Health Technology Decision Support: An Overview of Evidence-Based Resources Available Through CADTH

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SHEILA TUCKER, M.L.I.S., B.ED., B.A. (HON), CPAD. LIAISON OFFICER FOR NEWFOUNDLAND AND LABRADOR -CADTH





Overview of CADTH

Products

- Rapid Response
- Health Technology Assessment
- Optimal Use
- Common Drug Review
- Pan-Canadian Oncology Drug Review

Outreach Services

Questions/Discussion



What is CADTH?

Canadian Agency for Drugs and Technologies in Health

- Independent, not-for-profit provider of evidence health technologies.
- Founded in 1989 by Canada's federal, provincial, and territorial Ministers of Health
- Supports informed decisions by providing impartial, evidence-based research and advice on drugs, medical devices, and other health technologies.



What are health technologies?





- Prevent, diagnose or treat disease
- Help in rehabilitation and longterm care

Include:

Devices and equipment



- Medical and surgical procedures
- Drugs, vaccines and blood products

Why CADTH?

- Drugs and health technologies are major drivers of health care costs
- Rapid technological change
 - New products
 - Changes in clinical practice
 - Patient demand
- Increased utilization
 - Prescription drug spending growing 10.1% per year
 - Number of CT and MRI scans nearly doubled since 2003

Canadian Institute for Health Information, *Health Care Cost Drivers: The Facts.* (Ottawa, Ontario: CIHI, 2011)



CADTH's Customers and Users

- Government policy- and decision-makers
- > Public drug plan managers
- Regional health authorities
- Hospitals and other health care facilities
- > Health professionals
- Patients



What Do Decision-Makers Want?

- Independent, evidence-based information
- Relevant and timely information
- Messaging that is concise and understandable
- Support to interpret and apply the information



CADTH's Role

- Serving our customers
- Producing and brokering health technology evidence
- Knowledge exchange and implementation support
- Promoting the use of evidence-informed decisionmaking



Different Assessment Needs

- Rapid Assessments
 - Typically reacting to a decision problem
 - Partial, dimensions of analysis must be identified
 - Summaries, limited need for synthesis
 - Decision will be made, with or without evidence
- Traditional Assessments
 - Anticipating a future decision problem
 - Comprehensive, (social, ethical, clinical, economic)
 - Involves environmental scanning activities
 - Decision can await (to some extent) evidence



Steps in the Assessment Process

- Topic identification, filtration and prioritization
- Topic refinement
- Establishment of project team
- Assembling the evidence
- HTA Review
- Knowledge Exchange
- Implementation Support

CADTH's Products and Services

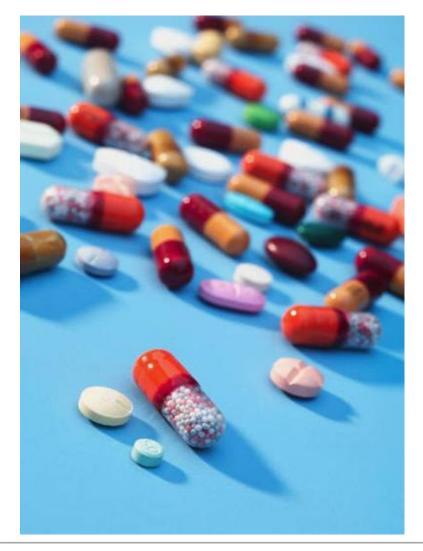
CADTH conducts health technology assessments on drugs, non-drug technologies, and procedures

- Environmental Scans
- Rapid Response Service
- Common Drug Review (formulary recommendations)
- Therapeutic Reviews
- Optimal Use Advice, Recommendations, and Tools



CADTH's Common Drug Review

- > A national* process for:
 - conducting objective, rigorous, and timely clinical and economic reviews of drugs
 - providing formulary listing recommendations to participating publicly funded drug plans





Rapid Response Service

- Launched February 2005; to date 3,000+ responses and growing
- Supports timely, evidenceinformed decision-making
- Responds to questions from governments, RHAs, facilities, providers
- Reports provide evidence on risk, safety, mortality, morbidity, quality of life, economics or cost impact







CADTH Therapeutic Reviews

- Reviews of the most recent evidence available regarding a drug class or a drug category
- Triggered by jurisdictional (Drug Program) requests
- > Examples:
 - Biological response modifier agents (biologics) for adults with rheumatoid arthritis
 - Third-line therapy for patients with type 2 diabetes inadequately controlled with metformin and a sulfonylurea



Optimal Use Reports and Tools

Complete series of Optimal Therapy Reports

User-friendly decision support tools

- Project Highlights Brochure
- Optimal Therapy Newsletter
- Quick Reference Prescribing Aid
- Alternate Prescription Pad
- Self-Management Action Plan
- Clinical Flow Sheet

