Isotopes Project Evaluation

Final Report

SECOR

June 20, 2012

Context for this document

The Isotopes project ran from June 2010 to March 2012 (22 months); the announcement of the project and funding came in Q4 2010.

SECOR Consulting was contracted to conduct an independent evaluation of the project. SECOR conducted the evaluation over a 4-week period in April-May of 2012.

This document summarizes the key findings and learnings.

Note: Given the project results are currently in the process of being disseminated across the broader health system, analysis related to Uptake / Impact could only be partially assessed via this review. The impact data will continue to be captured and recorded by the CADTH impact database going forward.

Contents

Evaluation Methodology

Isotopes Project Background

Diagnostic Findings

- Relevance & quality
- Project management
- Comparative analysis

Conclusion

- Key messages from diagnostic findings
- Best practices learned from the Isotopes Project
- Recommendations going forward

Methodology & Evaluation Questions

- **Data/ document review**
- **Key informant interviews**
  - CADTH internal: Tammy Clifford , Michelle Mujoomdar, Kim Ghosh. Janet Crain, Chris Murry)
  - MIIMAC: Sandy McEwan, Martin Reed, Norman Laurin, Sandor Demeter, Charles Butts, Rob Beanlands, Dawn-Marie King
  - Health Canada: Jean Pruneau
- **MIIMAC Survey (14 responses)**

Relevance & Quality

- *Is the Isotopes project mandate relevant to current decision making process within the jurisdictions that funded the project?*
- *Is there a continuing need for government funding of a Canadian organization to provide support for evidence-based decision-making on topics like the Isotopes issue*
- *Is the Optimizing Project mandate consistent with current health system priorities and directions?*
- *Does the project meet professional standards of quality?*
- *Are the tools expected to meet the needs of stakeholders?*
- *Are there better approaches, or are there other organizations better positioned to provide products/services of this mandate more cost-effectively?*

Project Management

- *Has the project completed the outputs (reports, guidance documents, tools) according to milestones?*
- *Has the project achieved financial goal/scope?*
- *Are the resources (human and financial) adequate in light of its mandate?*
- *What are key learnings from project management that can be applied to similar initiatives in the future?*
- *Are internal and external research partners, stakeholders and funders satisfied with consultation process?*

Uptake & Impact

- *To what extent is the Project expected to contribute to evidence-based decision-making on health technology in Canada?*
- *How have stakeholders been engaged during and at the conclusion of the isotopes project? How better or different has the stakeholder engagement been relative to prior similar projects?*

Contents

Isotopes Project Background

Context & Objectives

Context

- Technetium-99m is the most widely used medical isotope in nuclear medicine; supply is susceptible to shortages
- Following the supply disruption from 5/09 to 9/10, CADTH was asked by Health Canada to develop national guidance on the optimal use of ^{99m}Tc in times of supply disruption

Objective

- *"The development and dissemination of improved policies, protocols and standards to inform health system decisions with respect to the optimal use of Tc-99m, other isotopes and alternative types of medical imaging"*

Project Approach

Budget and timeline

- Total funding: $3M from Health Canada, $1M for FY 2010/2011, $2M for FY 2011/2012
- The project started May 2010 and was completed at the end of March 2012 (evaluation to be completed by the end of December 2012)

Setup

- CADTH initially laid out seven phases of the project: project planning, environmental scan, stakeholder engagement & network formation, research phase, concept/content validation, tool development, & evaluation

Governance

- Health Canada, Board of Directors and the Medical Isotopes and Imaging Modalities Advisory Committee (MIIMAC) committee, which consisted of 23 radiology experts and decision makers

Methodology

- CADTH used a Multi-Criteria Decision Analysis (MCDA) framework to organize information to develop a prioritization list; 11 evaluation criteria (e.g. size of the affected population, relative risks associated) were identified for the MCDA framework; the criteria evaluated 24 medical indications
- CADTH conducted a "Rapid Response" type of literature review, which included a peer reviewed summary with critical appraisal

Process

- There were 4 full MIIMAC meetings, 3 working group meetings, and 12 co-chair meetings with the project lead
- Surveys and debrief sessions followed every full MIIMAC meeting; lessons learned were implemented throughout the course of the project
- CADTH held discussions with some professional organizations such as Canadian Association of Nuclear Medicine, the Canadian Association for Medical Radiation Technologists, Canadian Medical Association,

Project Output

- 3 environmental scanning documents
- A national perspective – priority list that ranks 24 clinical indications
- A web-based tool (in development) – tool to allow decision makers to create personalized priority list based on population and demographic information and resource constraints

(Backup) Isotopes project comprised ~<10% of total CADTH funding in 2011-2012

Isotopes Project

Governance ($1.2M)

- **Board**
- **Management**

Programs** (--)

- **Environmental Scanning & Program Development**
- **Impact Partnerships & Outreach**
  - Knowledge Exchange
  - Liaison Officers
- **Committees**
  - Expert and Advisory Committees
  - HTA Exchange
  - Policy Forum

