



CANADIAN COORDINATING
OFFICE FOR HEALTH
TECHNOLOGY ASSESSMENT

Annual Report
2004-2005

MOVING FORWARD



**Canadian Coordinating
Office for Health
Technology Assessment
(CCOHTA)**

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CCOHTA at a glance

Established in 1989, the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) is a credible, trusted source of information on drugs and other health technologies. CCOHTA is funded by the Canadian federal, provincial and territorial governments. An independent not-for-profit organization, CCOHTA operates at arms length from government.

CCOHTA's three programs are:

- Common Drug Review (CDR), which reviews new drugs for potential coverage by participating publicly funded drug benefit plans in Canada
- Canadian Optimal Medication Prescribing and Utilization Service (COMPUS), which identifies best practices in drug prescribing and use and promotes their use by health care providers and consumers
- Health Technology Assessment (HTA), which provides access to reliable, impartial, timely information about drugs and other health technologies.

These programs provide timely, relevant and impartial evidence-based information to support informed decisions about drugs and other health technologies.

Vision:

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

Mission:

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

Acknowledgement

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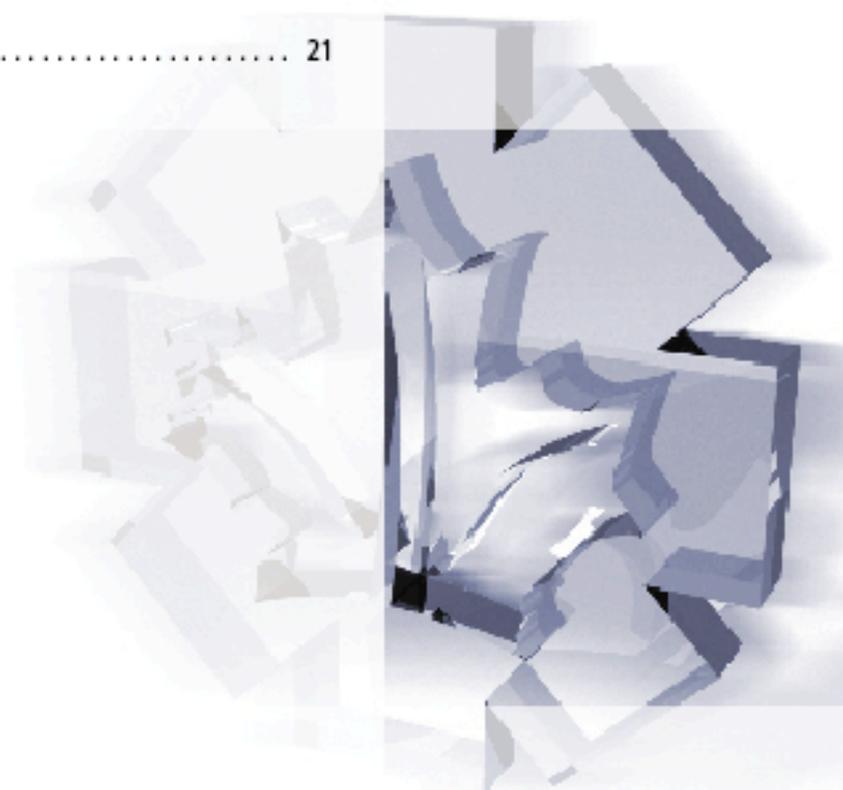
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“As one of the first national HTA organizations, CCOHTA has over the last 15 years gained an international reputation in the HTA arena. CCOHTA continues to have a clear commitment to making Canadian HTA successful at both a national and international level.”

from the Review of CCOHTA's Technology Reports
by the National Institute for Clinical Excellence, UK

Moving Forward

In 2004-2005, the Canadian Coordinating Office for Health Technology Assessment (CCOHTA) continued to move forward with a dynamic agenda for renewal, focused on meeting the changing needs of the Canadian health care system and the decision makers who work within it.



Dr. Ed Hunt
Board Chair



Dr. Jill M. Sanders
President and CEO

Faced with the increasing complexity and costs of drugs and other health technologies, the rapid rate of technological change and diffusion, and the sheer volume of available information, decision makers need and expect more from CCOHTA today than ever before.

Guided by our five-year Strategic Business Plan, *Strategic Renewal in the Context of a Canadian Health Technology Strategy 2004-2008*, we rose to the challenge of meeting and exceeding expectations. We took steps to increase the timeliness and relevance of our products and services. We invested in building the capacity across Canada to produce and use evidence-based information. We worked to strengthen our connection to the policy makers and other stakeholders who look to CCOHTA for concise, reliable information before they make a decision.

Our work in 2004-05 built on the progress we achieved in previous years and on the solid foundation CCOHTA established through a 15-year commitment to quality, reliability and stakeholder support.

It was a year of growth as we worked to bring a major new program (the Canadian Optimal Medication Prescribing and Utilization Service) to life, fully integrate another (the Common Drug Review) and expand a third (the Health Technology Assessment program).

