ANNUAL REPORT 2003-2004

CANADIAN COORDINATING OFFICE FOR HEALTH TECHNOLOGY ASSESSMENT

Pillars of Progress

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The Canadian Coordinating Office for Health Technology Assessment (CCOHTA) has been steadily evolving since 2000 when the Conference of Deputy Ministers of Health approved an ambitious five-year business plan for CCOHTA and health technology assessment in Canada.

Pillars of Progress

In 2003/04, CCOHTA's evolution not only continued, it accelerated.

As the year began, circumstances had changed dramatically since our original five-year plan was approved. New federal funding, responsibility for the Common Drug Review, an increasing demand for evidence-based information, and a commitment by Canada's First Ministers to develop a health technology strategy resulted in a broadened scope beyond HTA for CCOHTA. We actively engaged our federal, provincial and territorial partners to assist us in identifying gaps, setting priorities and developing a plan to move forward in a coordinated manner in these areas.

In response, CCOHTA developed a five-year Strategic Plan based on an extensive environmental scan and input from health technology agencies and health policy makers throughout Canada. Our 2003-04 Business Plan was based on the five-year Strategic Plan. With these planning tools in place, CCOHTA worked aggressively to consolidate and strengthen the foundations for our continued success.

The new blueprint for CCOHTA's ongoing development builds on fundamentals that have served CCOHTA well since the organization's inception in 1989. The primary pillars for CCOHTA's progress are to: build capacity to synthesize and use evidence-based information and analysis in CCOHTA and across Canada; connect continuously with partners, stakeholders and users to develop high-quality products; and continually challenge ourselves to develop relevant products and services to support decision-making in Canada's health care milieu.

These pillars support bold new initiatives launched in 2003/04, such as the Liaison Officer Program and CCOHTA's new Health Technology Assessment Capacity Building Grants Program.

We also added a new program to our existing Health Technology Assessment and Common Drug Review programs. The Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), launched in March 2004, will identify, evaluate and promote best practices for drug prescribing and use.

As the year came to an end, CCOHTA's role was changing rapidly to better meet the health system's need for evidence-based information.

With a Health Technology Strategy still ahead, further change for CCOHTA is inevitable. However, CCOHTA will move forward in collaboration with our partners knowing our foundation is strong and the pillars that will sustain future progress are in place.

Dr. Ed Hunt
Board Chair

Dr. Jill M. Sanders
President and CEO

Listening, Reflecting, Responding

2003/04 was a year dedicated to communicating with our stakeholders.

We listened to public policy debates, engaged our stakeholders in thoughtful discussions, and challenged ourselves to respond accordingly.

Our examinations extended into peer organizations as we looked at lessons learned, explored current best practices from other Canadian health technology assessment (HTA) agencies and from the international HTA community at large. We consulted our stakeholders, through a series of information sessions, circulating a discussion paper about our business plan seeking reaction, feedback and constructive input. These discussions also involved agencies and organizations from across Canada, including HTA partners such as the Alberta Heritage Foundation for Medical Research (AHFMR) and l'Agence d'évaluation des technologies et des modes d'intervention en santé (AETMIS). We also regularly consulted the medical device and pharmaceutical industry, researchers and academics from a number of universities (i.e., Dalhousie University, McMaster University), health services research organizations and a number of genetics and genomics organizations.

CCOHTA was involved in discussions and on-going dialogue regarding the development of a pan-Canadian health technology strategy. We organized information sessions in nine provinces and territories and sponsored two additional information sessions on the subject. Through this process, we heard how policy-makers, academics and provincially based HTA agencies perceived CCOHTA's role.

Our Board of Directors provided valuable strategic input and direction over the course of the year, guiding our efforts to ensure CCOHTA provides high quality and relevant programs and services. Our HTA advisory committees – the Pharmaceutical Advisory Committee (PAC), Devices and Systems Advisory Committee (DSAC) and the Scientific Advisory Panel (SAP) – challenged us on the efficiency and effectiveness of our topic selection, prioritization and refinement processes. The Common Drug Review Committee assisted us in shaping and defining the new Common Drug Review (CDR) process. The Canadian Expert Drug Advisory Committee (CEDAC) began reviewing submissions to the CDR to provide evidence-based formulary listing recommendations.

With a goal to developing a clearer understanding of our readers' information needs and the usefulness of our core HTA materials, CCOHTA also consulted broadly with nearly 500 recipients of two of our main HTA products – our Technology Report and CETAP bulletin - seeking input on content, format, and usability. Through this exercise, we also sought ideas for improvements or additional products.

