organization is meeting its strategic objectives and the needs of its stakeholders, and it provided evidence that its programs, products, and services are highly valued. It also underscored CADTH’s integral role in health care policy decision-making. This was further emphasized when the CDM acted on the recommendations contained in the National Pharmaceuticals Strategy (NPS) by expanding the role of CADTH’s CDR program to include new indications for existing drugs.

As a result of its broadened mandate and a comprehensive portfolio of services designed to meet stakeholder needs, Health Canada extended its funding contribution to CADTH for another five years (2008–2013) — a total commitment of \$84.5 million.

The ability to deliver value for money over the past 20 years has earned CADTH the reputation as a small behind-the-scenes organization that has been making a significant contribution to health care in Canada. CADTH remains ideally positioned to provide support to ensure the effectiveness, capacity, and sustainability of Canada’s health system well into the future.

Strong Networks and Partnerships

“The CADTH Rx for Change 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

For 20 years, CADTH has carefully built solid relationships with partner organizations across Canada and around the world to facilitate significant opportunities for information exchange on health research and knowledge management.

Throughout 2008–2009, CADTH continued to forge and strengthen these networks and links. As a well-established and respected leader in its field, both nationally and internationally, CADTH actively engaged these health technology organizations to discuss collaborative approaches to product development and service delivery.

At home, our involvement in and secretariat support for the Health Technology Analysis Exchange reduces duplication of effort and ensures that evidence-based information from 13 Canadian organizations is available and shared.

CADTH also maintains strong strategic alliances and partnerships with organizations like the Canadian Institutes of Health Research (CIHR), the Cochrane Collaboration, the Canadian Health Services Research Foundation (CHSRF), the Canadian Institute for Health Information (CIHI), the Health Council of Canada (HCC), and others to improve our capacity to produce and transfer needed information to decision-makers.

The extensive experience developing first-in-class educational and intervention tools produced through CADTH’s COMPUS program supported information exchange opportunities on optimal drug therapy topics with the Canadian Medical Association, the Canadian Pharmacists Association, the Canadian Diabetes Association, the Canadian Academic Detailing Collaboration, Cochrane Effective Practice and Organisation of Care (EPOC) Group, and Australia’s National Prescribing Service.



CADTH maintains a network of strategic alliances and partnerships to improve its capacity to produce and transfer needed information to decision-makers.

HEALTH TECHNOLOGY ANALYSIS EXCHANGE MEMBERS:

Newfoundland and Labrador Centre for Applied Health Research
Memorial University of Newfoundland
St. John's, NL

Capital Health Drug Evaluation Unit
Drug Information Centre – Pharmacy Dept.
Halifax, NS

Agence d'évaluation des technologies et des modes d'intervention en santé (AÉTMIS)
Montréal, QC

Joint MUHC/CHUM Health Technology Assessment Unit
Royal Victoria Hospital
Montréal, QC

Canadian Agency for Drugs and Technologies in Health (CADTH)
Ottawa, ON

McMaster University (Evidence-based Practice Centre)
Hamilton, ON

McMaster University, Program for Assessment of Technology in Health (PATH)
Hamilton, ON

High Impact Technology Evaluation Centre (HiTEC)
London Health Sciences Centre
London, ON

Alberta Health Technology Assessment Coalition (AHTAC)
University of Alberta
Edmonton, AB

Capital Health Office for Health Innovation
Capital Health Centre
Edmonton, AB

Institute of Health Economics (IHE)
Edmonton, AB

University of Alberta/Capital Health Evidence-based Practice Center
Edmonton, AB

Therapeutics Initiative
University of British Columbia
Vancouver, BC

As of July 2008, members of the College of Family Physicians of Canada and the Royal College of Physicians and Surgeons who review and provide feedback on CADTH's Optimal Therapy reports are eligible for Continuing Medical Education (CME) credits.

A recognized world leader in the fields of health technology assessment, drug evaluation, and optimal practice, CADTH continues to share its expertise beyond its own borders. A founding member of both the International Network of Agencies for Health Technology Assessment (INAHTA) and Health Technology Assessment International (HTAi), CADTH collaborates with health technology assessment bodies and drug management agencies around the world on specific assessments as well as broader work intended to increase efficiencies and promote best practices in information sharing, database development, and methodological work.

Moving Forward: Helping to Redefine the Role of Health Technology in Canada's Health Care System

"The Canadian Agency for Drugs and Technologies in Health – a hidden gem of the Canadian health system."

André Picard
Award-winning journalist
The Globe and Mail

The pace of change in health care has required that CADTH be agile and flexible in taking on new responsibilities and adapting existing programs. Today, as a mature organization, it is well-positioned to assume new challenges — working with governments across Canada to promote the sustainability of the health care system and improve health outcomes for Canadians.

