



Canadian Agency for  
Drugs and Technologies  
in Health

# Annual Report 2005-2006

*From CCOHTA to CADTH... Evolution to an Agency*

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

600-865 Carling Avenue  
Ottawa, Ontario K1S 5S8  
Telephone: (613) 226-2553  
Fax: (613) 226-5392  
E-mail: [info@cadth.ca](mailto:info@cadth.ca)  
Web site: [www.cadth.ca](http://www.cadth.ca)

Legal Deposit 2006  
National Library of Canada  
ISSN 1481-4773 (print)  
ISSN 1482-4781 (online)

## 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.

CADTH supports informed decisions about drugs and other technologies through its core programs:

- Health Technology Assessment (HTA), which conducts impartial, rigorous, evidence-based reviews of the clinical effectiveness, cost effectiveness and broader impact of drugs, health technologies and health systems
- Common Drug Review (CDR), which conducts objective, rigorous reviews of the clinical and cost effectiveness of new drugs and provides formulary listing recommendations to participating publicly funded drug plans in Canada
- the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), which provides evidence-based support for optimal prescribing and use of prescription drugs

CADTH's core programs are supported by:

- Strategic Communications and Knowledge Exchange (SCKE), which maintains effective two-way communications between CADTH and its stakeholders and ensures the right information reaches the right people at the right time
- Corporate Services, which provides corporate support to all programs and initiatives.

### 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

Production of this report is made possible by financial contributions from Health Canada and the governments of Alberta, British Columbia, Manitoba, New Brunswick, Newfoundland and Labrador, Northwest Territories, Nova Scotia, Nunavut, Ontario, Prince Edward Island, Saskatchewan, and Yukon. The Canadian Agency for Drugs and Technologies in Health (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.



# ANNUAL REPORT 2005-2006

## TABLE OF CONTENTS

Evolution to an Agency .....	1
Planning for the Transition .....	2
Building On Our Strengths.....	3
Investing in Pan-Canadian Research Capacity .....	5
Supporting Health Care Decision Makers .....	6
Evolution of an Agency .....	8
Board of Directors .....	9
Summarized Financial Statements.....	10
CADTH Committees .....	11
Executive Management Group.....	12

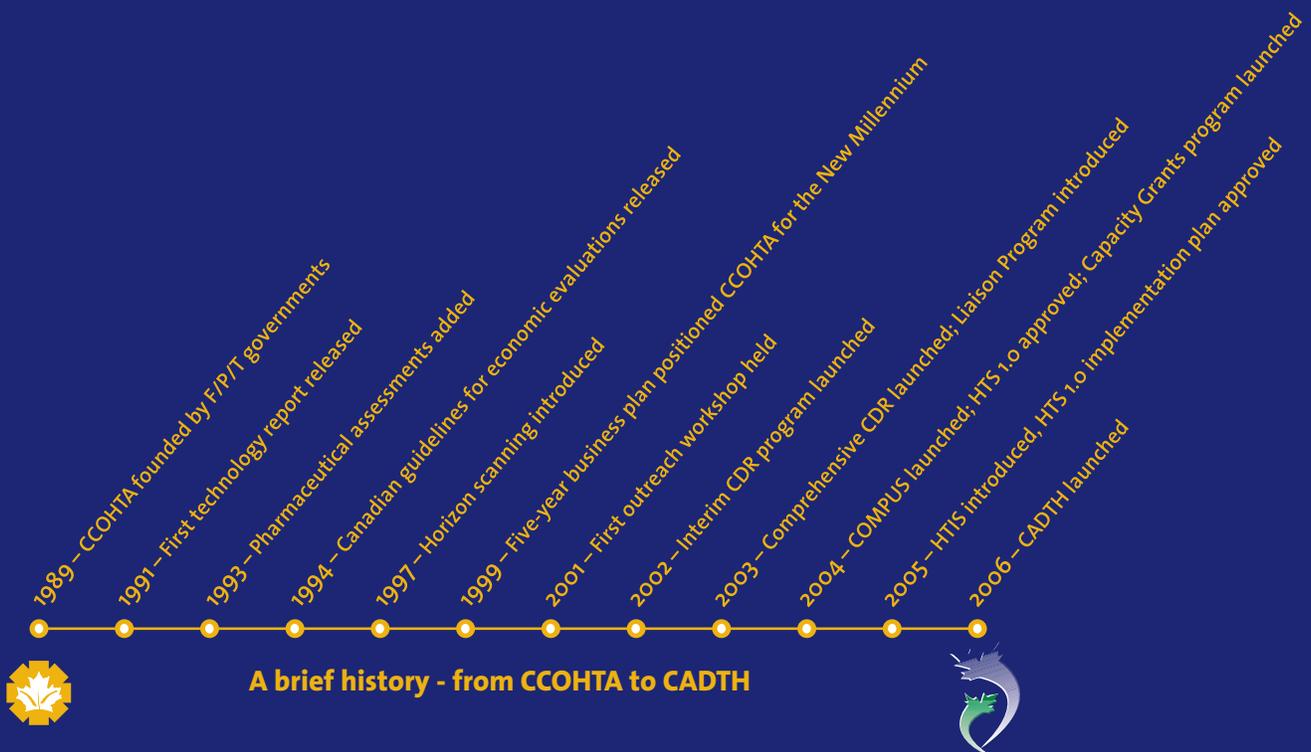
> *“Organizations such as ours do not emerge overnight. We have come a long way since we began in 1989. By meeting the ever-growing needs of our stakeholders with steady progress and positive change, CADTH has successfully positioned itself as the Agency capable of meeting Canada’s present demands and future challenges for impartial evidence-based information on drugs, health technologies and health systems.”*