Corporate Services ($3.1M)

- **Governance, Planning & Evaluation**
- **Finance**
- **HR**
- **Web & IT**

Other ($3.8M)

- **Advancing the Science ($1.8M)**
- **Isotope Project ($2.0M)**

Total funding of 3.0M from 2010-2012, funding is completely provided by Health Canada

Products and Services*

CDR ($4.5M)
Scope: All services provided over past 18-48 months (~30 reviews annually)

HTA/OU ($9.5M)
Scope: overall, and specifically 4/49 *(2007-2011)* Projects

- MRI, Therapeutic Review – Rheumatoid Arthritis, Smoking Cessation, Surgical Robotics

COMPUS
Scope: overall, and specifically 3**/6** Projects

- PPI, SMBG, AAP

RRS ($2.4M)
Scope: All services provided over past 18 – 48 months (~400 submissions/ annually)

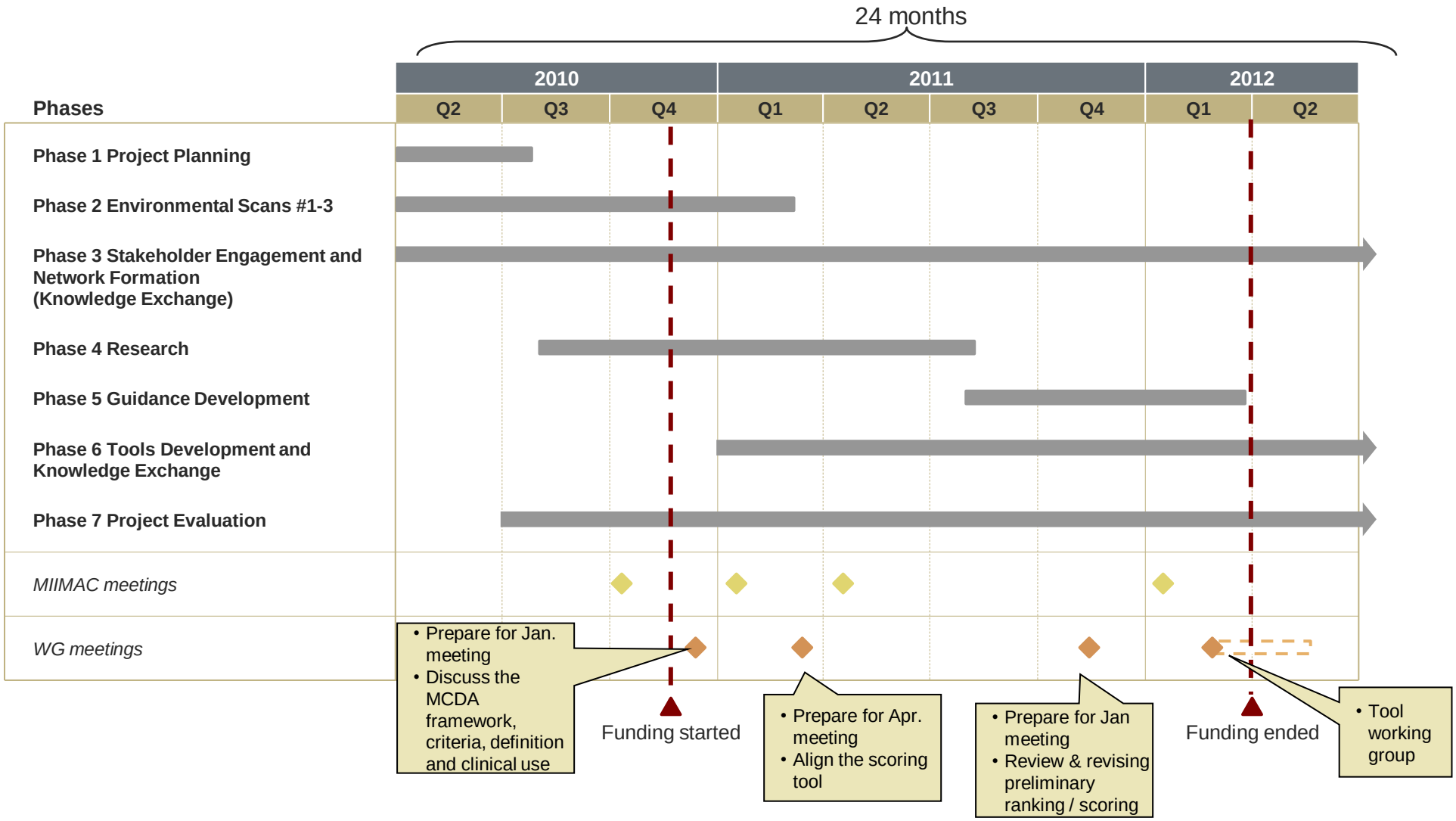
CSA Program ($0.4M)

Source: 2011-2012 CADTH Business plan, CADTH organizational chart, SECOR Analysis

Note: The $ represents budget for FY2011-2012
**Rent is allocated to products and services according to number of FTEs*
***Programs budget is allocated to and included in the products and services budget*