It was a year of connecting as we continued to build, nurture and support networks and partnerships throughout the health technology community. In partnership with health ministries, we officially launched our Liaison Officer program to provide effective links to our stakeholders across the country and to support decision makers in integrating evidence into decision making and practice.

It was a year of completion as two initiatives crucial to the future of CCOHTA were finalized. The first was an independent review of CCOHTA's HTA program, conducted by the United Kingdom's National Institute for Clinical Excellence (NICE). Their report called for changes in our HTA processes that were already well underway and conclusively demonstrated that we are moving in the right direction. The second was the Canadian Health Technology Strategy (HTS 1.0), which was unanimously approved by the federal, provincial and territorial Health Ministers in October 2004. One of the key findings of HTS 1.0 was that the 'traditional' CCOHTA HTA model needs to move towards an approach suited to 'health technology policy development.' This was consistent with the findings of the NICE review and with CCOHTA'S five-year Business Plan.

Above all else, it was a year of moving forward, of steady progress on all fronts, which left us well positioned at year's end to continue to meet the need for impartial evidence-based information on drugs, devices and health systems and ready to address the challenges associated with implementing HTS 1.0 in the years ahead.

Our CDR program received 25 drug submissions in 2004-05. Of these, 23 were completed and the remaining two were withdrawn from the process. We also dealt with 12 reconsiderations and two resubmissions. The staff in the CDR program consistently met targeted timeframes.

Context for Progress

The context for CCOHTA's progress in 2004-05 was initially defined by four developments that occurred during an 18-month period beginning in late 2002: the expansion of our mandate in September 2002 to include the Common Drug Review (CDR); a commitment by First Ministers in February 2003 to develop a comprehensive Canadian strategy for health technology; new federal funding commencing in fiscal 2003-04 to support CCOHTA in its role as the national coordinating HTA agency; and a second expansion of our mandate in March 2004 to include the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS).

CCOHTA embraced the challenges associated with growth with enthusiasm and started 2004-05 with a clear vision of what we needed to accomplish to maintain and enhance our reputation for excellence during a year of sustained expansion on all fronts.

Our priorities as we entered the year:

- To establish a solid foundation for COMPUS, including recruiting staff, developing program procedures, consulting with stakeholders and developing online resources. COMPUS is a nationally coordinated program, created to promote and facilitate best practices in drug prescribing and use among health care providers and consumers.
- To bring the Common Drug Review (CDR) to maturity and ensure the program is adequately supported and delivered. The CDR provides participating publicly funded drug plans with systematic reviews of the best available clinical evidence, a critique of manufacturer-submitted pharmacoeconomic analysis and a formulary listing recommendation made by an expert committee. The CDR only reviews new drugs at this time.

- To continue to lay the groundwork for a significant expansion and enhancement of our HTA program, including improvements to the timeliness, relevance and clarity of our HTA products. CCOHTA's HTA program delivers impartial evidence-based information to support informed decisions on drugs and health technologies.
- To continue our program of renewal and growth management necessary to ensure that CCOHTA is well positioned to meet its new responsibilities resulting from the addition of new programs and the development and implementation of the Canadian Health Technology Strategy (HTS 1.0).

Our vision was backed up by a solid five-year strategic plan, *Strategic Renewal in the Context of a Canadian Health Technology Strategy 2004-2008*, developed through extensive consultation and discussion with our stakeholders in the previous year. Our strategic plan took into account the overall direction laid out in a draft version of HTS 1.0, which was released in March 2004 for consultation and feedback.

The Strategic Plan established five strategic objectives that reflected CCOHTA's priorities and provided a framework for our key activities. Our progress toward achieving these objectives in 2004-05 is outlined on the following pages.

Our HTA program published 45 reports in 2004-05. The program's Health Technology Inquiry Service (HTIS), which was officially launched on February 21, 2005, responded to 17 requests during its first five weeks of operation.

Building Capacity

While the need for evidence-based information on drugs and other health technologies has never been greater, the availability of highly qualified researchers, health economists and others with specialized skills remains limited.

CCOHTA is committed to developing and supporting initiatives to bolster the capacity to produce health technology assessments, drug evaluations and other evidence-based information and to increase the capacity for effectively integrating evidence-based information into decision making.

↔ **The Strategic Objective:**

- To build assessment, analysis and uptake capacity in Canada and facilitate its integration into health care system decision-making.

↔ **Here's how we're moving forward ...**

- We're investing in existing research, assessment and evaluation capacity across Canada by engaging qualified experts in our projects on a contractual basis. In 2004-05, we provided more than \$1.2 million in contract funding to experts across Canada from our HTA and CDR programs.
- We're investing in the creation of new capacity through our HTA Capacity Building Grants Program. In 2004-05, the program's second year, we created a new Partnership Stream to support projects that bring together organizations with established HTA expertise and organizations that need assistance in developing the skills required to conduct assessments. In total, we awarded 16 grants

to researchers in hospitals, universities and provincial HTA units across the country valued at more than \$1.6 million.