WHAT WE HEARD

As a result of these consultative efforts, we received feedback across a range of issues. Commentary regarding our HTA products focused on their relevance and timeliness, and an enhanced emphasis on economic analysis. Demand for a broader range of information products, ranging from quick, internally reviewed summaries to full, externally reviewed assessments was also expressed.

Consultations with representatives from the public, the pharmaceutical industry, drug plan managers and decision makers throughout Canada provided CCOHTA with valuable input that was considered when creating the new Common Drug Review process.

Faced with these diverse needs, our challenge was to develop a multi-faceted plan to build on our existing strengths and resources and to create, in partnership with other organizations, the strategic pillars necessary to support health care decision makers across Canada.

CCOHTA'S REPUTATION FOR EXCELLENCE *is based on our ability to consistently provide thorough, objective, evidence-based information to decision makers. The discussions we engaged in over the course of 2003/04 were designed to help us build on this well-established foundation, enabling CCOHTA to grow into new areas and extend our capacity to support Canadian decision makers in their deliberations on drugs, devices and health care systems.*

In responding to these challenges, CCOHTA's activities can be categorized into three distinct yet interconnected areas: ***Building Capacity****,* ***Connecting*** *and* ***Increasing Relevance****. These three pillars of progress defined not only our primary areas of focus for 2003/04, but also illustrate ongoing opportunities for future activity in the years to come.*

BUILDING CAPACITY

CCOHTA built capacity on a number of fronts, from exploring a number of new ways to build capacity to conduct health technology assessments throughout Canada to launching the permanent Common Drug Review program to adding a completely new program area - the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS).

BUILDING HTA CAPACITY ACROSS CANADA

CCOHTA's Health Technology Assessment (HTA) program assesses medical devices, health systems and pharmaceuticals along a continuum ranging from emerging technologies to well-established technologies. We have delivered the HTA program since our inception in 1989.

As part of the 2003 federal budget, the federal government earmarked an additional $45 million over five years for CCOHTA to support and expand our role as the national coordinating health technology assessment organization. As a result of this injection of new funding, CCOHTA began implementing activities to build and enhance or develop HTA capacity in other Canadian organizations.

CCOHTA recognized that building capacity for health technology assessment would require investment in a range of external organizations. To this end, we expanded our efforts to identify, qualify and engage experts from across the health care system in our projects on a contractual basis. We provided a total of $723,000 to external contractors throughout Canada in 2003/04.

Through our HTA Capacity Building Grants Program, we provided support to a number of partners, for example:

- **The Canadian Cochrane Network and Centre – $95,000 to support an expanded program of education, training and distance learning;**
- **AETMIS – $140,000 to support knowledge transfer projects;**
- **The Program for Assessment of Technology in Health at McMaster University – $165,000 to support research into HTA methods and curriculum development; and**
- **The Calgary Health Region – $100,000 to support a knowledge ambassador program created in partnership with the Alberta Heritage Foundation for Medical Research.**

In a similar vein, CCOHTA launched an HTA Capacity Building Grants Program to enhance the capacity of the Canadian health care system to undertake, understand and apply health technology assessments and their results in policy formulation and decision making. In 2003/04, CCOHTA awarded 21 grants to

researchers in hospitals, other HTA organizations and universities from across the country valued at more than $1.65 million dollars. These grants supported projects designed to improve HTA methodologies; enhance knowledge transfer processes, methods and tools; create educational and training initiatives; and support graduate student studies in HTA.

In 2003/04, our HTA program delivered 55 reports related to health technologies.

More than 21,000 copies of CCOHTA publications were downloaded from www.ccohta.ca.

The first five drug submissions to the permanent CDR program were received within eight business days in late December.

The Canadian Expert Drug Advisory Committee (CEDAC), an appointed, national, independent body of physicians, pharmacists and other professionals, uses the clinical and pharmacoeconomic reviews developed through the CDR process to make evidence-based recommendations for formulary listing to participating F/P/T drug plans.

A PERMANENT COMMON DRUG REVIEW

In early 2002, federal, provincial and territorial health ministries concluded CCOHTA would be an appropriate home for the Common Drug Review (CDR). As an established, arms-length, not-for-profit entity, it was felt CCOHTA had the management and expertise to oversee the CDR function. CCOHTA's funding basis was similar to the CDR (based on federal, provincial and territorial contributions) and there existed an opportunity for the CDR to leverage CCOHTA's existing administrative infrastructure. As well, a number of existing CCOHTA resources (within the HTA area) had the background and experience to assist in establishing the initial CDR procedures and process.