(Backup) Isotopes Project timeline

There were 4 full MIIMAC meetings throughout the project and 3 working group (selected members within MIIMAC) meetings



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Diagnostic: Relevance & Quality

Relevance

+ **The Isotopes project was relevant and meet the needs of Canadian healthcare system**
  - *"the Isotopes shortage could be catastrophic for the patient community"*
  - *"it is a world-wide issue"*
  - *"there is only limited number of Isotopes during shortage, this (project) will help prioritize"*
+ **Most stakeholders find this project to be good value for money**
  - "*it is an insurance that we are buying"*
  - *"Web-based tool could have huge applicability"*
  - *"MCDA methodology could be used for other HTA projects"*
+ **Stakeholders feel that CADTH is the right organization to conduct this analysis**
  - "*there is no one else that could do it"*
  - *"cannot solely rely on international evidence"*
  - *"even the largest professional organization in medical imaging would not be able to do a project like this"*
  - "*provincial HTA agencies would not be able to provide the national perspective"*
+ **Firm commitment from Health Canada**
+ **MIIMAC members find that CADTH is well situated to do similar type of project in the future**

– **Not an immediate need because there is no shortage currently**

Quality

+ **MIIMAC members believe the composition of the committee is good**
  - "*had all the right people"*
+ **CADTH was able to support stakeholders achieve consensus given their competing interests**
+ **Stakeholders are satisfied with the quality despite the complexity and the broad scope of the project**
+ **CADTH found ways to fill the gaps such as "generic radiology background"**
+ **MIIMAC members found the MCDA framework was useful**
  - *Can be used to analyze problems objectively when there are competing interests*
  - *Can be applied to future HTA projects when there is no clear/consistent measurements such as QALY and need to analyze social costs*
  - *Can be used on projects that analyze multiple modalities or multiple technologies*
+ **CADTH was able to go out of it's "comfort zone" and fill gaps when there is no good quality evidence**
+ **Rapid response type of review is sufficient**
  - "*The project fits well into the 80/20 rule, CADTH doesn't need to do something to incrementally increase the quality, that would be massively more costly and time consuming"*
+ **CADTH maintained the neutral position**
  - *"Requestor recognized the neutral position of CADTH and did not try to steer the team away from certain position"*

Source: SECOR analysis; interviews with CADTH stakeholders

Diagnostic: Project Management

Scoping & Planning

+ The project may have had few delays, but the overall timeline was achieved
+ Jean Pruneau was present to help everyone agree on the objective and scope of the project
+ The team was able to be flexible and adjusted the original plan according to the information available

– Number of hours needed for MIIMAC members to commit wasn't clear up front

Financial Management & Measurement

+ Achieved original goal / scope
  - Total actual cost is less than proposed cost
+ Cost distribution of actual cost is well inline with the proposal
+ Team members tracked hours on a timesheet

– Funding ended before the initiation of many KE activities
– Slight inconsistency with some expenses:
  - Corporate costs were only included in months 18-24 as decision was made then to charge it as part of the budget

Human Resource Management & Stakeholder Engagement

+ Key strength of the project was bringing key thought leaders with different backgrounds together and reach consensus
+ Had discussions with some professional organizations (CIHI, Canadian Association of Nuclear Medicine, the Canadian Association for Medical Radiation Technologists, Canadian Medical Association and MEDEC)
+ MIIMAC members are satisfied with the consultation process (e.g. number of the meetings, etc.)
+ CADTH setup continuous improvement discussions and implemented insights throughout the project
+ Stakeholders are satisfied with the human resources allocation
+ MIIMAC members appreciated having a "point person", Michelle, throughout the project
+ KE officers and PM staff were integrated from the beginning of the project
+ CADTH staff noted the consistency and openness of communication
+ Staff members are well aligned on the objectives, scope, and timeline of the project
+ Stakeholders noted that a general radiologist was missing at the table, but the gap was filled by CADTH

– Discussions with professional organizations were limited at the beginning of the project due to the fact that the project had not been announced

Source: SECOR analysis; interviews with CADTH stakeholders; CADTH financial data; CADTH internal documents