- We're continuing to develop close relationships with key Canadian organizations that can help us fulfill our mandate.
- We're investigating opportunities to develop "centres of excellence" to support our contract work.
- We entered a three-year partnership with the Canadian Institutes of Health Research (CIHR) (Institute of Genetics and the Institute of Health Services and Policy Research) and the Heart and Stroke Foundation of Canada to develop tools to help policy makers manage the rapid growth in genetic technologies.
- We're expanding our internal capacity for assessment, evaluation and analysis. Already the largest producer of evidence-based information on drugs and other health technologies in Canada – and one of the largest in the world – CCOHTA's capacity continued to grow in 2004-05. The second year of enhanced federal funding for HTA supported increased HTA activity, HTA capacity building initiatives, the new Health Technology Inquiry

Service and other initiatives. The gradual ramping up of COMPUS also added to our assessment capacity.

- We're investing in training the HTA researchers of tomorrow. As a recognized rotation site for the Industrial Pharmacy Residency Program (IPRP) and the Doctor of Pharmacy (Pharm D) program at the University of Toronto, CCOHTA hosted three students in 2004-05. We also supported a wide range of educational and training initiatives through our HTA Capacity Building Grants Program. Also, CCOHTA's President Jill Sanders continued her long-standing tradition of providing the introductory lecture to medical students enrolled in the Health Technology Assessment course offered as part of the MSc Epidemiology program at the University of Ottawa.

During the start-up phase for COMPUS, building internal capacity to support and deliver the program was a priority. Barbara Wells, previously the Executive Director of the National Association of Pharmacy Regulatory Authorities was hired as Director, COMPUS, in July 2004. Consultation sessions were held across Canada to hear from COMPUS stakeholders, build awareness of COMPUS, and help increase understanding of the COMPUS mandate.

HTA Capacity Building Grants Program

In 2004-05, the HTA Capacity Building Grants program focused on building new HTA capacity through three streams:

- Partnerships designed to strengthen and promote HTA in Canada
- Workshops and educational programs
- HTA methods

“A grant from CCOHTA enabled the Calgary Health Region, the Capital Health Region, AHFMR and Alberta Health and Wellness to jointly develop the successful Ambassador Program for the treatment and management of chronic pain. Now positioned to become a sustained part of the HTA dissemination program in Alberta, the Ambassador Program provides a model that could easily be adapted for use in other jurisdictions and supports CCOHTA’s strategic objective of building new HTA capacity across Canada.”

Don Juzwishin

Director, Health Technology Assessment
Alberta Heritage Foundation for Medical Research

Through the new Partnership stream, we supported collaborative capacity building by providing grants to:

- the Ontario Pharmacists’ Association’s Drug Information and Research Centre (DIRC) and Program for the Assessment of Technology in Health (PATH), McMaster University to enable PATH to provide one-on-one mentoring to DIRC employees to increase their capacity to assess and interpret HTAs.
- the Technology Assessment Unit, McGill University Health Centre (MUHC) and Centre hospitalier de l’université de Montréal (CHUM), to establish an expanded joint HTA technology assessment unit, serving both university and hospital networks.
- the Therapeutics Initiative, University of British Columbia and British Columbia Blood Coordinating Office to support the development of a decision-making framework in which systematic review findings support the provincial blood product drug funding policy.

Increasing Relevance

With the addition of the CDR and COMPUS programs, the role of CCOHTA has expanded from providing evidence-based assessments of health technologies which, by mandate, were limited to conclusions, to providing expert recommendations with respect to drug plan formulary decisions, to becoming a centre for best practice resources with respect to drug prescribing and use.

As our scope has increased, we have worked closely with jurisdictional decision makers and other stakeholders to ensure that our new products and services are clear, timely and relevant.

➔ **The Strategic Objective:**

- To improve the relevance of the products and services produced by CCOHTA's programs.

➔ **Here's how we're moving forward:**

- We made significant improvements to HTA processes and work structures in 2004-05 to address timeliness and relevance issues.
- We expanded our capacity for horizon scanning and revised our processes and guidelines to ensure that our horizon scanning reports are concise, timely and clear.

“Through the Common Drug Review, we have access to some of the best medical minds in the country. The CDR approach reduces duplication and provides drug plans throughout Canada – big and small – with timely, high-quality recommendations that help us do our work. I think we all come out winners by participating in this sort of model.”

Dr. Judith Glennie

Associate Director, Drug Benefits Management,
Ontario Ministry of Health and Long-Term Care

Health Technology Inquiry Service

Recognizing that the urgency of some decisions requires a more immediate response than a full assessment can provide, CCOHTA launched the Health Technology Information Service (HTIS) in February 2005. The HTIS provides Canadian health care decision makers in the federal government, provincial and territorial health ministries, regional health authorities and hospitals with access to health technology information, based on the best available evidence, in a quick and efficient manner.