As CADTH moves into its third decade, it has begun to prepare a new five-year strategic plan designed to shape the Agency's future contributions. This next chapter in CADTH's evolution will build on its efforts to facilitate the cost-effective use of drugs and other technologies that directly impact the health care system.

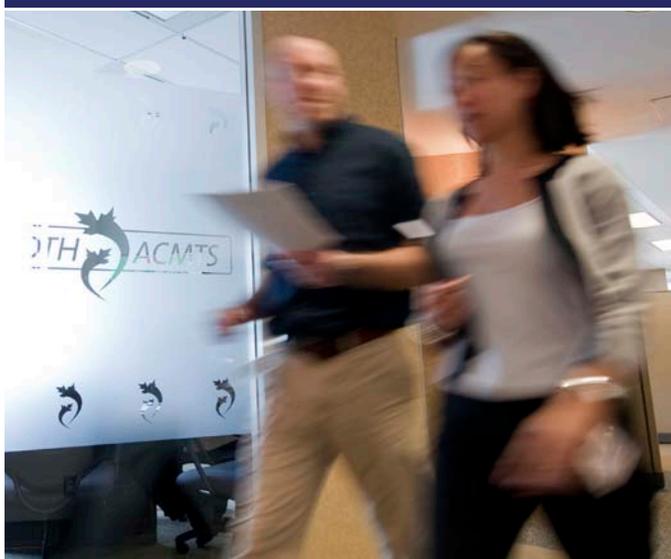
By leveraging two decades of experience providing decision-makers with the tools required to make informed choices about health care investments, CADTH will build on its strengths by crafting an integrated and coherent approach to health technology assessment to produce a continuum of products and services — developed in partnership with stakeholders — to support optimal utilization throughout the system.

The Agency's reputation as a value-for-money organization is also based on its ability to manage its own resources wisely. Guided by its Board of Directors and the existing five-year strategic business plan (2006–2011), CADTH will implement a comprehensive strategic portfolio management process to ensure that it is responsive to the needs of stakeholders and that its products and services are relevant and delivered as efficiently as possible.

CADTH will continue to build on its success in delivering valued products such as rapid reviews, drug formulary recommendations, and optimal use recommendations. In addition, a revised environmental scanning process will focus on supporting jurisdictional needs and cover a broader range of issues.

In response to requests from governments and consistent with the 2009–2010 Business Plan, CADTH has initiated the development of recommendations for non-drug health technologies.

AGILE AND FLEXIBLE



A mature organization that is well positioned to assume new challenges working with governments across Canada.

“Very few health ministries in the country can possibly retain the ‘in-house’ capacity to do this type of review in this short a turnaround, so it is very good to know that CADTH had the foresight to develop this (HTIS) service.”

Mr. Sean Delaney BSc, MPH
Manager, Province Wide Services
Alberta Health and Wellness

CADTH is a leader in its field in promoting transparency and public accountability in its work. It has helped pave the way with the publication of reasons for recommendations for public drug formulary listings under the Common Drug Review, including plain language versions, for decision-makers, professionals, and patients.

CADTH plans to build on recent collaboration with other bodies, such as Health Canada, to facilitate initiating reviews and recommendations earlier on priority drugs. CADTH’s CDR continues to be recognized as an international leader with respect to methodological aspects of critical appraisal, economic analysis, and systematic reviews.

In coming years, CADTH will continue its groundbreaking work in the area of diabetes management, in response

to health system needs. Following its work on optimal utilization of insulin analogues, CADTH’s extensive study of self-monitoring of blood glucose in 2008–2009 will lead to important recommendations and implementation support in 2009-2010 and beyond.

To support stakeholders in optimal utilization of medicines and other health technologies, CADTH will continue to seek out and develop appropriate knowledge exchange mechanisms. These efforts will be augmented by the ongoing refinement of interactive resources to further promote and increase ease of use for stakeholders. We will continue to build on the use of podcasts, webcasts, videos, online tutorials, and other communications methods to successfully deliver evidence-based health information deeper into the system.

Decision-making in Canada’s health care system is dispersed and includes governments, local health authorities and institutions, health care providers, and patients. Each of these components may require different information and support. CADTH recognizes these needs and will continue to develop new approaches to address them in an integrated fashion consistent with broader health system priorities.

Changes to CADTH’s mandate since its inception in 1989 have affirmed the organization’s ability to be responsive to stakeholder needs. Moving forward into the next decade, CADTH will build on this base. It will continue to seek out efficiencies, to improve existing products and services and develop new ones, and to support governments across Canada in maintaining the sustainability of our health care system and improving health outcomes for Canadians.

BUILDING ON SUCCESS



New and existing HTA products will meet changing jurisdictional and stakeholder needs.