**Dr. Ed Hunt**

Chair, Board of Directors, CADTH

ADM, Medical Services Branch

Department of Health and Community Services, Newfoundland and Labrador



## → Evolution to an Agency

In 2005-2006, the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) reached a critical juncture in its history.

Following several years of rapid growth and change, CCOHTA had advanced from a coordinating office for health technology assessment to a de facto agency charged with delivering three major programs – Health Technology Assessment (HTA), Common Drug Review (CDR) and the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS).

New program features such as rapid reviews, evidence-based expert advice and an evidence-based optimal drug use program had moved CCOHTA well beyond the limits of traditional health technology assessment.

In 2005-2006, CCOHTA took the next step in its evolution, one that culminated in a new brand, a new look and a new entity – the Canadian Agency for Drugs and Technologies in Health (CADTH). The transition from office to agency was a key recommendation of the Canadian Health Technology Strategy (HTS 1.0), which Canada's federal, provincial and territorial Health Ministers unanimously approved in 2004. The recommendation provided explicit recognition of the important contribution CCOHTA – and now CADTH – makes to the quality, affordability and sustainability of health care in Canada.

The evolution from CCOHTA to CADTH took less than 100 words to describe in the HTS 1.0 report itself, but a year of sustained effort to deliver. We conducted an environmental scan of the key issues facing health care decision makers across Canada. Based on this scan, we created a new vision for CADTH's role in supporting the optimal management and use of health technologies from innovation to obsolescence. We developed a new five-year business plan as a blueprint to achieve our new mandate.

We accelerated recruiting efforts to bring our three core programs close to full capacity. We enhanced our processes, established a new directorate to consolidate our outreach, liaison and knowledge transfer and communications activities, and continued to move ahead with dozens upon dozens of initiatives, large and small.

And we developed a new look and a new name to better reflect the breadth of services the organization now provides to Canadian health care decision makers.

As the year ended, so did the tremendous success story that was CCOHTA. The story of CADTH, on the other hand, is just beginning.

As we embark on this next phase of evolution – as we grow fully into our new role as an agency – we'd like to thank everyone who contributed to CCOHTA's achievements over the years and encourage you to become part of the CADTH story in the years ahead.



A handwritten signature in black ink, appearing to read "Ed Hunt".

**Dr. Ed Hunt**  
Board Chair



A handwritten signature in black ink, appearing to read "Jill M. Sanders".

**Dr. Jill M. Sanders**  
President and CEO

## → Planning for the Transition



Sound strategic planning and management have always been the hallmarks of CCOHTA's success, enabling the organization to rise to the challenges of extremely fast growth and rapid change.