Information can be provided through HTIS from 24 hours up to 30 business days depending on the type of information required by the user and the urgency, importance and impact of the request.

From its official launch on February 21, 2005, the HTIS received 17 requests. The majority of the responses have related to devices and systems and supported policy and coverage decisions.

“CCOHTA’s Health Technology Inquiry Service has proven very useful already in a number of instances here in Nova Scotia. For a province like ours, where we’re in the early days of growing our HTA capacity, a service such as this can address our immediate needs very well.”

Abram Almeda, Director, Acute Care and Ancillary Programs
Nova Scotia Department of Health

- We launched the Health Technology Inquiry Service (HTIS), a “rapid response” service that addresses the demand for quick access to health technology assessment information.

The COMPUS MPUP Collection

The Medication Prescribing and Use Project (MPUP) Collection was launched in March 2005 as a means to increase awareness of best practices in medication prescribing and use in Canada.

An interactive, online resource, the MPUP Collection presents a variety of best practice initiatives and interventions aimed at improving health outcomes in Canada. The scope and variety of the information is intended to spark new ideas, prompt debates or reinforce current activities.

Inclusion criteria were developed based on comments received through the COMPUS 2004 cross-Canada stakeholder consultations.

- We improved our processes for identifying, prioritizing and refining HTA topics.
- We initiated a comprehensive review of our HTA products and revised our guidelines to enhance the content, clarity, structure and consistency of all report types.
- We launched the COMPUS Medication Prescribing and Use Project (MPUP) Collection, an online resource for health professionals interested in sharing knowledge about best practices for drug prescribing and use.
- We refined the CDR clinical and pharmacoeconomic review processes and templates to incorporate information on supplemental issues relevant to decision makers.

Building Networks and Partnerships

CCOHTA's ability to produce timely, credible, relevant information is essential to informed decision making in Canada, but it only provides half the equation. The other half is our ability to put this information – and relevant information produced by our partners – into the hands of the right people at the right time. In 2004-05, we continued to move forward with a range of initiatives to increase coordination, collaboration and feedback between participants throughout the health technology diffusion cycle for the primary purpose of increasing the awareness of and use of our products and services.

→ The Strategic Objective:

- To facilitate increased uptake and utilization of the products, services and processes produced by CCOHTA and its partners.

→ Here's how we're moving forward:

- We hired liaison officers in seven jurisdictions to support the two-way communication that keeps CCOHTA's work relevant to jurisdictional needs and priorities. The Liaison Officers actively engaged stakeholders within their jurisdictions through meetings and presentations about CCOHTA.
- In the fall of 2004, we held 14 consultations in 11 jurisdictions across Canada, engaging approximately 400 stakeholders in dialogue about CCOHTA's newest program, COMPUS.

CCOHTA's Liaison Program

The capacity to access evidence-based information on health technologies and integrate it into decisions varies widely across the country. Needs and circumstances are also different from jurisdiction to jurisdiction.

Through our Liaison Program, we're building a strong presence across the country and making it easy for health care decision makers to access the information and resources they need to address local issues. Recruited locally in partnership with the Health Ministry in the host province or territory, CCOHTA's Liaison Officers have in-depth knowledge of the local health system. Working closely with the host Health Ministry, they are well positioned to support decision makers in the use of evidence-based information, facilitate the two-way flow of information between CCOHTA and the jurisdiction and provide opportunities for networking and information sharing within and between jurisdictions.

By connecting and communicating, our Liaison Officers play an important role in:

- *facilitating HTIS requests*
- *gathering information on local health technology priorities, information and education needs, and processes and timelines related to health technology decisions*
- *building awareness of COMPUS and encouraging contributions to the MPUP Collection*
- *providing feedback to CCOHTA that will help us improve the relevance and quality of our products and services*

“CCOHTA and the Canadian Cochrane Network and Centre share a common purpose – to support informed decision-making. The two organizations are natural partners and I am very pleased we have CCOHTA as an affiliate organization and a member of our Advisory Board.”

Dr. Jeremy Grimshaw, Director
Canadian Cochrane Network and Centre

International Connections

CCOHTA continued to be a key player in international organizations, networks and events. Our involvement enables us to learn from and share information with the leading HTA organizations, drug evaluation programs and best practice initiatives in the world. Our international connections include:

- *establishing relationships with the Pharmaceutical Management Agency (PHARMAC) in New Zealand and the National Prescribing Service in Australia*
- *participating in the Drug Effectiveness Review Project (DERP), a collaboration involving 16 US States to obtain the best available evidence on effectiveness and safety comparisons between drugs in the same class*
- *partnering on the development of Strengthening the Linkages between Health Technology Assessment Agencies and the Cochrane Collaboration, a Special Session held at the international Cochrane Colloquium in October 2004.*
- *elected membership on the Board of Health Technology Assessment International, an international forum for researchers and clinicians working in HTA*
- *chairing the European Information Network on New and Changing Health Technologies (Euroscan)*