Summarized Financial Statements

Statement of Operations

For the year ended March 31	2009		2008
	Budget \$	Actual \$	Actual \$
Revenue			
Grants	23,125,940	23,134,764	23,526,999
Interest and other income	0	267,411	262,844
	23,125,940	23,402,175	23,789,843
Expenditure			
Health Technology Assessment	5,169,148	5,198,074	5,567,033
Common Drug Review	5,040,050	5,039,608	4,278,583
Canadian Optimal Medication Prescribing and Utilization Service	4,280,200	4,162,551	4,061,792
Corporate Administration	4,660,111	5,123,922	5,135,271
Communication and Knowledge Exchange	3,981,523	4,166,754	3,585,591
	23,131,032	23,690,909	22,628,270
Excess (deficiency) of revenue over expenses for the year	(5,092)	(288,734)	1,161,573

Statement of Financial Position

As at March 31	2009	2008
	\$	\$
Assets		
Cash and short-term investments	5,580,253	6,122,345
Accounts receivable	116,540	194,652
Prepaid expenses	448,726	406,882
Leasehold improvement allowance receivable	671,485	0
	6,817,004	6,723,879
Capital assets	1,106,277	1,335,495
Capital assets related to leasehold inducement	646,151	0
	8,569,432	8,059,374
Liabilities		
Accounts payable and accrued liabilities	2,791,860	2,507,989
Grants repayable	0	460,620
Deferred revenue	90,916	5,344
	2,882,776	2,973,953
Deferred contributions related to capital assets	548,497	447,320
Deferred leasehold inducement	788,792	0
	4,220,065	3,421,273
Net Assets		
Invested in capital assets	557,780	888,175
Internally restricted	3,749,926	3,076,889
Unrestricted net assets	41,661	673,037
	4,349,367	4,638,101
	8,569,432	8,059,374

The condensed financial statements above have been extracted from the Audited Financial Statements. Copies of the 2009 report of the Auditors, Collins Barrow Ottawa LLP, and complete audited financial statements are available from CADTH head office.

Corporate Information

BOARD OF DIRECTORS

Lauren Donnelly

(Chair)

Assistant Deputy Minister of Health
Program Policy
Saskatchewan Health
Government of Saskatchewan

Dr. Catherine Bradbury

Medical Consultant
Department of Health and Community Services
Medical Services Branch
Government of Newfoundland and Labrador

Dr. Adalsteinn (Steini) Brown

Assistant Deputy Minister
Health System Strategy Division
Ministry of Health and Long-Term Care
Government of Ontario

Dr. David Elliott

Acting Director
Information Management Services
Department of Health
Government of Nova Scotia

Abby Hoffman

Associate Assistant Deputy Minister
Strategic Policy Branch
Health Canada

Dr. David King

(Board Executive – Member-at-Large)
Medical Advisor
Territorial Services Division
Department of Health and Social Services
Government of the Northwest Territories

Dr. W. Alexander (Sandy) Macdonald

Director, Medical Affairs
Department of Health and Social Services
Government of Nunavut

Pam Mitchell

(Board Executive – Member-at-Large)
Assistant Deputy Minister
Institutional Services and Prescription Drug Program
Department of Health
Government of New Brunswick

Bob Nakagawa

Assistant Deputy Minister
Pharmaceutical Services
Ministry of Health Services
Government of British Columbia

Dr. Doug Perry

Senior Provincial Clinical Advisor
Clinical Advisory and Research Branch
Alberta Health and Wellness
Government of Alberta

Bernadette Preun

Assistant Deputy Minister
Regional Affairs
Manitoba Health and Healthy Living
Government of Manitoba

Dr. Richard H. Wedge

(Vice-Chair)
Director
Medical Programs Division
Department of Health
Government of Prince Edward Island

Sherri Wright

Assistant Deputy Minister
Health Services
Department of Health and Social Services
Government of Yukon

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

EXECUTIVE TEAM

(as of March 31, 2009)

Dr. Jill M. Sanders
President and CEO

Glenna Benson
Vice-President
Corporate Services

Dr. Tammy Clifford
Vice-President
Health Technology Assessment

Suzanne McGlashan
Vice-President
Communications and Knowledge Exchange

Dr. Brian O'Rourke
Vice-President
Common Drug Review

Barb Shea
Vice-President
Canadian Optimal Medication Prescribing and
Utilization Service

CADTH COMMITTEES

The CADTH Board of Directors has established jurisdictional and expert committees to provide ongoing assistance, guidance, and input into specific areas of activities.

The Terms of Reference and membership listing 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 — 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
Health Technology Analysis Exchange



Supporting Informed Decisions



**Canadian Agency for Drugs
and Technologies in Health (CADTH)**

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