We used the same methodical approach to prepare for our transition to a full-scale agency, investing time and resources to meet with our stakeholders and develop a solid blueprint for change.

We consulted with federal, provincial and territorial Deputy Ministers of Health in July and August 2005 to gather feedback on key elements of the plan.

We evaluated our CDR program, consulted extensively with COMPUS stakeholders, and solicited early feedback on the Health Technology Inquiry Service (HTIS), which was established in February 2005.

We undertook a comprehensive environmental scan, using our network of Liaison Officers to identify provincial and territorial issues and gather feedback on our products and services from health ministries, regional health authorities, health care providers, professional associations and other key stakeholders.

Based on these inputs, we developed a new five-year business plan, *CCOHTA's Transition to the Canadian Health Technology Agency – 2006-2011*.



The five-year plan focused on supporting the implementation of HTS 1.0 and integrating its new mechanisms with CCOHTA's existing programs to provide a comprehensive, integrated and efficient approach to the management of health technologies with the new agency as its engine.

In 2005-2006, the five-year business plan and its corresponding annual business plan emphasized the need to build a solid foundation for the agency and its expanded mandate by delivering and enhancing our core research programs, investing in and collaborating with pan-Canadian researchers, and communicating more effectively with health care decision makers.

Our progress toward achieving these objectives in 2005-2006 is outlined in the following pages.

*“Clearly, CADTH plays a critical role in the development and delivery of health care – keeping abreast of technological progress, distilling an extremely large body of information to a point where informed decisions can be made at various levels and consistently working within an ethical framework.”*

**Glen Hamlyn**, Behavioural Psychologist, Eastern Regional Integrated Health Authority, Newfoundland and Labrador

## ➔ Building On Our Strengths

Already a credible trusted source of health technology information on drugs, medical devices and health care systems, we enhanced the delivery and quality of our programs in 2005–2006, building on CCOHTA's strengths to ensure a solid foundation as we evolved into our new role as the Canadian Agency for Drugs and Technologies in Health (CADTH).

### CDR

Since its inception in 2003, the CDR has delivered enormous benefits to its stakeholders, providing participating drug benefit plans with timely, reliable formulary listing recommendations. While it is still a relatively young program, the CDR has consistently met its aggressive review timelines, even as the complexity of submissions has increased. The success of the program is evident by the fact that 90 per cent of its recommendations are adopted by drug plans.

Recommendation	CADTH Action
Involve the public in CDR	CADTH has committed to appointing public representatives to its expert committees in 2006-2007 <input checked="" type="checkbox"/>
Tailor CDR reviews to the complexity of the drug	CDR has implemented new pharmacoeconomic guidelines to streamline reviews <input checked="" type="checkbox"/>
Increase transparency in the CDR process	Manufacturers now receive the final CDR reports that are considered by CEDAC <input checked="" type="checkbox"/>
Release lay versions of CEDAC recommendations	Planned for 2007-2008 <input checked="" type="checkbox"/>

➤ **Our CDR program received 25 drug submissions in 2005–2006, including 10 in the last quarter of the fiscal year. CDR continues to meet its established deadlines for drug review. In 2005–2006, we dealt with 10 resubmissions, received six requests for priority reviews and granted three of these.**

In 2005-2006, we commissioned an external review of the CDR and responded to all four key recommendations. We also reviewed and revised the CDR procedures, introduced new customized review processes based on the complexity of drug submissions, and launched a collaborative project with Health Canada to facilitate information sharing and to allow for pre-market initiation of CDR reviews for selected drugs.

