

The Pan-Canadian HTA Collaborative: A Year in Review

CADTH SYMPOSIUM
APRIL 2019



Pan-Canadian
HTA Collabora+ive

Disclosure

The panel has no actual or potential conflicts of interest to disclose.

Outline

- Introductions
- Initiatives
- Past projects and lessons learned
- Current collaborative work
- Next steps for the PCC
- Discussion

Introduction

- Manik Saini
- Kristen Moulton
- Michèle de Guise
- Ken Bond
- Irfan Dhalla
- Lesley Dunfield



Pan-Canadian HTA Collaborative (PCC)

- Minimize duplication of effort
- Identify and contribute to joint initiatives
- Information sharing
- Foster collaboration

Governance

- Steering committee
 - Identifies the strategic priorities
- Operations committee
 - Oversees the individual working groups
- Secretariat support - CADTH

Initiatives – Sharing of Topics

- Topic identification
- Areas of common interest
- Identify opportunities for collaboration
- Collaborative scoping

Initiatives – Common Methods

- Working group to develop guidelines to support:
 - Identification of most relevant research needs (“components”) to inform a particular policy problem or context
Level of rigour required to meet policy needs
- May require harmonization of research methods
- PCC specific, versus agency specific

Initiatives – Horizon Scanning

- Early awareness
 - Inform HTA work
 - Improve health system preparedness
- Shared interests in Horizon Scanning
- Training and collaborative opportunities

CADTH-HQO collaborations

- 3 projects together so far, others underway
 - Internet-delivered cognitive behavioural therapy
 - Flash glucose monitoring
 - Minimally invasive glaucoma surgery
- CADTH and HQO work together on each HTA
- Two topics brought to both HQO's Ontario Health Technology Advisory Committee and CADTH's Health Technology Expert Review Panel
- Recommendations from two committees were consistent with each other, for each topic

Lessons learned

- Confirmed that partnership/collaboration makes sense from a strategic perspective
- Lots of operational lessons
 - Each organization has learned from each other (methods, processes, committee function, etc.)
- Easy to see that more collaboration would be of even greater benefit to Canadians

Current collaborative work

First formal CAR T-cell therapy assessment in Canada

- A collective decision, throughout Canada, to recognize a distinct pathway of assessment and negotiation for the first CAR T-cell therapy
- A decision to be synchronized for the timing of publication of the reports

First formal CAR T-cell therapy assessment

- Both CADTH and INESSS chose to adopt a conventional health technology assessment with the integration of different types of knowledge and perspectives including those provided by:
 - clinicians
 - patients
 - general public

First formal CAR T-cell therapy assessment

- With a special attention to
 - efficacy, safety, efficiency;
 - cost-utility and budget impact analysis;
- AND
 - organizational issues relating to implementation;
 - ethical considerations
 - management of uncertainty
 - equity of access (both intra and interprovincial).

First formal CAR T-cell therapy assessment

LESSONS LEARNED

- We certainly learned from each other
- We shared and our work was enriched by the wider consultations allowed by this collaboration
- On the other hand
 - because of the importance for the scientists to master the scientific data, the assessment is comprehensive and rigorous
 - contextualization to the provincial reality is of paramount importance