- We're partnering with more than 50 organizations across Canada and more than 15 organizations worldwide.
- The new position of Director, Partnerships and Strategic Initiatives was established to support initiatives arising from all program areas to build and maintain partnerships important to the success of CCOHTA's mandate.
- We partnered with the Canadian Health Services Research Foundation (CHSRF), CIHR Institute of Health Services and Policy Research (CIHR-IHSPR), the Advisory Committee on Governance and Accountability of the federal/provincial/territorial Conference of Deputy Ministers of Health and Statistics for Listening for Direction II, the second national consultation on health research and policy priorities in Canada.

“CCOHTA is quickly developing a very strong reputation for quality analysis that will influence health care service delivery at the grass roots level. The recent addition of the national Liaison Program will enhance this role through the two-way dissemination of both system needs and CCOHTA products.”

Dr. Catherine Bradbury
Medical Director, Medical Services Branch
Newfoundland and Labrador

- We opened discussions with the Canadian Institutes of Health Research regarding ways to secure long-term financing for the Canadian Cochrane Network and Centre, which would benefit all jurisdictions and enhance Canada's reputation as a leader in health research.
- An overall corporate communications strategy was developed for CCOHTA and individual communications plans for each program were under development by year's end. These documents will help guide our activities to increase awareness of our programs and activities and help ensure that evidence-based information produced by CCOHTA is easy for intended audiences to access and use.

COMPUS Consults

In the fall of 2004, CCOHTA held consultations across Canada to obtain input on the development of its newest program, the Canadian Optimal Medication Prescribing and Utilization Service (COMPUS). The sessions were important early steps in the program's development and provided an opportunity for CCOHTA staff to make important linkages with stakeholders throughout the country.

Objectives for the consultations included fostering stakeholder relationships, establishing networks of experts and best practices supporters, and building awareness of COMPUS and how it will relate with local, provincial and international best-practice initiatives. Participants included consumer and patient advocacy groups, Canada's health ministries, the pharmaceutical industry, academia, best-practices organizations, and the health care professions.

Feedback showed an eagerness for COMPUS and its products, and a desire to ensure continued meaningful engagement of all stakeholders in its development. Input from the sessions was instrumental in helping COMPUS establish its initial priorities and overall approach.

Canadian Standards Association

National standards for health care technologies enhance the safe and effective use of technology in health care and help ensure the safety of health care staff and patients. The Canadian Standards Association leads the development of national standards for health care technology through its Health Care Technology program.

Since 1994, CCOHTA has been accountable for this program, approving its annual activities and recommending program budget levels to the Conference of Deputy Ministers of Health.

The supportive relationship between CCOHTA and CSA, based on communication and cooperation, led to the publication of 11 health technology standards in 2004-05 in such areas as sterilization in health care facilities, medical laboratory quality systems and anesthesia and respiratory and critical care equipment.

Supporting HTS 1.0

The Canadian Health Technology Strategy (HTS 1.0) provided the context for CCOHTA's five-year Strategic Plan and many of our activities in 2004-05. Not only did we contribute to the development of HTS 1.0 and its related implementation plan, we also worked very hard to ensure that CCOHTA will be ready to take on the increased role in the management of drugs and other health technologies in Canada as outlined in HTS 1.0.

Canada's First Ministers approved HTS 1.0 in October 2004. HTS 1.0 calls for new mechanisms to support inter-jurisdictional collaboration on policy, the cooperative development and sharing of evidence, information and policy advice, and a coordinated approach to collecting primary data on a new or experimental technology. It also called for CCOHTA to evolve beyond traditional HTA to better address policy concerns through Health Technology Policy Analysis and to become the Canadian Agency for Drugs and Technologies in Health.

↔ **The Strategic Objective:**

- To fulfill CCOHTA's role in the management of health technology as required by the Canadian Health Technology Strategy.

↔ **Here's how we're moving forward:**

- We worked to address the deficiencies in traditional HTA identified in HTS 1.0. CCOHTA's specific initiatives to increase the relevance and responsiveness of our HTA reports are outlined on page 8.
- We worked to increase coordination, networking and feedback loops throughout the health technology diffusion cycle as called for in HTS 1.0. CCOHTA's specific initiatives to build networks and partnerships are outlined on page 9.

Managing Growth

Within a short period, CCOHTA has developed into a complex organization managing high profile programs essential to the implementation of key national health strategies. CCOHTA strives to manage its growth in a sound manner, by investing in the core services that are essential to the effective performance of the organization, such as human resources, finance and administration. We are also committed to reviewing and enhancing our processes to ensure our continued efficiency and effectiveness as we continue to evolve.

↔ **The Strategic Objective:**

- To manage change and growth within CCOHTA.