*“We value the input of our stakeholders and the time they took to participate in the CDR evaluation. We are incorporating the evaluation results into the CDR process wherever possible, while working to ensure that it remains rigorous, timely, and objective.”*

**Barb Shea**, Vice-President, COMPUS, CADTH

*“The evidence-based recommendations prepared by the CDR help us with the evaluation of new drugs and are added to our drug evaluation bibliography.”*

**Mario Bédard**, Director of Pharmacy,  
The Ottawa Hospital



## COMPUS

With the launch of COMPUS in 2004, Canada became one of the few countries in the world to establish an evidence-based pharmaceutical management program to promote the optimal prescribing and use of drugs. As a start-up program, COMPUS focused on building its team, consulting with stakeholders, selecting the appropriate methodologies and developing needed processes and procedures. In 2005-2006, COMPUS released its first report, which compiled the evidence on optimal use of proton pump inhibitors, for public input. COMPUS also continued to build its online resource of optimal use initiatives and interventions in Canada.

## HTA

The HTA program's three service streams provide comprehensive HTA reports, bulletins and briefs on new and emerging technologies and, through the Health Technology Inquiry Service (HTIS), more tailored responses and reports to questions about health technologies. In 2005-2006, we doubled the number of full HTA reports we produced to 20. We expanded the HTIS and made it a permanent program. We enhanced HTA topic selection, prioritization and refinement. We issued

**Our HTA program published 55 reports in 2005–2006, including assessments, guidelines, overviews and emerging technology bulletins and briefs. Of these, 42% dealt with pharmaceuticals and 58% with devices and systems. We also responded to 156 requests through HTIS.**

new comprehensive *Guidelines for the Economic Evaluation of Health Technologies*, a major initiative that involved 20 external experts. We also focused on planning the implementation of HTS 1.0, including scoping out approaches to providing policy options in HTA reports and developing options for the implementation, governance and accountability of the Health Technology Analysis Exchange and the Health Technology Policy Forum.

## Corporate

We accelerated our recruitment efforts in order to bring our core programs close to full capacity. We enhanced our management expertise by appointing eight new members to our management team. We added two new Liaison Officers and we opened an office in Edmonton, Alberta.

*“On behalf of the COMPUS Advisory Committee, I am extremely pleased to work with CADTH on this important first priority area for COMPUS. The research team at COMPUS has done an excellent job of collecting, synthesizing and evaluating an extensive volume of information on PPIs. Health care decision makers will soon have guidance from an Expert Review Panel, through CADTH, on the optimal use of PPIs that is supported by a significant body of clinical and economic evidence.”*

**Colleen Janes**, Chair of the COMPUS Advisory Committee

*“Sharing information with others involved in promoting optimal drug therapy practices through continuing education programs, such as academic detailing, is an important aspect of my day-to-day work. The MPUP Collection provides me with a valuable networking tool to bring national attention to my work and to connect and learn from others' experiences.”*

**Shawn Bugden**, Executive Director, Prescription Information Services of Manitoba

## ➔ Investing in Pan-Canadian Research Capacity

Health research capacity across Canada is an ongoing challenge for those who produce or rely on evidence-based information and advice. As CCOHTA, we invested widely in capacity building through a grants program we established in 2004.

As we readied for the transition from office to agency, we intensified our efforts in this area. We see CADTH as a true health system partner, fostering investing in and leveraging pan-Canadian research capacity to maximize efficiencies in meeting health technology information needs.

In 2005-2006, we spent 28 per cent of our budget outside of Ottawa in the provinces and territories. We awarded 100 contracts with a total value of \$1.9 million.

In the third year of our HTA Capacity Building Grants program, we awarded 15 grants to researchers in hospitals, universities and provincial HTA units across the country, valued at more than \$1.2 million.

In January 2006, we entered into a multi-year partnership agreement with the Knowledge Translation Branch of the Canadian Institutes of Health Research (CIHR) and six of the CIHR Institutes. The purpose of the partnership is to provide stable, long-term funding to the Canadian Cochrane Network and Centre (CCN/C).

The Cochrane Collaboration is an international not-for-profit organization, providing up-to-date information about the effects of health care. CCN/C supports Cochrane activities in Canada and enhances Canada's reputation as a leader in health research. CADTH played a key role in moving this initiative forward and was able to leverage a contribution of \$600,000 into a six-year funding package for the CCN/C worth \$7.8 million.