Between March 2002 and September 1, 2003, CCOHTA coordinated clinical or pharmacoeconomic reviews of 31 new chemical entities and new combination products through an interim CDR process. Each of the reviews was conducted by one of the participating public drug plans and then shared with the others through CCOHTA.

During that time, CCOHTA and the Common Drug Review Committee (CDRC), which consisted of representatives from the participating drug plans, were very involved in the development of the procedures and documents for the permanent CDR. Consultations were also held with the pharmaceutical industry and the public, and changes were made to the process as a result – such as increasing transparency.

The permanent CDR process provides a single process for assessing new drugs for potential coverage by the publicly funded federal, provincial and territorial drug benefit plans in Canada (with the exception of Quebec). CDR provides one consistent, rigorous and objective review of the available evidence for each drug and a common formulary listing recommendation made by an expert advisory committee – reducing previous duplication of efforts by the drug plans and maximizing the use of limited resources (Refer to **www.ccohta.ca** for more information about the CDR process).

A total of nine drug submissions were filed to the new Common Drug Review program between September 2003 and March 2004.

BEST PRACTICES FOR PRESCRIPTIONS – COMPUS

A nationally coordinated approach on best practices in the prescription and utilization of pharmaceuticals has been under consideration for a number of years. At their February 2003 meeting, First Ministers agreed to further collaborate to promote optimal drug use and best practices in drug prescribing.

In 2003, the Conference of Deputy Ministers of Health decided to house the new Canadian Optimal Medication Prescribing and Utilization Service (COMPUS) within CCOHTA. COMPUS was considered a logical extension of CCOHTA's business in guiding the appropriate introduction and use of drugs and health technologies in the Canadian health care system. While the Common Drug Review and Health Technology Assessment programs address many of the information needs of those funding drugs, COMPUS would also provide evidence-based information to practitioners and the public by guiding the appropriate use of drugs.

Recognizing the ambitious scope of COMPUS and the need to be focused and provide significant benefits from the onset, three priority prescribing areas were established: proton pump inhibitors (for gastrointestinal problems); diabetes management; and anti-hypertensives (drugs to lower blood pressure).

Prescription drugs play an increasingly important role in Canada's health system:

- **"300 million prescriptions are filled in Canada each year, an average of 10 per person per year." - from the Romanow Commission report. *Building on Values: the Future of Health Care in Canada*, November 2002**
- **Prescription drugs grew from 8.4% of total health care spending in the late 1970s to 16.3% in 2003. - from CIHI, *National Health Expenditure Trends, 1975-2004***

As a centre for information and education on best practices in drug prescribing and use, COMPUS will support the local implementation of best practices by:

- **Providing evidence-based evaluations of best practices and best practice initiatives on drug prescribing and use;**
- **Creating and maintaining a world-class library of information on best practices, best practice initiatives, implementation strategies and evaluation methodologies;**
- **Developing and sharing effective strategies and tools for implementing best practice initiatives;**
- **Identifying knowledge gaps and developing a research agenda to address them;**
- **Building and supporting a network of individuals and organizations active in the field of best practices in drug prescribing and use; and**
- **Creating opportunities for collaboration and cooperation within the best practices community both in Canada and internationally.**

These priorities were identified as areas where improvements to medication prescribing and use would contribute to improvements in health outcomes for a large number of Canadians and would result in more cost-effective utilization of widely prescribed medications.

In February 2004, the Conference of Deputy Ministers of Health gave approval for the COMPUS initiative to proceed with work in the three priority pharmaceutical prescribing areas. The COMPUS Directorate was established in CCOHTA in March 2004 and the staffing of leadership positions began shortly thereafter. An advisory committee structure will be established to guide COMPUS in delivering its services.

STRENGTHENING CCOHTA

In 2003/04, CCOHTA developed and introduced a number of new internal processes to support the delivery of enhanced services. The organization grew

accordingly, adding capacity in core areas such as human resources, finance and administration to bring new resources on board and to manage ongoing processes, programs and infrastructure to support the new organization on an ongoing basis. To manage this growth, CCOHTA relocated to new offices and created a new management team structure.

