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aybe we can obtain more from our Canadian neighbors than just deep discounts on branded pharmaceuticals. If we look carefully, we might find expert advice on matters germane to our own crisis of spiraling health care costs. That is why I am so intrigued by the activities of the Canadian Coordinating Office for Health Technology Assessment (CCOHTA).

According to the center’s Web site (www.ccohta.ca), CCOHTA is a primary source of unbiased, evidence-based information on drugs, devices, health care systems, and best practices. Canadian health care thought leaders rely on CCOHTA to guide them in making well-informed choices about advances in health care technology. CCOHTA is funded by Canadian federal, provincial, and territorial governments.

Formed in 1989 to assess medical devices, CCOHTA has evolved into a comprehensive source of information about the latest technologies in the country. Its scope of work includes health technology assessment, the clinical efficacy and cost effectiveness of new drugs, and best practices in drug prescribing and use throughout Canada.

The center’s vision encompasses facilitating the appropriate use of new technologies within the Canadian medical system. Its mission is to provide timely, relevant, and rigorously derived information to health care leaders and to support their decision-making processes.

Does any of this sound familiar? I am sure your P&T committees could use aspects of the solid work generated by this unique center.

CCOHTA divides its activities into three key programs:

- Health Technology Assessment (HTA)
- Common Drug Review (CDR)
- Canadian Optimal Medication Prescribing and Utilization Service (COMPUS)

HEALTH TECHNOLOGY

Because new devices and drug-delivery systems are one of the cornerstones of Canada’s health care system—and, of course, ours as well—each technological advance comes at a price. Faced with mounting cost pressures, health care planners and administrators need authoritative, unbiased information to help them identify the best technologies from a constantly expanding array of sophisticated medical equipment, devices, and drugs.

COMMON DRUG REVIEW

I am particularly interested in the CDR. I view it as a potential source of expert help for us in the U.S. The CDR evaluates new drugs for potential coverage offered by participating in publicly funded pharmacy benefit plans in Canada and provides recommendations for a common drug listing from an independent committee of experts. It includes a systematic review of available clinical evidence and each drug’s pharmacoeconomic data. The CDR process begins after a drug is approved in Canada, after physicians are authorized to prescribe it, and after the medication is available to patients. Simply put, the CDR seems to be a nationally centralized and streamlined drug-review process. Its key objectives are to:

- offer a consistent, rigorous approach to drug reviews and provide a drug listing that is entirely evidence-based.
- reduce duplication of efforts by drug plans within Canada.
- maximize the use of limited resources and expertise.
- provide equal access to the same high level of knowledge and expert advice by all participating health plans.

COMPUS

COMPUS, launched in March 2004, strives to create an awareness and a culture of best practices in drug prescribing and use and also seeks to become the recognized Canadian center for information and education on best practices by collecting, evaluating, and disseminating this information. Its main goal is to achieve optimal drug-related health outcomes, improved quality of life, and the most cost-effective use of medications.

COMPUS achieves its goals by gathering existing information on the most effective methods and strategies for drug prescribing, using this information to create clinical practice guidelines and systematic reviews, and developing and maintaining a catalog of evidence-based and cost-effective initiatives.

Finally, COMPUS links and exchanges information with national and international parties that are actively working to achieve best practices, and it identifies gaps in knowledge that may guide research in the field.

SUMMARY

I have learned a great deal about the center’s mission and activities from its regular e-mail reports, newsletters, and highly regarded publications on technology. I firmly believe that a little more “northern exposure” could help all of us in our daily work as P&T committee members. You can learn more about CCOHTA by visiting its Web site or calling 613-226-2553. Tell them David Nash sent you!

As usual, I am interested in your views. You can reach me at my e-mail address, david.nash@jefferson.edu.