↔ **Here's how we're moving forward:**

- We developed and implemented a performance measurement system to measure our progress in all areas against our goals.
- We developed and implemented a staffing strategy as a framework to address the challenges of recruiting the highly qualified personnel we need.
- We updated our financial policies and procedures, implemented a new financial system, and improved our budgeting process.
- We developed an Information Technology/Information Management Action Plan to ensure we realize the full potential of technology in producing and disseminating evidence-based information.
- We merged the Pharmaceutical Advisory Committee (HTA) and the Common Drug Review Committee (CDR) to create the Advisory Committee on Pharmaceuticals, which advises the CCOHTA Board and program staff on pharmaceutical issues.
- We supported the Canadian Expert Drug Advisory Committee (CEDAC) which began its work of reviewing the evidence and making common formulary listing recommendations to all participating drug plans.
- We established the COMPUS Advisory Committee which advises the CCOHTA Board and program staff and provides a link between the COMPUS program and our Health Ministry clients across the country.
- On behalf of the CCOHTA Board, we developed an orientation session for new Board members, updated the Board's bylaws and implemented an audit committee.

Looking Ahead

Throughout 2004-05, CCOHTA continued to move forward and strengthen our ability to meet the needs of health care decision makers across the country.

While our progress this year leaves us well positioned for the future, the evolution of CCOHTA is far from complete. In the coming year, we'll rise to the challenge of continuing to improve our three programs, supporting the implementation of the Canadian Health Technology Strategy and contributing to the National Pharmaceuticals Strategy.

In 2005-06, the COMPUS program will reach key milestones and deliver its first products. The COMPUS

procedures and evaluation methodology will be finalized and we anticipate releasing evidence-based best practices for the use of proton pump inhibitors. We'll also build on the success of the MPUP Collection by initiating the development of other online resources relevant to health decision makers, prescribers and consumers. We'll finalize the COMPUS communications plan and launch new initiatives to engage and inform our stakeholders and make them aware of opportunities to provide input and advice to the program.

Even as the Common Drug Review matured in 2004-05 – reaching its full staffing level and delivering all of its reviews within the targeted timeframes – our stakeholders made it clear that there will be an increasing demand for more drug reviews and for expanding the scope of CDR to areas such as new indications for approved drugs. An example of a call for growth of CDR was the first report of the Health Council of Canada, issued in

January 2005, which recommended an expansion of the CDR program.

The commitment by First Ministers in September 2004 to develop a National Pharmaceuticals Strategy (NPS) provided further evidence that expectations for the CDR, COMPUS and HTA programs may increase. Among its nine strategic priorities, the NPS will provide options for strengthening the evaluation of real-world drug safety and effectiveness, and influencing the prescribing behaviour of health care professionals. These NPS priority areas closely correspond to the role of CCOHTA's CDR and COMPUS programs. CCOHTA is serving as an "observer" to the development of the NPS.

Similarly, the HTA program made substantial progress this year in terms of increasing the timeliness and relevance of its products and

services but will face new challenges associated with supporting the implementation of HTS 1.0. The Conference of Deputy Ministers requested a detailed implementation plan for HTS 1.0, which was completed in March 2005. This will result in additional changes to CCOHTA's programs and governance.

As CCOHTA's role as the Canadian Agency for Drugs and Technologies in Health and in delivering HTS 1.0 develop, we will continue to be adaptive and responsive, building on the strategic directions laid out in our five-year Strategic Plan.

We'll continue to support appropriate partnerships and strengthen our links to our stakeholders. And we'll continue to contribute to the quality and sustainability of health care in jurisdictions across Canada by supporting the integration of impartial, rigorously derived, evidence-based information into policy and operational decision making.

Auditor's Report

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, 2005 and for the year then ended on which we expressed an unqualified opinion in our report dated May 20, 2005. 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, revenue and expenditure and cash flows, reference should be made to the related complete financial statements.

McCay, Duff & Co. LLP

Chartered Accountants

Ottawa, Ontario
October 12, 2005.

Associated World-wide with  Jeffreys Henry International

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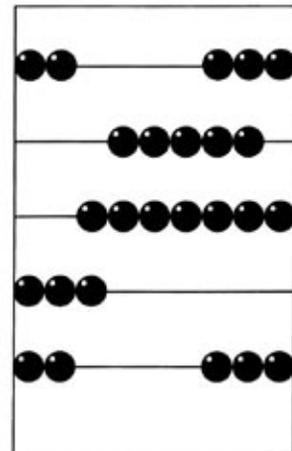
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Summarized Financial Statements