➤ *“This initial workshop has shown the benefit of CADTH sponsoring activities which encourage the use of available evidence in policy decision making. By educating and alerting senior decision makers to the support that is available when they have to make such decisions, it is one step towards moving research into policy and practice.”*

**Dr. Roy West**, Faculty of Medicine at Memorial University, recipient of a CADTH Capacity Building Grant in 2005 to encourage greater use of health technology assessments by health care decision makers in Newfoundland and Labrador

## ➔ Supporting Health Care Decision Makers

CADTH is internationally acknowledged as a world leader in terms of the quality, timeliness and relevance of its research programs. But we have always recognized that producing evidence-based information only addresses part of the equation. The other part involves putting this information – and information produced by like organizations – into the hands of the right people at the right time.

Since our inception in 1989, we have engaged in a wide range of activities to facilitate interaction, collaboration, communication and knowledge exchange between ourselves, Canadian health care decision makers, and partner organizations throughout the world.

➤ **Responding to stakeholder needs by sharing timely, relevant and rigorously derived evidence-based information is central to the CADTH mission.**

Just as we enhanced our research programs in preparation for our transition to agency status, we also took our efforts to support the uptake and use of evidence-based resources to a new level.

Underscoring our commitment to bridge the worlds of evidence-based research and the effective use of that research by those responsible for health care policy and decision making, we established a new department – Strategic Communications and Knowledge Exchange (SCKE) – to lead the organization's efforts in these areas.



### **CADTH's network of Liaison Officers support health care decision makers by:**

- Connecting them to evidence-based information and resources developed by CADTH and like organizations.
- Gathering information on local health technology issues and priorities.
- Creating opportunities for networking and sharing of information within and between jurisdictions.
- Supporting local development of capacity to produce and use evidence-based information.

By harnessing the combined efforts of our Liaison Officer program, knowledge exchange, partnerships and strategic initiatives, and communications under a single umbrella, we created a dynamic knowledge management resource, well positioned to help the new agency more effectively meet the needs of health care decision makers.

*“The inspiration for our [capacity building] project was the presence in our building of CADTH's Newfoundland Liaison Officer...She called my attention to the CADTH grants competition and that started me thinking about the under-use of HTA evidence in this province and the possible ways this could be remedied.”*

**Dr. Stephen Bornstein**, Director of the Newfoundland and Labrador Centre for Applied Health Research

> *“Faced with the rapid rate of technological change and diffusion, the increasing complexity and costs of drugs and other health technologies, and the volume of available research and data, decision makers in Canada’s health care system increasingly need and expect more from our organization. Our work over the past few years has put us in a position where we feel confident that we can address these needs by taking on the new responsibilities given to us by the Conference of Deputy Ministers of Health.”*

**Dr. Jill M. Sanders**, President and CEO of CADTH

In 2005-2006, we recruited two additional Liaison Officers, bringing the total to eight across the country. In addition to facilitating two-way communication, the Liaison Officers hosted workshops and educational programs to actively support their clients.

We developed and implemented new knowledge exchange approaches and tools.

We hosted our first large-scale symposium, providing a forum for more than 150 researchers, policy makers, planners and administrators to share information and discuss common issues related to health technologies.

We continued to build and maintain links with organizations across Canada and around the world. These links enhance our ability to provide accurate, evidence-based health information, reduce duplication of effort and maximize the use of resources. In Canada, we created new strategic partnerships with the CCN/C and the CIHR and continued our alliances with the Canadian Health Services Research Foundation, the Canadian

Institute for Health Information, the Canadian Standards Association and others.

We maintained our strong international reputation and involvement, including strengthening our relationships with drug management agencies in Australia and New Zealand; continuing our partnership with the Drug Effectiveness Review Project (DERP) in the U.S.; responding to requests for assistance from South Korea and Brazil; and exploring collaborative agreements with the National Institute for Health and Clinical Excellence (NICE) and the National Coordinating Centre for Health Technology Assessment (NCCHTA).

Dr. Jill M. Sanders, our President and CEO, chaired the European Information Network on New and Changing Health Technologies (EuroScan), sat as a director on the Health Technology Assessment International (HTAi) Board and acted as an advisor to HTA in the United Kingdom.