Backup: Proposed Cost vs. Actual Cost

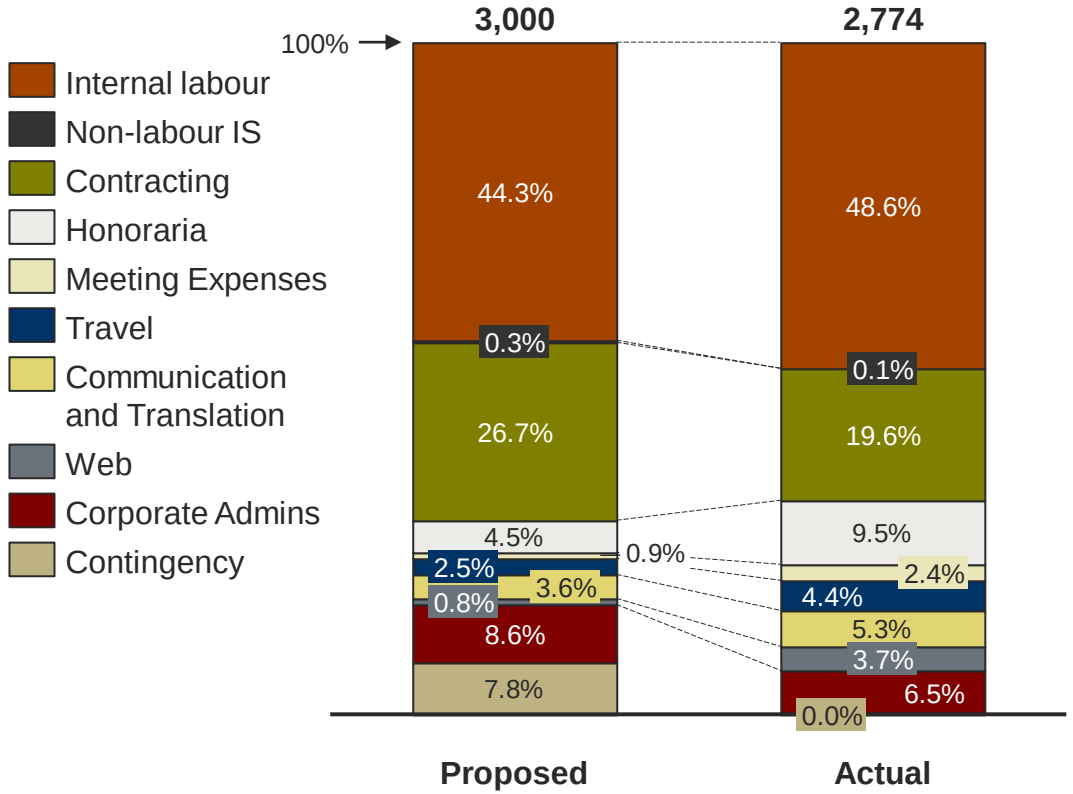
Total actual cost was less than proposed cost; cost distribution was in line with the proposal

Higher than expected costs include

- Committee cost and meeting cost, due to larger than expected committee size
- Web cost, due to development of web-based tool

Mapping actual cost to proposed cost

Proposed cost categories	Actual cost categories
Internal Labour	Internal Labour
Non-labour IS	Interlibrary Loans
Contracting	Contracting
Honoraria	Meeting Honoraria
Meeting expenses	Meeting equipment rental, meeting room rental, Catering, Teleconference cost, Legal and office costs
Travel expenses	Travel cost, accommodation cost, meals & incidentals
Communication & translation	Translation & writing, consulting
Web	Web activities, graphic design and survey tools
Corporate admins	Corporate cost allocations
Contingency	-