Some of the initiatives introduced to develop and implement our strategy of becoming an employer of choice included:

- Establishing corporate values to build a culture and work environment that incorporates the values and attributes of proven, top-performing organizations;
- Developing a comprehensive compensation strategy, including a formal job evaluation and compensation plan, to a create competitive framework based on performance and contribution; and
- Implementing a new organizational structure to strengthen CCOHTA's corporate management capability and to structure the organization to meet the challenges of future growth.

COMPUS is fully funded by the federal government. The 5-year funding agreement between Health Canada and CCOHTA, which took effect on March 5, 2004, is valued at $19.2 million.

CCOHTA's key corporate values:

- **Leadership**
- **Integrity**
- **Respect**
- **Quality**
- **Teamwork**
- **Commitment**

New CCOHTA Organizational Structure

PRESIDENT AND CEO

VICE-PRESIDENT
Health Technology Assessment (HTA)

- Manage HTA Program
- Manage Canadian Emerging Technology Assessment Program
- Provide secretariat services to the Pharmaceutical Advisory Committee (PAC), the Devices and Systems Advisory Committee (DSAC) and the Scientific Advisory Panel (SAP).

VICE-PRESIDENT
Corporate Services

- Administration
- Communications
- Finance
- Human resources
- Knowledge transfer
- Library and information services

VICE-PRESIDENT
Common Drug Review (CDR) and COMPUS

- Manage Common Drug Review process
- Implement COMPUS Program
- Provide secretariat services to Canadian Expert Drug Advisory Committee and the Common Drug Review Committee

CONNECTING

In 2003/04, we connected with key stakeholders to develop our capacity-building initiatives to refine or develop what we deliver through our COMPUS, CDR and HTA program areas.

SHAPING THE HTA PROGRAM

CCOHTA was an active participant in the formulation of a new Canadian Health Technology Strategy (HTS) consulting broadly with stakeholders and partners on our potential role in this strategy. In this capacity, CCOHTA organized working sessions within a number of provinces and territories to build awareness of the HTS and to provide opportunities for jurisdictions not represented in HTS discussions to provide input into the development of the strategy.

We also continued to expand and explore new ways to deliver our information to targeted audiences and stakeholder groups. To this end, a number of dedicated knowledge transfer officers were hired by CCOHTA in 2003/04, with the aim to developing targeted strategies and products for various health care audiences.

CDR AND COMPUS PROGRAM DEVELOPMENT

CCOHTA consulted extensively with stakeholders in revising the CDR Program in 2003/04. CCOHTA staff provided information about the CDR process at 10 seminars and conferences throughout Canada between September 2003 and March 2004. This enabled us to develop robust and effective submission and review processes to ensure responsiveness, accountability and additional transparency. Early in the process, much effort was devoted to reviewing the existing processes present throughout Canada, developing a comprehensive set of procedures and guidelines for the Common Drug Review as well as the Canadian Expert Drug Advisory Committee (CEDAC).

The development of the COMPUS initiative involved extensive interaction with federal, provincial and territorial health organizations – the bulk of which occurred in 2003/04. Working closely with the Advisory Committee on Information and Emerging Technologies (ACIET) and the Pharmaceutical Issues Committee, the COMPUS program received a mandate from the Conference of Deputy Ministers of Health to commence operations within CCOHTA in February 2004.

"Managing new technologies and treatments is critical to ensuring that our health system remains relevant to the evolving needs of Canadians. Health Ministers are directed to develop, by September 2004, a comprehensive strategy for technology assessment which assesses the impact of new technology and provides advice on how to maximize its effective utilization in the future."
– First Ministers' Conference, February 2003

LIAISON OFFICER PROGRAM

Recognizing our responsibilities to deliver relevant, timely information and services throughout Canada, CCOHTA took preliminary steps this year to develop a strong presence in each province and territory with the strategic placement of liaison officers. To this end, we established terms of reference for staffing liaison officer positions within a number of provincial and territorial jurisdictions.

Our intent is to create a team of liaison officers, in collaboration with the ministries of health, who are professionals valued for their intimate knowledge and understanding of the local health care environment. The Liaison Officer Program significantly enhances CCOHTA's impact by bringing forward the immediate needs of the provinces and territories and by providing personal interaction in supporting health care decisions with evidence-based information.

COMMUNICATIONS AND OUTREACH

In addition to print and on-line distribution, CCOHTA continued to promote awareness of our findings through our e-mail notification service (with approximately 1,200 subscribers), our newsletter *Connection* (almost 4,000 subscribers), coverage in journals and popular media, and through presentations at scientific, clinical and health policy conferences.