---

*“The symposium is happening at the right time. HTA is a growing concern and we’ve got to be doing something to address the need across the country.”*

**Dr. Tom Noseworthy**, Professor and Director of the Centre for Health Policy Studies at the University of Calgary and keynote speaker at the 2005 CCOHTA Symposium

## ➔ Evolution of an Agency

The launch of the Canadian Agency for Drugs and Technologies in Health (CADTH) is not the end of the story – it is the beginning.

With the launch of CADTH, the process of evolution continues as we strive to fulfill our expanded mandate and deliver flexible, responsive services that meet the changing needs of health care decision makers in Canada.

As CADTH, we'll move from planning to implementation of two new HTS 1.0 mechanisms – the Health Technology Policy Forum and the Health Technology Analysis Exchange – and integrate them with CADTH's existing programs. We'll continue to refine and enhance our products and services, moving increasingly toward the inclusion of policy options and possibly recommendations in our HTA reports. We will expand the capacity of our Health Technology Inquiry Service (HTIS) to meet the increasing demand.

Our role in pharmaceuticals management will continue to grow rapidly. We'll work with the National Pharmaceuticals Strategy to develop a business case for a staged expansion of the CDR. We'll begin to advance public involvement in the agency's activities, starting with the addition of public members to our expert committees, beginning in 2006-2007.



We'll introduce new ways to communicate with our stakeholders, an updated web site, more knowledge transfer processes and tools, and additional workshops, education programs and outreach activities.

We'll assess and reconfirm the direction for COMPUS and start to release targeted products related to the program's priority areas and stakeholder needs.

We'll continue to build the links and partnerships, both national and international, which are essential to fulfilling our mandate.

And we'll continue to maintain our dedication to quality, responsiveness and service that were essential to our development from a small office to a true health system partner – a full-scale agency leading Canada's integrated approach to the management of health technologies.

*“ The HTIS service is a remarkable resource for those of us in health care delivery, especially those who are practicing in rural Canada with limited access to academic expertise. We will be sure to use this service again.”*

**Ms. Carol Dalton**, Regional Director, Corporate Improvement, Central Regional Integrated Health Authority, Grand Falls-Windsor, Newfoundland and Labrador

*“ The information you provided is informing both our drug policy and funding people on discussions that are occurring for this entire class of drugs. I've been pleased with the report that was provided, and hope to see this service continued in the future...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 service.”*

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



(Back row) Mary Kardos-Burton, Ron Danderfer, John Stinson, Janet Skinner, Sherri Wright, Richard Wedge  
 (Front row) Lauren Donnelly, Ed Hunt, Jill Sanders, David Elliott, Pam Mitchell  
 Absent with regrets: Abby Hoffman, Pat Hosang, Elaine Stakiw, Rick Trimp

## ➔ Board of Directors

The CADTH Board is comprised of 13 Directors appointed by the Deputy Ministers of Health of the federal government, nine participating provinces and three territories. The CADTH Board governs the affairs of CADTH and establishes CADTH's strategic direction, policies and priorities.

The Board's Executive Committee is elected by the Board and is comprised of a Chair, Vice-Chair and two Members-at-Large.

CADTH is accountable for the delivery of its programs to the Conference of Federal, Provincial and Territorial Deputy Ministers of Health through the CADTH Board of Directors.

### Members of the Board's Executive Committee

(as of February 1, 2007)

- Dr. Ed Hunt**, Newfoundland and Labrador (Chair)
- Ms. Janet Skinner**, Alberta (Vice-Chair)
- Ms. Lauren Donnelly**, Saskatchewan (Member-at-Large)
- Dr. David Elliott**, Nova Scotia (Member-at-Large)

### Board members

(as of February 1, 2007)

- Ms. Alison Pilla**, Ontario
- Mr. Ron Danderfer**, British Columbia
- Ms. Abby Hoffman**, Health Canada
- Mr. John Stinson**, Manitoba
- Ms. Pam Mitchell**, New Brunswick
- Mr. Phoebe Hainnu**, Nunavut
- Dr. Richard Wedge**, Prince Edward Island
- Ms. Sherri Wright**, Yukon