Source: SECOR analysis; CADTH internal financial data

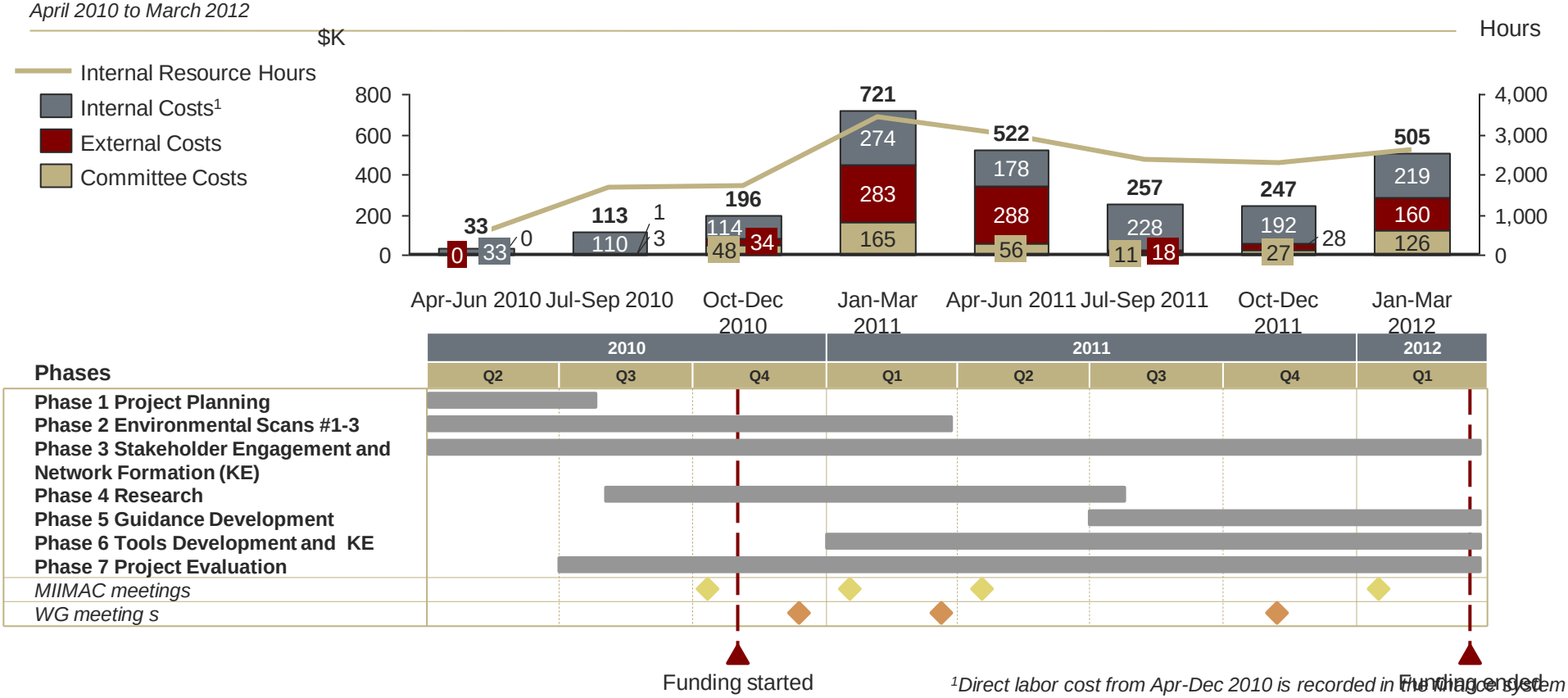
Backup: Isotopes Project cost over time

Internal costs are distributed evenly throughout the project, large proportions of costs are incurred in January 2011 to June 2011 with the main activities being research and guidance development; from Jan to March 2012, the main activity is tools development

A sharp increase in activities and spending after funding started in Q4 2010

Internal resource hours and cost of the project

April 2010 to March 2012



[1]*Direct labor cost from Apr-Dec 2010 is recorded in the Finance system during Jan-Mar 2011 period based on administrative reasons. The cost is normalized on the graph based on labor hours*

Source: CADTH internal financial data documents; SECOR analysis

Backup: Cost comparison with HTA/COMPUS projects

The distribution of Isotope project costs is in line with other HTA/COMPUS projects; the proportion spent on outreach is similar to the cost distribution of COMPUS projects

The cost of the Isotopes project is higher than HTA projects on a per month basis, and less than COMPUS projects

		HTA				COMPUS		
	Isotopes project	**Smoking Cessation**	**MRI**	**Surgical Robotics**	**TR-RA**	**PPI[4]**	**SMBG[4]**	**AAP**
Cost[1] ($, '000s)	**$2,594**	**$513**	**$179**	**$521**	**$425**	**$4,291**	**$3,318**	**$575**
Scoping cost	-	8%	-	6%	-	N/A	N/A	7%
Direct Report Production Cost	68%	92%	66%	94%	74%	N/A	N/A	62%
Internal costs	40%	84%	27%	69%	64%	N/A	N/A	47%
External costs	28%[2]	8%	39%	25%	16%	N/A	N/A	15%
Committee costs	17%	-	31%	-	20%	N/A	N/A	25%
Outreach cost	15%[3]	-	3%	-	-	~15%[5]	~15%[5]	5%[6]
Duration of the project (months)	22 mths	30 mths	6 mths	17 mths	17 mths	18 mths	13 mths	15 (incl. 6 mths of pause)
$/month	$118	$17k	$30k	$31k	$25k	$238	$255	$38

[1]Total cost of Isotopes project is $2,773K including corporate cost allocations; the cost numbers here excludes overhead costs
[2]Include contractor costs, consulting, translation & medical writing, legal and office costs, interlibrary loans and web activities, graphic design and survey tools; majority of the external costs are contractor, consulting, and web costs from Apr 2010 to Oct 2011
[3]Include KE department direct labor cost and Web cost from Oct 2011 to Mar 2012
[4]Detailed cost breakdown not available
[5] Estimated by CADTH internal staff, no translation cost included
[6]KE cost not included

Diagnostic: Uptake and Impact

Tools

+ The output both established a national perspective and allows local contextualization; stakeholders expect the web-based tool (once finished) will have strong applicability

+ Decision makers find the output is relevant and useful
  - *"Had it been available then, it would have answered a lot of the questions I had during last shortage"*

Dissemination & Implementation

+ Depending on the members' role, some MIIMAC members are already acting as "ambassadors" for the project (more applicable for members who are decision makers)
+ Committee members expect uptake when there is another shortage ("insurance policy")
+ One MIIMAC member noted not too much time is required to implement insights
+ LOs helped to identify candidates for MIIMAC committee

– Not all MIIMAC members are clear and aligned on the KE plan; not all MIIMAC members demonstrated interest in KE plan
– Dissemination more broadly was not yet pushed by CADTH (it may be forthcoming); LOs do not seem to be systematically engaged in the process yet
– Funding for the project ended before the initiation of many KE activities

(Barriers to uptake due to nature of the system)