Direct distribution of print copies of our reports to a core mailing list remains the primary method of distribution for our materials. This method accounts for an average mailing of 1,000 copies for each full of our Health Technology Assessments and 2,500 copies for CCOHTA's Issues in Emerging Health Technologies series.

The CCOHTA web site continues to be an increasingly popular destination for our stakeholders. While all of our health technology reports are available through the web site, the site is also the primary channel for the delivery of weekly updates about the CDR process. Submission status reports are posted on the site weekly and track the progress of each submission from receipt by the CDR Directorate through to the release of the final recommendation and reasons for recommendation by the Canadian Expert Drug Advisory Committee (CEDAC).

Consistent with our efforts over previous years, CCOHTA's staff participated in and delivered presentations at a number of national and international conferences, workshops and seminars.

International Connections

CCOHTA is an active member in a number of international organizations involved with health technology assessment. Our involvement with these organizations fosters international cooperation, collaboration and supports information-sharing about health technologies and assessment methodologies. These linkages also facilitate our ability to compare the services and programs we offer to some of the world's established health technology assessment organizations.

CCOHTA participates in the following organizations:

- **Health Technology Assessment International (HTAi), an international forum for researchers and clinicians working in HTA (CCOHTA President and CEO, Dr. Jill Sanders, is on the Board of Directors; Diane Benner, Project Coordinator in CCOHTA, is Treasurer and Chair of the Finance and Audit Committee);**
- **The International Network of Agencies for Health Technology Assessment (INAHTA), an international network of health technology agencies; and**
- **The European Information Network on New and Changing Health Technologies (EuroScan), an information network of health technology assessment agencies involved in horizon scanning (CCOHTA President and CEO, Dr. Jill Sanders, is Chair of the EuroScan Executive Commitee).**

INCREASED RELEVANCE

Consistent with our culture for continuous improvement, CCOHTA consulted with our target audiences in 2003/04 to ensure our HTA products were adequately meeting their needs and to identify areas for improvement.

To accomplish this task, CCOHTA commissioned a comprehensive national study to engage our stakeholders and help the organization understand their needs more precisely. The study, which was completed in March 2004, was designed to:

- Develop a clearer profile of readers' information needs and use of our publications;
- Obtain feedback on the publications' content, readability and completeness of information; and
- Solicit ideas for improvements or additional products.

As a result of this research, we have a clearer picture of our audiences' diverse requirements. This exploration has resulted in a series of recommendations on changes to the scope, timing, quality and relevance of our products.

"…health technology assessment should be about what is best for the patient – medically and economically – and not about technology for technology's sake. The assessment is intended to help health policymakers, providers, and especially, health organization managers make decisions about whether to purchase and use new technologies, whether to replace old technologies with new ones, and what benefits they can expect to see."
– from the Romanow Commission report, *Building on Values: the Future of Health Care in Canada*, November 2002

We restructured many of our processes to respond to these recommendations in 2003/04 and will continue with this work in the future.

With the assistance of the Pharmaceutical Advisory Committee (PAC) and the Devices and Systems Advisory Committee (DSAC), we consulted federal, provincial and territorial health ministries, health regions and hospitals, academic centres and other health technology assessment organizations to enhance our HTA topic identification, prioritization and refinement processes. We strengthened our topic refinement processes by enhancing the role of stakeholders in formulating the appropriate research questions and defining the appropriate product outputs. This ensures the topic scope, level of effort and relevance are clearly defined prior to commencing the work. Our internal knowledge transfer and communications resources are assisting by developing a better understanding of our target audiences' needs and the desired decision or behaviour to be impacted.

SUMMARY OF RECOMMENDATIONS ON HTA PRODUCTS

Reaching Target Audiences

- Expand CCOHTA's reach to improve timeliness and relevance of the information we produce for health care providers, health regions and administrators in hospitals
- Provide policy makers with more timely information, updates as new information emerges, and summary products tailored to other audiences