STATEMENT OF REVENUE AND EXPENDITURE

For the year ended March 31	2005		2004
	Budget	Actual	Actual
	\$	\$	\$
REVENUE			
Grants	19,201,355	19,198,854	11,204,503
Interest and other income	-	114,731	27,864
	19,201,355	19,313,585	11,232,367
EXPENDITURE			
Health Technology Assessment	6,289,676	4,357,570	3,745,680
Common Drug Review	2,321,098	2,259,683	1,429,373
Canadian Optimal Medication Prescribing & Utilization Service	2,866,000	1,327,999	52,193
Corporate Administration	6,018,422	4,606,370	4,250,499
Knowledge Management	1,534,950	809,361	742,969
	19,030,146	13,360,983	10,220,714
NET REVENUE FOR THE YEAR	171,209	5,952,602	1,011,653

STATEMENT OF FINANCIAL POSITION

As at March 31	2005	2004
	\$	\$
ASSETS		
Cash and short term deposits	10,008,865	2,856,607
Accounts receivable	354,400	881,706
Prepaid expenses	114,010	111,832
	10,477,275	3,850,145
Capital assets	807,303	804,439
	11,284,578	4,654,584
LIABILITIES		
Current liabilities	2,180,468	1,503,076
NET ASSETS		
Invested in capital assets	252,222	251,860
Unrestricted	8,851,888	2,899,648
	9,104,110	3,151,508
	11,284,578	4,654,584

Governance

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

Board of Directors

The CCOHTA Board comprises 14 Directors appointed by the Deputy Ministers of Health of the federal government, the 10 provinces and three territories. The CCOHTA Board provides governance of CCOHTA and establishes CCOHTA's strategic direction, policies and priorities. In 2004-05, the CCOHTA Board met on four occasions.

The Board's Executive Committee is elected by the Board and comprises a Chair, Vice-Chair, Past Chair and two Directors.



(Back row) Ron Danderfer, Elaine Stakiw, Rick Trimp, David Elliott, Richard Wedge, Lauren Donnelly
(Front row, seated) Victor Tootoo, Pam Mitchell, Ed Hunt
 Absent from the photo: Pat Hosang, Claude Dussault, Les Levin, Ian Shugart, Sherri Wright

As of March 31, 2005

Members of the Board's

Executive Committee were:

Dr. Ed Hunt, Newfoundland and Labrador (Chair)
Ms. Elaine Stakiw, Alberta (Vice-Chair)
Ms. Lauren Donnelly, Saskatchewan (Past Chair)
Mrs. Pat Hosang, Manitoba (Director)

Board members were:

Mr. Ron Danderfer, British Columbia
Mr. Claude Dussault, Quebec
Dr. David Elliott, Nova Scotia
Dr. Les Levin, Ontario
Ms. Pam Mitchell, New Brunswick
Mr. Ian Shugart, Health Canada
Mr. Victor Tootoo, Nunavut
Mr. Rick Trimp, Northwest Territories
Dr. Richard Wedge, Prince Edward Island
Ms. Sherri Wright, Yukon

CCOHTA Committees

The CCOHTA Board has established jurisdictional and expert committees to provide ongoing assistance, guidance and input in specific areas of activity. Members for all committees are appointed by the CCOHTA Board.

Jurisdictional Committees

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

Advisory Committee on Pharmaceuticals

The Advisory Committee on Pharmaceuticals (ACP) comprises representatives from the federal, provincial and territorial publicly funded drug plans and other related health organizations. Established in 2004-05 through the merger of two existing jurisdictional committees (the Pharmaceutical Advisory Committee and the Common Drug Review

Advisory Committee), ACP provides advice to the CCOHTA Board and to the CDR and HTA programs on the CDR process, pharmaceutical issues and assessments and facilitates the effective sharing of pharmaceutical information.

COMPUS Advisory Committee

The COMPUS Advisory Committee (CAC) comprises representatives from the federal, provincial and territorial health ministries and related health organizations. Established in 2004-05, CAC provides advice to the CCOHTA Board and to the COMPUS program on priority areas for best practice initiatives, COMPUS activities and products and other issues.

Devices and Systems Advisory Committee

The Devices and Systems Advisory Committee (DSAC) comprises representatives from the federal, provincial and territorial health ministries. Established in 2000-2001, DSAC provides advice

to the CCOHTA Board and to the HTA program on devices and systems issues and recommends priorities for device and health system assessments.

Expert Committees

Two expert committees ensure that the CCOHTA 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.

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 to each of the participating federal/provincial/territorial publicly funded drug plans regarding the listings on their formularies. The CDR program provides secretariat support to CEDAC.

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 CCOHTA's Technology Reports prior to publication. SAP members are recognized researchers in areas such as clinical methodology, economics, statistics, population health, pharmacoepidemiology and other clinical fields.

CCOHTA thanks the members of these committees for their guidance, support and dedication over the course of 2004-05.