– Communication structure not available within some jurisdictions and stakeholders sit at different levels in different jurisdictions, making it difficult to distribute CADTH findings
– Administrators would be reluctant to learn how to use the tool when there is no crisis
– Administrators may be inclined to rely on their existing knowledge over the unfamiliar
– Special interest groups may create resistance / lack of buy-in from stakeholders

Comments & Suggestions from Key Informants

- One MIIMAC member noted the project could be used on both strategic and operational level (could be used for federally strategic planning, and at a hospital decision making level) …
- …. However, a hospital decision maker noted that she would not use the prioritization list on a day-to-day basis because there are already stresses in the system for the alternatives proposed
- CADTH may need to re-promote the project when there is a crisis; Health Canada may also need to be involved in creating a communication plan
- One MIIMAC member mentioned that Health Canada should take more of a facilitating role and help CADTH promote the project
- Internal staff noted that a portion of the funding should not be confined to a specific time frame, as KE efforts take a long time to implement
- MIIMAC should be more engaged in the KE process: use more time at MIIMAC meetings to discuss KE efforts and what KE could do to support MIIMAC in information dissemination
- CADTH could also have more conversations with vendors (who may have a better understanding of who the buyers are)

Source: SECOR analysis; interviews with CADTH stakeholders

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Key Messages from this evaluation

Overall

- The project allowed CADTH to demonstrate flexibility (project evolved based on the information available), strong stakeholder engagement (23 MIIMAC members, some with competing interests), continuous improvement (implemented lessons-learned insights throughout the project) and innovation (new HTA framework, tool for local contextualization)
- The project can serve as a "prototype" for CADTH to tackle future projects that have pan-Canadian relevance, and require a decision framework
- CADTH needs to continue monitor the uptake and adjust KE plan accordingly to encourage the impact of the project

Relevance & Quality

- With the given context (aging reactor could lead to increase number of unexpected shutdown), the project mandate satisfy the need of having an optimal use plan in place should Canada healthcare system face another Isotopes shortage
- Stakeholders viewed the project as highly relevant and is aligned with healthcare system priorities; stakeholders viewed that the project is good value-for-money; stakeholders do not know of other public organizations within Canada what have the capacity and the expertise to take on a similar project
- Stakeholders believe CADTH's involvement is important as it provides sufficient Canadian context (as opposed to using international data)
- MCDA methodology was praised by stakeholders, as it encourages alignment of different opinions, and can be used for future HTA projects
- CADTH adapted to the information available and the system need (analyzed 24 high priority indication instead of ~40, established criteria based on healthcare system priorities, used rapid review methodologies due to time/resource constraints)

Project Management

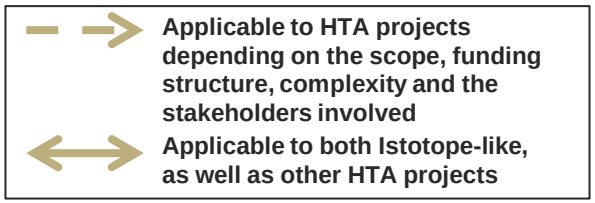
- Deliverables, timelines and financial objectives were met
  - Project final deliverables were above and beyond the original expectations (created a web-based tool in addition to the national guideline)
- Internal stakeholder engagement process was good
  - The number of meetings were adequate
  - A diverse group of stakeholders with competing priorities were able to agree on the final outcome of the project
- …However, discussions with professional organizations were limited at the beginning of the project due to the fact that the project has not yet been announced by Health Canada
- CADTH setup continuous improvement discussions and implemented insights throughout the project
- An integrated team structure (involvement of KE and PM staff early on in the process) allowed smooth transition from one phase to another

Uptake & Impact

- The web-based tool (not yet completed) is expected to be relevant and useful
  - Jurisdictions, RHAs and hospitals can modify the prioritization list of indications according to its own situation and system constraints
- Dissemination seems to be early in its process…
  - The output from this project is not an immediate need as there is no current Isotopes shortage
  - While some MIIMAC members are acting as "ambassadors" for the project, LOs do not seem to be actively engaged
  - Not all MIIMAC members are aligned on the KE plan
  - Funding has ended before major KE activities (except the creation of web-based tool) could take place
- While some stakeholders noted the deliverable (prioritization list) can be used for day-to-day decision making, others also noted there are already stress on the alternative suggested
- Continues to be barriers to uptake due to nature of the system (e.g. Communication structure not available within some jurisdictions and stakeholders sit at different levels in different jurisdictions, making it difficult to distribute CADTH findings; administrators would be reluctant to learn how to use the tool when there is no crisis; administrators may be inclined to rely on their experiences over the unfamiliar)

Source: SECOR analysis; interviews with CADTH stakeholders

Best Practices Learned from Isotopes Project



Isotopes-like Project

(projects similar to several aspects of Isotopes project: large/complex scope, multiple technologies/modalities, high pan-Canadian relevancy, stakeholders with competing interests, set timeline, decision framework/tools, different funding model)

All HTA Projects

Relevance & Quality

1. Explore more project opportunities with features in common with the Isotopes project
2. Explore opportunities that allows CADTH to develop outputs and tools that provide a national perspective while allowing for local contextualization