Expanding Information Delivery

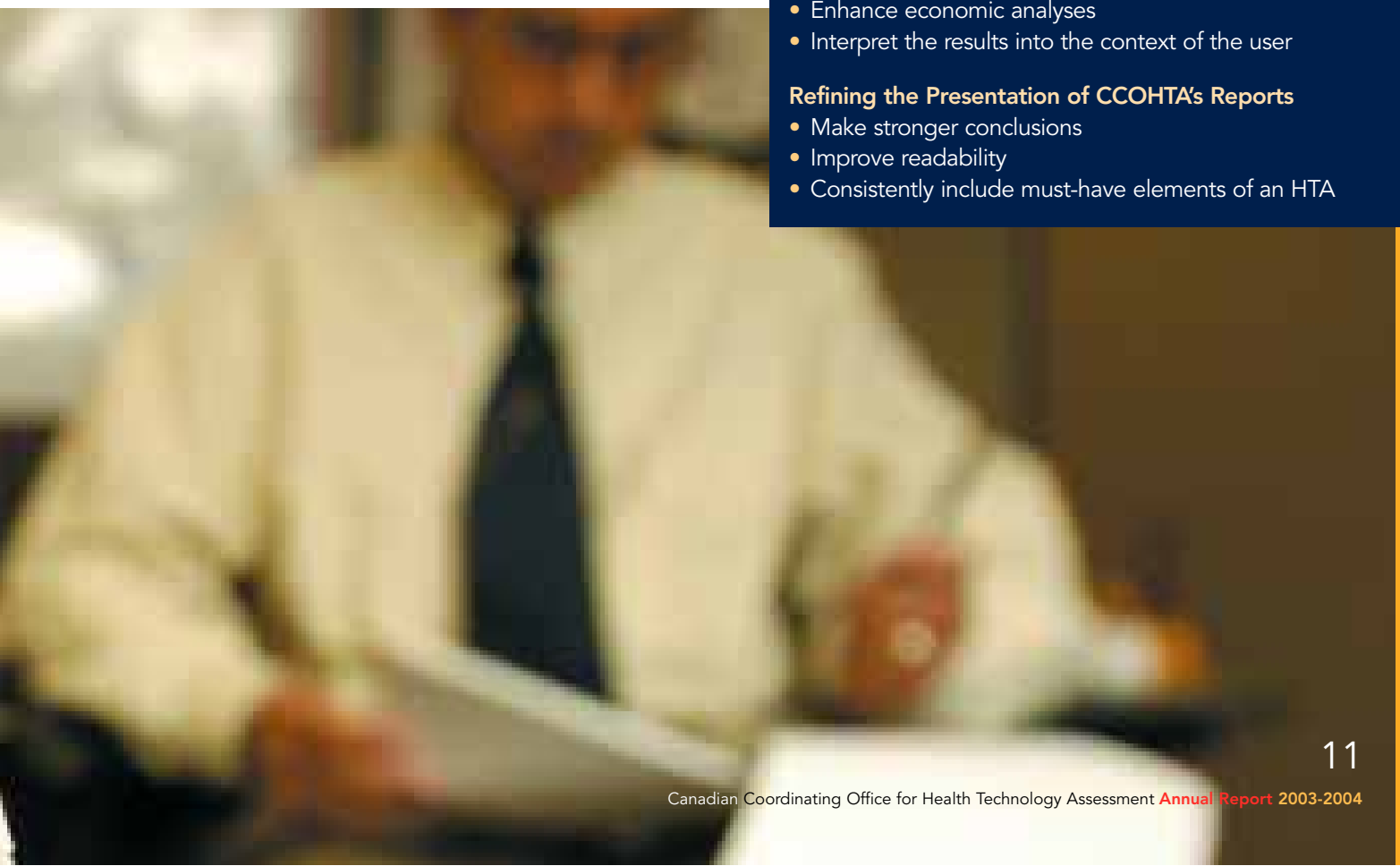
- Clarify role and purpose of our information materials
- Explain process of topic selection
- Layer information from less detailed to more detailed
- Provide project status updates
- Tailor dissemination by recipients' areas of interest

Improving the Relevance of CCOHTA's Reports

- Improve timeliness of information
- Select topics more relevant to regional and hospital audiences
- Enhance economic analyses
- Interpret the results into the context of the user

Refining the Presentation of CCOHTA's Reports

- Make stronger conclusions
- Improve readability
- Consistently include must-have elements of an HTA



Looking Ahead

Clearly, the three pillars of activity CCOHTA undertook in 2003/04 will continue to serve us as a framework for moving forward.

As a number of major developments within CCOHTA occurred in the second half of 2003/04, much of the work around implementation will occur in 2004/05.