Glucose monitoring

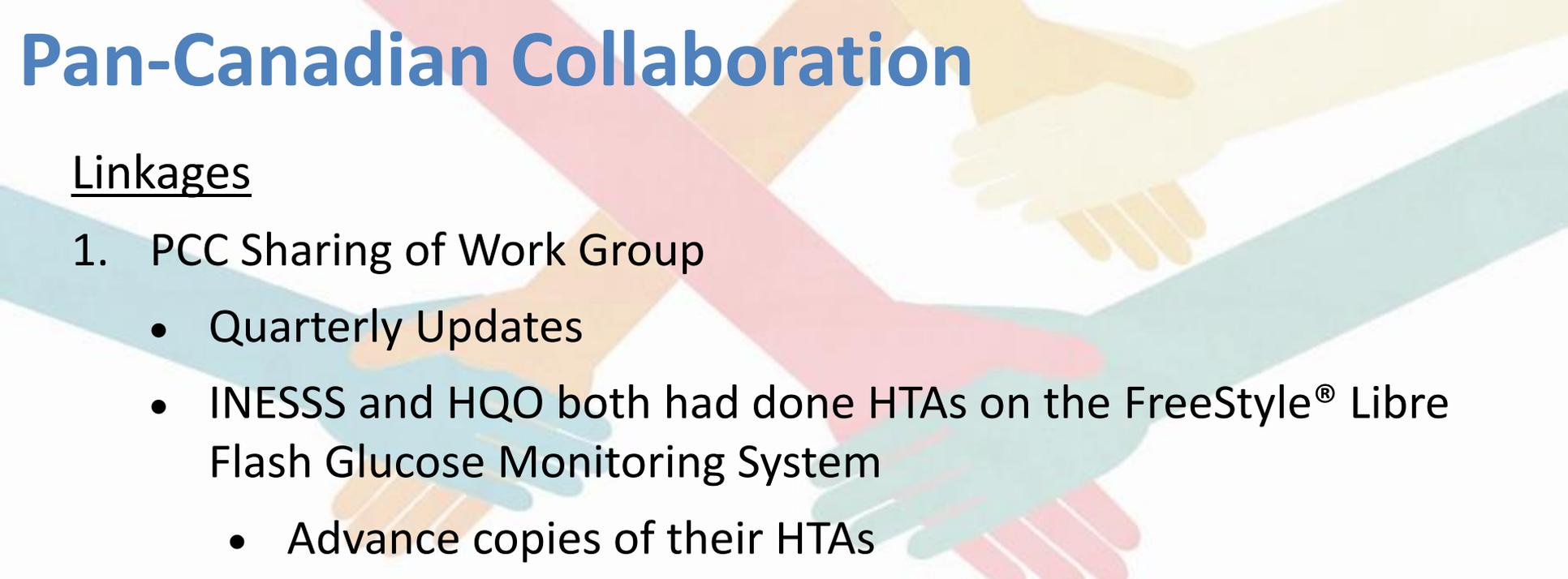
Topic Selection

Annual Call for Topics

- November to January
- PharmaCare program* approached us to assess flash and continuous glucose monitors to inform their decision on reimbursement

*BC PharmaCare helps residents with the cost of eligible prescription drugs, certain medical supplies, and pharmacy services

Pan-Canadian Collaboration



Linkages

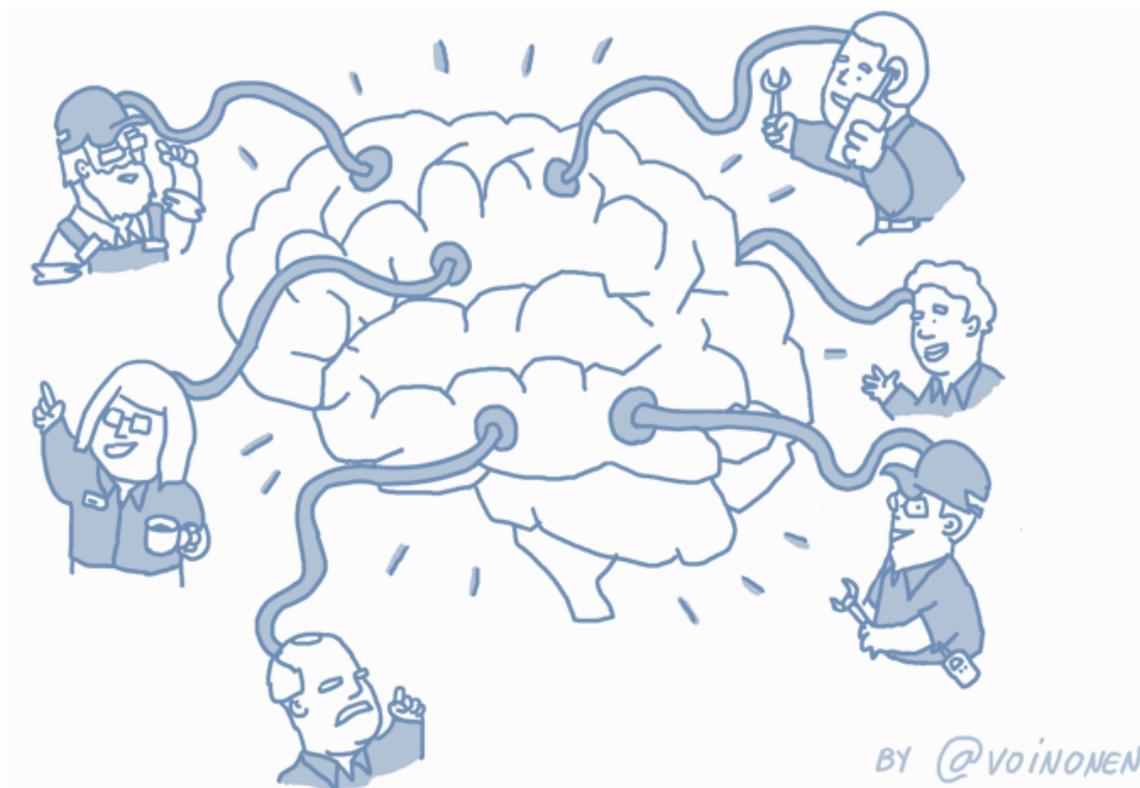
1. PCC Sharing of Work Group
 - Quarterly Updates
 - INESSS and HQO both had done HTAs on the FreeStyle[®] Libre Flash Glucose Monitoring System
 - Advance copies of their HTAs
2. Academic partners who conduct our HTAs
 - HTA Unit at the University of Calgary (UoC) working on same topic for the province of Alberta