Project Management

3. Build flexibility in methodology to achieve timeline and financial and human resource objectives
4. Establish upfront understanding with funder/stakeholders that some aspects of deliverable may change as the project evolves
5. Use integrated team, involve KE and PM staff early on in the process
6. Hire professional meeting facilitators (for large committees) to allow chairs to fully participate
7. Continue to develop/use systematic financial/project planning and management tools
8. Implement continuous improvement mechanisms throughout the project
9. Continue to use smaller working group format when dealing with a large committee; have advanced discussions with the chair(s) to address risks

Uptake & Impact

10. Engage key opinion leaders and stakeholders throughout the project and also at the KE stage

Recommendations going forward

		For current Isotopes Project	For future Projects
Project Management	1		Clarify roles and responsibilities upfront both for individuals in the committee and in the internal team
Uptake & Impact	2		Scope a portion of funding that has less time restrictions to use for KE activities
	3	Continue to focus resource on key decision makers within jurisdictions and at Health Canada →	
	4	Continue to monitor impact and adjust KE plan as appropriate to drive uptake →	
	5	Work with Health Canada to develop a knowledge dissemination plan in times of Isotopes shortage	

APPENDIX

Contents

Comparison between Isotopes project and traditional HTA/COMPUS projects (I)

		Isotopes Project	Traditional HTA/COMPUS Projects (insights from Phase I)	Key Learnings
Relevance & Quality	Relevance	■ Health Canada has commissioned CADTH directly ■ MIIMAC members and Health Canada view the project as highly relevant, and good value-for-money ■ Output will become more relevant when there is a shortage ■ MIIMAC members well understand the final reports and can act as "ambassadors" ■ Web-based tool allows for contextualization	■ Approval required by DPAC at the topic selection stage ■ Timeliness continues to be an issue ■ Policy makers find reports long, difficult to digest ■ Lack of contextualization, lack of recommendations makes reports irrelevant to many	■ Continue to ensure topics of high relevance are selected ■ Timeline of deliverables needs to be well understood by the system before the initiation of the project ■ Decision makers need to understand the implication of reports ■ Continue create tools that supports contextualization
	Quality & Methodology	■ Tammy serves as a quality assurance officer ■ CADTH has been praised for its quality ■ MCDA methodology was used to allow stakeholders with competing priorities to reach consensus ■ Report review was more similar to the rapid response process as opposed to systematic review due to time/resource constraints	■ Tammy serves as a quality assurance officer ■ CADTH has been praised for its quality ■ Systematic review of available evidence often takes a significant amount of time and resources	■ Continue to develop high quality product with rigorous scientific methodologies ■ Methodology should be flexible to the information available, the timeline required, and the system needs

Continued …

Comparison between Isotopes project and traditional HTA/COMPUS projects (II)

		Isotopes Project	Classic HTA/COMPUS Projects	Key Learnings
Process	Planning	■ Timeline setup at the beginning of the project ■ Deliverables planned for each phase of the project ■ An integrated team structure – KE and PM staff were involved early on in the process	■ Limited planning for HTA/COMPUS projects ■ More recent projects are have integrated team structure	■ Enhance planning for HTA projects to ensure timeliness ■ Integrated team structure supports a smoother transition from guidance development to knowledge dissemination
	Stakeholder engagement	■ 23 committee members including key opinion leaders, academics, decision makers and public members at the same table ■ Stakeholders engaged throughout the HTA process (scoping, research, evaluation, etc.) ■ Had discussions with some external organizations at the outset of the project	■ Not all HTA projects have experts at the table ■ Experts are separate from decision makers ■ DPAC working group for different projects compose of same representatives from various ministries and organizations ■ Stakeholders only systematically involved at the topic selection and draft report parts of the process (we did observe an increase of stakeholder engagement in more recent projects) ■ Little communication with external organizations until the KE phase	■ Key opinion leaders and experts should be engaged early on the process ■ Stakeholders engagement needed throughout the process to gain buy-in ■ Ongoing discussions with relevant external organizations is important to raise awareness
	Continuous improvement	■ Internal lessons-learned meetings with staff members are conducted throughout the project ■ Formal debrief after each committee / working group meetings ■ Surveys conducted after each meeting ■ Insights from lessons-learned discussions are implemented immediately	■ Key lessons-learned documents are developed at the end of the project	■ Continuous improvement mechanisms should be setup throughout the project and insights learned should be implemented immediately
	Financial management	■ Staff members recorded number of hours worked on timesheet ■ The overall budget was scoped at the beginning ■ The finance objectives were met	■ No timesheet management ■ Limited budgeting process	■ Budget planning and reporting mechanisms should be implemented systematically for all HTA projects

Continued …

Comparison between Isotopes project and traditional HTA/COMPUS projects (III)