In this regard, we will build on the investments in research, assessment and appraisal made by the federal, provincial and territorial jurisdictions through funding provided by our grants and contracts programs. For example, CCOHTA will continue investing in programs like our HTA Capacity Building Grants Program with a view to building capacity for both conducting and enhancing uptake of health technology assessments within a broader range of research organizations.

Embracing our coordination role, CCOHTA will continue to build, nourish and support partnerships, increasing collaboration and cooperation within the health technology community. We will continue to strengthen our links with stakeholders and extend our reach deeper into the health care system. In this regard, we will organize and coordinate an annual Canadian Health Technology Assessment conference as a focal point for interaction between researchers, policy makers and academics. The conference will increase linkages, both formal and informal, between these groups.

As well, we will continue our efforts to create a stronger jurisdictional presence in partnership with health ministries and provincial HTA bodies. We will accomplish this, in part, by continuing to build a strong network of liaison officers who can facilitate the exchange of information between CCOHTA and our provincial and territorial partners. The liaison officers will work closely with our knowledge transfer team to identify appropriate venues and audiences for dissemination and educational opportunities as well as the needs for presentations or workshops to enhance the understanding and use of our information products.

CCOHTA's Executive Team (from left to right): Barb Shea, Vice-President, Common Drug Review and COMPUS; Dr. Jill M. Sanders, President and CEO; Mike Gaucher, Vice-President, HTA; and Glenna Benson, Vice-President, Corporate Services.

We will maintain our external focus, listening and responding to our stakeholders and users, striving continuously to improve the quality and timeliness of our products and services. In 2004/05, we will take this approach in evaluating the first year of operation of the CDR, in developing and rolling out services under the COMPUS initiative and in delivering new products related to our HTA program.

In keeping with our desire for continuous improvement, in 2004/05, CCOHTA will develop a performance measurement framework and strategy that will guide the establishment of corporate and individual goals. This will enable performance measurement and ensure we consistently meet our objectives.

We know our work is far from finished. However, by building on our strong foundation of excellence and following through on the strategic decisions and investments made in 2003/04, we are confident that CCOHTA will be well positioned to make a positive contribution to shaping Canada's health care system today and in the years to come.

Auditors' Report

McCAY, DUFF & COMPANY LLP

AUDITORS' REPORT ON SUMMARIZED FINANCIAL STATEMENTS

To the Members,
Canadian Coordinating Office for Health Technology Assessment

The accompanying summarized statement of financial position and summarized statement of revenue and expenditure are derived from the complete financial statements of Canadian Coordinating Office for Health Technology Assessment as at March 31, 2004 and for the year then ended and which we expressed an unqualified opinion in our report dated May 19, 2004. The fair summarization of the complete financial statements is the responsibility of the organization's management. Our responsibility, in accordance with the applicable Assurance Guideline of the Canadian Institute of Chartered Accountants, is to report on the summarized financial statements.

In our opinion, the accompanying financial statements fairly summarize, in all material respects, the related complete financial statements in accordance with the criteria described in the Guideline referred to above.

These summarized financial statements do not contain all the disclosures required by Canadian generally accepted accounting principles. Readers are cautioned that these summarized financial statements may not be appropriate for their purposes. For more information on Canadian Coordinating Office for Health Technology Assessment's financial position, results of operations and cash flows, reference should be made to the related complete financial statements.

McCay, Duff & Co LLP

Chartered Accountants

Ottawa, Canada
November 2, 2004.

Summarized Financial Statements

STATEMENT OF REVENUE AND EXPENDITURE

For the year ended March 31	2004 $	2003 $
REVENUE		
Grants	11,204,503	4,738,119
Interest and other income	27,864	11,271
	11,232,367	4,749,390
EXPENDITURE		
Salaries and benefits	3,655,714	2,282,979
Professional fees	1,764,981	517,090
Grants	1,652,170	-
Library	139,144	144,541
Corporate expenses	1,769,750	334,775
Amortization	220,765	136,343
Printing, postage and translation	391,906	281,325
Professional development and memberships	66,073	60,572
Travel and meetings	503,017	486,996
Marketing and promotion	57,194	9,364
	10,220,714	4,253,985
NET REVENUE FOR THE YEAR	1,011,653	495,405

STATEMENT OF FINANCIAL POSITION

As at March 31	2004 $	2003 $
ASSETS		
Cash and short term deposits	2,856,607	657,199
Accounts receivable	881,706	2,348,302
Prepaid expenses	111,832	94,852
Capital assets	804,439	530,750
	4,654,584	3,631,103
LIABILITIES		
Current liabilities	1,503,076	1,491,248
NET ASSETS		
Invested in capital assets	251,860	255,024
Unrestricted	2,899,648	1,884,831
	3,151,508	2,139,855
	4,654,584	3,631,103

Governance and Accountability

Governance

CCOHTA is accountable to the Conference of Federal/Provincial/Territorial Deputy Ministers of Health for the execution of our programs through the CCOHTA Board of Directors.