# ➔ Summarized Financial Statements

## STATEMENT OF OPERATIONS

For the year ending March 31	2006		2005
	Budget	Actual	Actual
	\$	\$	\$
<b>REVENUE</b>			
Grants	21,201,356	10,991,566 *	19,198,854
Interest and other income	120,000	143,468	114,731
	<u>21,321,356</u>	<u>11,135,034</u>	<u>19,313,585</u>
<b>EXPENDITURE</b>			
Health Technology Assessment	5,891,764	5,212,795	4,357,570
Common Drug Review	2,950,618	2,557,336	2,259,683
Canadian Optimal Medication Prescribing and Utilization Service	3,802,993	2,731,530	1,327,999
Corporate Administration	4,641,202	4,234,855	4,606,370
Strategic Communications and Knowledge Exchange	3,243,273	2,414,113	809,361
	<u>20,529,850</u>	<u>17,150,629</u>	<u>13,360,983</u>
Excess (deficiency) of revenue over expenses for the year	<u>791,506</u>	<u>(6,015,595)</u>	<u>5,952,602</u>

## STATEMENT OF FINANCIAL POSITION

As of March 31	2006	2005
	\$	\$
<b>ASSETS</b>		
Cash and short-term investments	4,644,130	10,008,865
Accounts receivable	116,519	354,400
Prepaid expenses	298,023	114,010
	<u>5,058,672</u>	<u>10,477,275</u>
Capital assets	931,041	807,303
	<u>5,989,713</u>	<u>11,284,578</u>
<b>LIABILITIES</b>		
Accounts payable and accrued liabilities	1,736,275	1,625,387
Grants repayable	387,765	-
	<u>2,124,040</u>	<u>1,625,387</u>
Deferred contributions related to capital assets	777,158	555,081
	<u>2,901,198</u>	<u>2,180,468</u>
<b>NET ASSETS</b>		
Invested in capital assets	153,883	252,222
Internally restricted	2,934,632	2,279,456
Unrestricted	-	6,572,432
	<u>3,088,515</u>	<u>9,104,110</u>
	<u>5,989,713</u>	<u>11,284,578</u>

The condensed financial statements above have been extracted from the Audited Financial Statements. Copies of the 2006 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 will return to budget levels in the fiscal year ending March 31, 2007.

## ➔ CADTH Committees

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

### Jurisdictional Committees

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

#### Advisory Committee on Pharmaceuticals

The Advisory Committee on Pharmaceuticals (ACP) is comprised of representatives from participating federal, provincial and territorial publicly funded drug plans and other related health organizations. ACP provides advice to the CADTH Board and to the CDR and HTA programs on the CDR process, pharmaceutical issues and assessments. ACP also facilitates the effective sharing of pharmaceutical information.

#### COMPUS Advisory Committee

The COMPUS Advisory Committee (CAC) is comprised of representatives from the provincial and territorial health ministries and federal publicly funded drug programs. CAC provides advice to the CADTH Board and to the COMPUS program on priority areas for best practices initiatives, COMPUS activities and products and other issues.

#### Devices and Systems Advisory Committee

The Devices and Systems Advisory Committee (DSAC) is comprised of representatives from the federal, provincial and territorial health ministries. DSAC provides advice to the CADTH Board and to the HTA program on devices and systems issues and approves priorities for device and health system assessments.

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

### Expert Committees

Two expert committees ensure that the CADTH Board and program staff have access to 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. The CADTH Board appoints members to the expert committees and the expert committees are accountable to the CADTH Board.

#### Canadian Expert Drug Advisory Committee

The Canadian Expert Drug Advisory Committee (CEDAC) is an appointed, independent advisory body of health professionals with expertise in drug therapy and drug evaluation that makes recommendations through the CADTH Board to participating federal, provincial and territorial publicly funded drug plans regarding the listings on their formularies.

#### Scientific Advisory Panel

The Scientific Advisory Panel (SAP) is an interdisciplinary committee of experts that assesses project proposals, assists in defining their scope and reviews CADTH's Technology reports before publication. SAP members are recognized researchers in areas such as clinical methodology, economics, statistics, population health, pharmacoepidemiology and other clinical fields.