“CCOHTA's positive approach is derived from having a highly motivated and dedicated workforce. This is a tribute to the quality of leadership of the senior team and to its enthusiasm for embracing CCOHTA's future role.”

from the Review of CCOHTA's Technology Reports by the National Institute for Clinical Excellence, UK

Executive Management Group



(from left to right) Mike Gaucher, Jill Sanders, Glenna Benson, Barb Shea

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 is a member of Canada's Advisory Committee on Information and Emerging Technology (ACIET) and 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

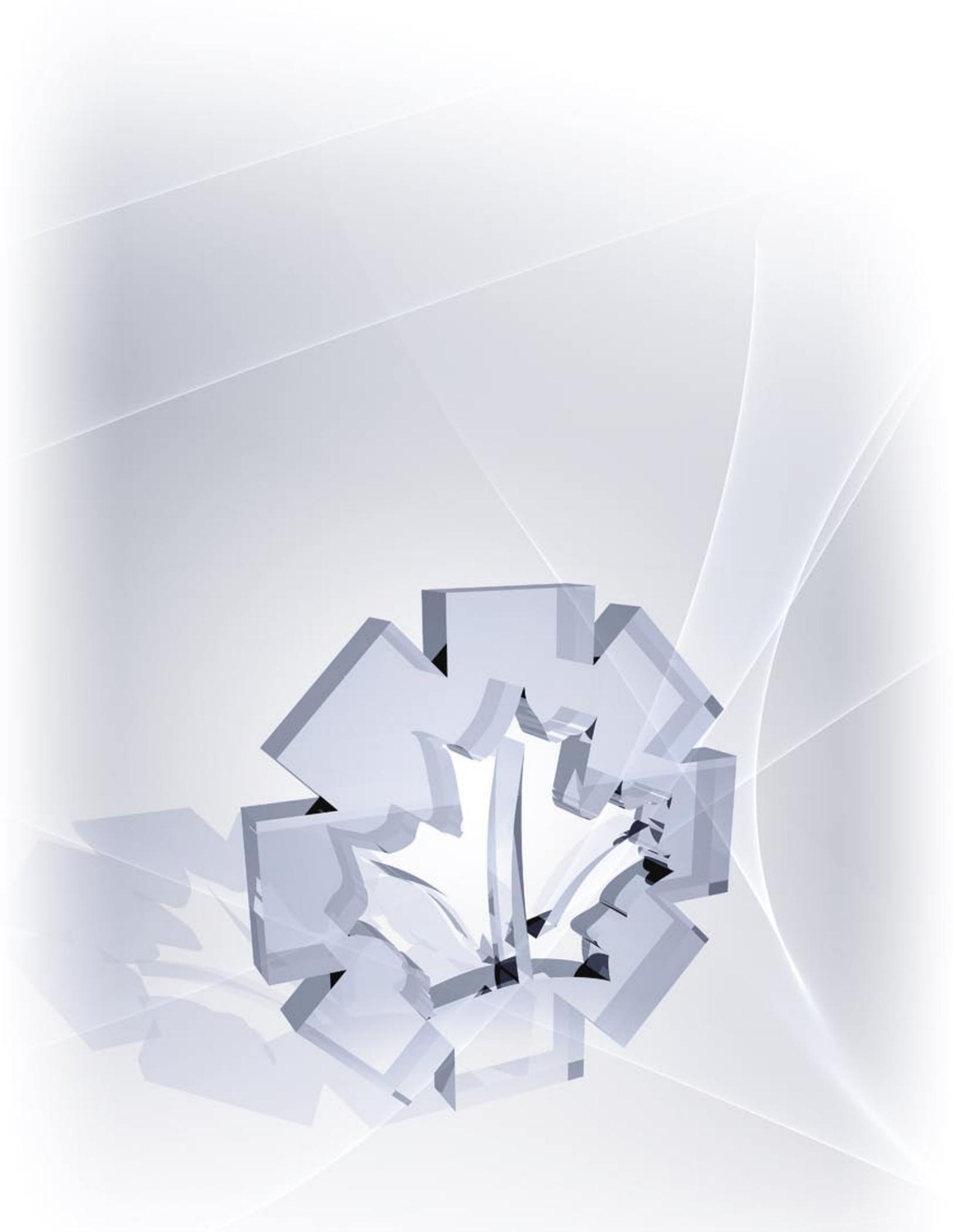
Mr. Gaucher joined CCOHTA's Common Drug Review in 2003 assuming his current position in May 2004. He has more than 15 years of experience in hospital pharmacy management and worked extensively with hospital and provincial drug approval committees, including nine years on the Saskatchewan Health Formulary Committee. Mr. Gaucher also taught at the College of Pharmacy, University of Saskatchewan for 10 years. He has held executive appointments with provincial and national pharmacy organizations. Mr. Gaucher holds an undergraduate degree in pharmacy and an MBA.

Barbara Shea, Vice-President CDR and COMPUS

Barb Shea joined CCOHTA in 2003. She had 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 provincial and national 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.

Glenna Benson, Vice-President, Corporate Services

Glenna Benson joined CCOHTA 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 CCOHTA, Ms. Benson was the Director of Corporate Services with the Canadian Council of Professional Engineers and before that worked for two federal government departments, Transport Canada and Indian and Northern Affairs Canada.





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