Practical benefits

- Leveraged previous (INESSS and HQO) and current work (UoC)
- Advice

Current Status

- HTA is almost complete
- Working with CADTH on hybrid closed-loop systems



Tumour Profiling Tests to Guide Chemotherapy Decisions for Early Breast Cancer



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**Ken Bond, Director, HTA and
External Relationships**

**2019 CADTH Symposium
Edmonton, AB**

Acknowledgements

HQO

Harrison Heft

Sarah McDowell

Sheila McNair

Andree Mitchell

Vivian Ng

Ammara Shafique

Claude Soulodre

Myra Wang

Melissa Walter

Yuan Zhang

IHE

Michelle Pollock

Jennifer Seida

Ann Scott

Andrew Sutton

Lisa Tjosvold

Bing Guo

Alberta Health

Scott Fullmer

Sarah Flynn

HTA Requests

HQO

- Request from Ministry of Health and Long Term Care
- 4 tests: Oncotype DX, Prosigna, EndoPredict and MammaPrint
- 2 systematic reviews
 - Clinical utility
 - Patient and clinician preferences
- Cost-utility and budget impact analyses
- CADTH qualitative review
- Direct patient engagement for lived experience and preference and values information

IHE

- Previous HTA and new evidence
- Request from Laboratory Formulary Committee
- 2 tests: Oncotype DX and Prosigna
- 3 rapid reviews
 - Clinical validity and utility
 - Clinician and patient treatment choices
 - HRQoL
- Cost-utility analysis

Collaboration

- Sharing and discussion of detailed respective workplans
 - additional feedback on plans
- Development of detailed collaboration plan
- Sharing of
 - results from CCO/HQO literature search
 - HQO verification of IHE data
 - results of rapid reviews (data tables)
 - economic model (available in 4 formats)
 - results of economic analysis
 - high-level results after committee presentation

Benefits and Challenges

- Collaboration possible despite tight timelines: 4 and 6 months
- Different approaches not necessarily a barrier to collaborating
- Opportunities to share resources and information (search results, data verification, economic model, draft reports)
- Barriers are sometimes infrastructure rather than timelines or people (software licensing)
- Explore differences between approaches (rapid review vs. full systematic review) for clinical utility (predictive and prognostic ability)
- Identify and discuss differences in report results and conclusions

Next steps for the PCC

- Environmental scan about HTA collaborations
 - Organizations
 - Overlaps, gaps, resources
 - Existing collaborations
 - Barriers and facilitators for collaborations

Future vision for the PCC

Discussion