## ➔ Executive Management Group

### Dr. Jill M. Sanders, President and CEO

Dr. Sanders joined CCOHTA in 1997. Her prior experience includes space shuttle mission management, space hardware development, hospital clinical experience and management of a collaborative research and development program. Dr. Sanders was a member of Canada's Advisory Committee on Information and Emerging Technology (ACIET) and is currently Chair of EuroScan, an international organization of health technology assessment agencies. Dr. Sanders is also on the Board of Health Technology Assessment International (HTAi). She holds honours and master's degrees in Physics and a PhD in Medical Physics.

### Mike Gaucher, Vice-President, HTA

Mike Gaucher joined CADTH's CDR in 2003 and assumed his current position in May 2004. He has more than 15 years of experience in hospital pharmacy management and worked extensively with hospital and provincial drug approval committees, including nine years on the Saskatchewan Health Formulary Committee. Mr. Gaucher also taught at the College of Pharmacy, University of Saskatchewan for ten years. He has held executive appointments with provincial and national pharmacy organizations, and holds an undergraduate degree in pharmacy and a master's of Business Administration.

### Barb Shea, Vice-President, CDR and COMPUS

Barb Shea joined CADTH in 2003. She served as Executive Director of the Drug Plan and Extended Benefits Branch at Saskatchewan Health since 1992. Prior to her public service, Ms. Shea worked in community pharmacy as an owner and employee. During that time, Ms. Shea was actively involved with the national and provincial pharmacy associations as a member and an elected representative. She is a former President of the Canadian Pharmacists Association and former President of the Saskatchewan Pharmaceutical Association. Ms. Shea holds a B.Sc. in Pharmacy from the University of Saskatchewan.



(Back row) Suzanne McGlashan, Mike Tierney, Jill Sanders  
(Front row) Barb Shea, Mike Gaucher, Glenna Benson

### **Mike Tierney, Senior Director, CDR**

A recognized leader in health care and pharmacy, Mr. Tierney joined CADTH in 2005. He is a former Director of Pharmacy at The Ottawa Hospital. During a career in hospital pharmacy that spanned more than two decades, he was involved in the provision of drug information services, training of hospital pharmacy residents, drug use management programs, clinical research, and pharmacy administration. Mr. Tierney has made significant contributions to the evaluation and adoption of new drugs in the hospital setting and has authored numerous pharmacy-related research papers, reviews, editorials and book chapters. He maintains a clinical pharmacy appointment at The Ottawa Hospital.

### **Glenna Benson, Vice-President, Corporate Services**

Glenna Benson joined CADTH in 2004. An experienced senior manager and administrator, Ms. Benson has a multifaceted background in financial management, strategic planning, administration, information technology and systems as well as new program development and delivery. Prior to joining CADTH, Ms. Benson was the Director of Corporate Services with the Canadian Council of Professional Engineers and before that, she worked for two federal government departments, Transport Canada and Indian and Northern Affairs Canada.

### **Suzanne McGlashan, Vice-President, SCKE**

Suzanne McGlashan joined CADTH in 2006, overseeing four portfolios: Communications, the Liaison Program, Knowledge Transfer, and Partnerships and Strategic Initiatives. She has 25 years of executive management experience, including serving as CEO at St. John Ambulance Canada's national office and CEO of the Ottawa Community Care Access Centre, the largest community care access centre in Ontario. During her 14 years with the City of Ottawa, Ms. McGlashan headed up all major departments. She holds a Bachelor of Environmental Science degree in Urban and Regional Planning from the University of Waterloo. She has also participated in the Management Development Program at the Banff School of Management.



> *From CCOHTA to CADTH... Evolution to an Agency*



***“Supporting Informed Decisions”***

**Agence canadienne des  
médicaments et des  
technologies de la santé  
(ACMTS)**

600-865, avenue Carling  
Ottawa ON K1S 5S8  
Téléphone : (613) 226-2553  
Télécopieur : (613) 226-5392  
Courriel : [info@cadth.ca](mailto:info@cadth.ca)

[www.acmts.ca](http://www.acmts.ca)



*Agence canadienne  
des médicaments et des  
technologies de la santé*