

# An Assessment of Health Technology Assessment in Canada

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Twelve years ago, an article in this journal stressed the need for health technology assessment (HTA) in Canada.<sup>1</sup> Since then, there has been considerable activity and progress in this field, particularly through government-funded programs. This brief report reviews the progress and the issues that should now be addressed.

In 1988, the government of Quebec created the first public sector HTA organization in Canada, the Conseil d'évaluation des technologies de la santé du Québec. Since then, three other agencies have been established, one national, the Canadian Coordinating Office for Health Technology Assessment, and two provincial, the B.C. Office of Health Technology Assessment and the Alberta Heritage Foundation for Medical Research, Health Technology Assessment Unit. More than \$25 million have been invested in these organizations. What has this investment bought us?

Approximately 150 HTA reports have been produced by Canadian HTA agencies. These include assessments of technologies, policies and guidelines for technology use. Peer-reviewed publications have often resulted from these studies. In addition, other types of information have been produced, much of which has not been peer-reviewed. Conferences and workshops have also been organized by these agencies.

Most of the assessments have focussed on therapeutic technologies (partly because of the recent interest in the cost-effectiveness of drugs), and on diagnostics. Relatively little attention has been paid to preventive tech-

nologies. More than half of the studies have been on new technologies or on new applications of established ones. The effectiveness of the technology has almost always been examined, but safety and costs have often been included in the assessment. The focus on safety raises an interesting question about whether federal regulatory programs are providing enough assurance to technology users about safety. Cost was a key aspect of more than two thirds of evaluations, clearly reflecting the fiscal concerns of decision-makers. In contrast, ethical, liability and other issues have received far less scrutiny.<sup>2</sup>

We now have in place a group of organizations that regularly produce information on new and existing health technologies. Some work has been done to examine the impact of individual assessments, but there has been no systematic "impact analysis" of Canadian HTA.<sup>3-5</sup> (Is this even possible?) Whereas a decade or two ago, the problem was a dearth of technology evaluation, we now have a substantial body of HTA information but it is not clear that this information is in fact being used. The focus in HTA has shifted from the production of evaluations to the use of their results. This raises a number of issues.

## Issues in Canadian HTA:

1. *Definition of HTA:* The work of these agencies covers a very broad spectrum. It is difficult for potential users of HTA to know where to go when it is not clear whether one of these bodies is an HTA-specific organization, or a health services research organization, of which there are many more in Canada. Evaluating the impact of HTA in Canada is also difficult when the outputs are not always clearly assessment studies. There is a need for more consideration of the ethical and societal impacts of technologies – in fact it has been suggested that HTA today has an "excessively scientific focus."<sup>6</sup>
2. *Coordination and duplication.* There has been very little coordination of HTA

activity in Canada, except perhaps for a sharing of information. As in much of health care, the provincial and national bodies operate quite independently. To date, there has been minimal duplication, but it would seem that there would be greater benefit from a systematic, national approach to defining HTA priorities, which might involve more standardized approaches and possibly better communication and uptake of the information produced.

3. *Standardization and quality.* The review of the first 10 years of HTA experience<sup>2</sup> has shown that quality of HTA has improved over this period, but there is still room for improvement and a coordinated effort is required to achieve this. This might require agreement among the agencies on standardization of reporting of HTA, if not of methodologies themselves.
4. *Implementation of HTA.* As with much of health services research, HTA is at a critical juncture. There has to be much better dissemination and use of HTA information; this requires adequate resources as well as a much closer link between the producer and user of the information.<sup>7</sup> Increasing the number of assessments will not necessarily change the health system for the better.

In summary, Canada has a good international reputation for its contributions to HTA. The process of production is well underway, now it is time to ensure that the information produced is used in decisions to improve health care.

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