Board of Directors

The members of CCOHTA's Board of Directors are appointed by the Deputy Ministers of Health of the federal government, the ten provinces and three territories. The Board provides governance of CCOHTA, establishes strategic direction, policies and priorities and assigns responsibility for the handling of funds.

The Board's Executive Committee is elected by the Board and consists of a Chair, Vice-Chair, Past Chair and two Directors. In 2003/04, the Board met on four occasions in May, October and December 2003 and in January 2004 (up notably from previous years, when it met on only two occasions each year).

As of March 31, 2004, the Board's Executive Committee were:
Dr. Ed Hunt, Newfoundland and Labrador (Chair)
Elaine Stakiw, Alberta (Vice-Chair)
Lauren Donnelly, Saskatchewan (Past Chair)
Pat Hosang, Manitoba (Director)
Dr. André Corriveau, Northwest Territories (Director)

Board Members were:
Mr. Geoff Rowlands, British Columbia
Ms. Pam Mitchell, New Brunswick
Dr. David Elliot, Nova Scotia
Mr. Victor Tootoo, Nunavut
Dr. Les Levin, Ontario
Ms. Joyce Thompson, Prince Edward Island
Mr. Claude Dussault, Quebec
Mr. Joe MacGillivray, Yukon
Mr. Ian Shugart, Health Canada

Canadian Standards Association's Health Care Technology Program

CCOHTA has oversight responsibility for the Canadian Standards Association's Health Care Technology Program. In 2003/04, CCOHTA provided $382,240 to support the initiative. CSA's health care standards set minimum safety requirements for medical devices, facilities, systems and professional practices. CSA maintains approximately 200 health care standards in 18 subject areas. Key benefits include: improved safety for patients and health care workers, ensuing the electrical safety of medical devices; promoting the safe design, construction and management of health care facilities; and establishing secure, reliable health information systems. A CCOHTA representative sits on the CSA Strategic Steering Committee on Health Care Technology.

CCOHTA Committees

CCOHTA's Board of Directors has established a number of committees to provide ongoing assistance, guidance and input in specific areas of activity. Members for all committees are appointed by the CCOHTA Board of Directors.

Pharmaceutical Advisory Committee (PAC)

The Pharmaceutical Advisory Committee (PAC) is a jurisdictional committee that provides advice on pharmaceutical issues and recommends priorities for pharmaceutical assessments.. The Committee is supported by CCOHTA's HTA Directorate.

Devices and Systems Advisory Committee (DSAC)

The Devices and Systems Advisory Committee (DSAC) is a jurisdictional committee that provides advice on devices and systems issues and recommends priorities for device and health systems assessments. The Committee is supported by CCOHTA's HTA Directorate.

Scientific Advisory Panel (SAP)

The Scientific Advisory Panel (SAP) is an interdisciplinary committee of experts that provide advice to the Board by assessing project proposals and assisting in defining their scope, and reviewing HTA publications prior to

CCOHTA
thanks the members of these

release. Members of the panel are recognized researchers and may represent fields such as clinical methodologists, economists, statisticians, population health or pharmacoepidemiology and specialists from clinical fields.

Common Drug Review Committee (CDRC)

The Common Drug Review Committee consists of representatives from each of the participating federal/ provincial/territorial drug plans, the CDR Director and selected observers. The Committee acts as a liaison between the participating plans and the CDR Directorate by providing a forum for identifying and discussing common drug-related issues and communicating them, as required, to the CDR Directorate and CEDAC for action or information. CDRC is supported by CCOHTA's CDR Directorate.

Canadian Expert Drug Advisory Committee (CEDAC)

The Canadian Expert Drug Advisory Committee is an appointed, independent advisory body of health and other professionals with expertise in drug therapy and drug evaluation that makes recommendations to each of the participating federal/provincial/territorial, publicly funded, drug plans regarding the listing of drugs on their formularies. CEDAC is supported by CCOHTA's CDR Directorate.

committees for their guidance, support and dedication over the course of 2003/04.

Faces of CCOHTA