Peer-reviewed journal publications

- Canadian Medical Association Journal
- Open Medicine
- Canadian Journal of Diabetes
- Canadian Pharmacists Journal



Optimal Use — Proton Pump Inhibitors - Impact

CADTH's work encouraged appropriate use of lowest-priced PPIs

- CADTH's customized tools and resources were made available to help put knowledge into practice
- CIHI reported* that spending on these drugs was "kept in check," while spending on many other drug classes increased

*Health Care Cost Drivers: The Facts



Outreach at CADTH

Knowledge Mobilization & Liaison Officer Team (KMLO)

- Multidisciplinary, multi-skilled
- Nurses, Pharmacists, Communication professionals, Social Worker, Physician, Researchers, Educators, Medical Radiation Technologist, Health Policy & Information Specialist, & Medical Records/Informatics expertise
- Well-connected and integrated into health systems
- Responsive to unique jurisdictional needs and priorities





KMLO: What we do





Awareness Building and Relationship Management

Macro

- Federal Programs, P/T ministries (primary customers)
- Jurisdictional HTA producer groups

Meso

- RHAs/DHAs/Hospitals
- VPs, Directors, Managers

Micro

- Clinical groups (health care professionals)
- Local not-for-profit, academic, and research groups

Knowledge Mobilization & Strategic Linkages

Multiple KM methods

- Meetings
- Printed materials, Prescribing tools/aids
- Presentations
- Online quizzes and modules
- Publications, Pamphlets
- Social media
- "Bundles"

Jurisdictional linkages and group involvement

Knowledge synthesis for health leaders and clinicians

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Foundational HTA System Development

- Assisting in the development of local HTA methods and Rapid Evidence Review services
- Support for development of local decision structures
- Advice, information

Education - Workshops

- Critical Appraisal 101, 201
- Business Case "boot camp"
- Fundamentals of Health Evidence
- Health Technology Assessment 101

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Outreach

- Health Canada, P/T health ministries
- Jurisdictional networks
- Identifying experts to participate in CADTH projects or to connect inter-jurisdictionally for evidence needs
- National Provincial Regional Clinician-specific events
- Webinars & Teleconference events
- In person meetings, presentations
- New at CADTH

Impact Assessment

Impact reporting

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- Case studies
- Feedback acquisition
- Impact level
 - Policy change decision
 - Practice change decision
 - Acquisition/purchasing decisions
 - Cost-avoidance / delay decision
 - To inform only
- Assessment of value for time & \$ invested

October 2014 Reach

- 578 Senior Jurisdictional Leaders reached (including attendance at formal group presentations, direct contact at events/conferences, and 1:1 and all small group meetings) (MACRO level)
- 298 RHA Managers, Directors, Advisors and Hospital Administrators reached (including attendance at formal group presentations, direct contact at events/conferences, and 1:1 and all small group meetings) (MESO level)
- 121 direct care providers/bedside clinicians with direct patient contact reached (including attendance group presentations, direct contact at events/conferences, and 1:1 & small group meetings) (MICRO level)



Reach (continued)

Media engagement

- "Docusate for constipation: Money down the toilet?"
 - Originally published in Hospital News
 - Subsequently picked up by media outlets (cross-Canada)
 - Most viewed Evidence Matters article on the online edition of Hospital News

Social Media

- Twitter 3500 followers
- Slideshare 30,000 views of Warfarin/NOAC debate



Upcoming Events

Webinars

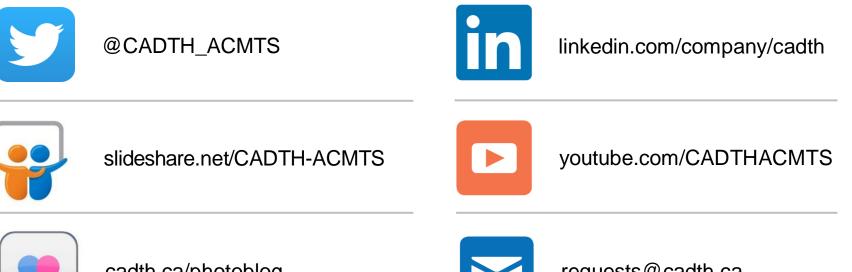
- HTA Database Interface Training Date TBA
- CADTH Lecture Series advertised in New at CADTH and CADTH alerts

On demand workshops and other education/training sessions

 Your suggestions are welcome – contact Sheila Tucker at Email: <u>Sheilat@cadth.ca</u>
Phone: (709) 691-3055



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CADTH Evidence Driven.