		Isotopes Project	Classic HTA/COMPUS Projects	Key Learnings
Uptake & Impact	Tools	■ Web-based tool, when completed, will allow local contextualization	■ Tools such as debrief documents for conferences and articles for magazines are created ■ Decisions are evidence-informed but not context-driven	■ CADTH should actively design tools that allow local contextualization ■ Tools that will directly assist stakeholders in decision making should take priority
	Dissemination	■ KE plan is created ■ Dissemination seems to be early in its process • The outputs from this project is not an immediate need as there is no current Isotopes shortage • While some MIIMAC members are acting as "ambassadors" for the project, LOs do not seem to be actively engaged • Not all MIIMAC members are aligned on the KE plan	■ KE plan is created for some projects ■ LO not consistently providing sufficient proximity to government points of contact at all levels, and not connected enough to support contextualization ■ Timeliness continues to be an issue e.g. by the time output is developed, decision has already been made	■ CADTH needs to continue monitor the uptake and adjust KE plan to ensure the impact of the project

Learnings documented by CADTH team (I)

Proposal

- Build adaptability into the proposal: establish upfront understanding with the funder that the deliverable may change based on the information available
- Align funding: align funding with project timelines
- Align on the deliverables: ensure the team who is responsible for delivery are involved in the proposal/scope definition
- Build capacity: establish proposal team or identify key individuals with in-depth knowledge of proposal writing

Committee Consultation/Meeting/Communication

- Establish clarity in roles upfront: understand relationship owners, define roles, responsibilities & expectations
- Use small working groups/breakout sessions, when having a large committee: work through problems prior to the full committee meeting; CADTH representative should be present in small group to provide support
- Have professional facilitator when managing a large committee: encourage less vocal individuals to comment
- Plan ahead to resolve differences of opinion: e.g. facilitator and CADTH work together to help committee resolve different opinions
- Provide context: conduct upfront contextual presentations; debrief committee members that join late or miss meetings; provide members a list of "Assumptions and Considerations" (items previously decided)
- Frequently communicate with co-chairs: review meeting agenda with co-chairs, offline discussions and advanced warnings on all aspects of the project
- Timely communication: post and communicate minutes & decisions immediately
- Communicate risks: actively communicate risks and gain buy-in from committee members if methodology/deliverable needs to be altered based on resource and information available

Source: CADTH internal document; SECOR analysis

Learnings documented by CADTH team (II)

Project Setup

- Clarify internal team structure: define reporting structure
- Use project management tools: ensure the tasks, start & finish dates are communicated and progress understood
- Plan for KE tools early: engage committee early and start creating tools as early as possible when stakeholders are aligned
- Promote KE: communicate CADTH processes (esp. KE) upfront using standardized tools
- Develop transition plans: if a team member roll off the project, transitions plans should be created

Information Management

- Establish a central database: consolidate all evidence assessment databases into one central database
- Have consistency in resources: have a core group of Information Specialist (IS) familiar with the process for the set of assessments
- Manage searches for overlapping areas: conduct thematic searching and authoring

Source: CADTH internal document; SECOR analysis

Additional comments from interviews

- “It is great that there is an organization like CADTH that government can rely on to do this type of research when needed”
- Provincial LOs should be much stronger ambassadors for their products and services
- CADTH should act as a “clearinghouse” when possible
- From an oncology perspective, a lot of oncology technologies are on the forefront that is coming into clinical practice rapidly, there will need to be an assessment of many testing/diagnostics, need a similar process for others as well
- HTA & guidelines development in Canada should have a more coordinated approach

Financial Details

Costs	Time Spent in Months 0-3 (hours) Apr-Jun 2010	Time Spent in Months 3-6 (hours) Jul-Sep 2010	Time Spent in Months 6-9 (hours) Oct-Dec 2010	Time Spent in Months 9-12 (hours) Jan-Mar 2011	Time Spent in Months 12-15 (hours) Apr-Jun 2011	Time Spent in Months 15-18 (hours) Jul-Sep 2011	Time Spent in Months 18-21 (hours) Oct-Dec 2011	Time Spent in Months 21-24 (hours) Jan-Mar 2012	Total Hours
Labour Costs									
Salaries and Benefits	-	-	-	47,092.01	33,928.09	25,132.47	18,698.89	17,751.64	142,603.10
Direct Labour Costs				483,746.21	143,713.43	203,200.80	173,675.81	200,807.02	1,205,143.27
Total Labour Costs	**-**	**-**	**-**	**530,838.22**	**177,641.52**	**228,333.27**	**192,374.70**	**218,558.66**	**1,347,746.37**
Corporate Cost Allocations							**144,200.00**	**35,800.00**	**180,000.00**
External Costs									
Contractor Costs	-	575.00	13,061.25	222,554.39	270,405.75	(816.83)	11,018.90	26,547.72	543,346.18
Consulting	-	-	16,201.63	41,867.54	2,078.80	15,126.38	3,159.78	44,902.08	123,336.21
Translation & Medical Writing			4,269.16	1,309.39	-	-	-	16,749.07	22,327.62
Legal and Office Costs			315.98	7,677.15	2,510.15	3,437.81	3,560.98	30.10	17,532.17
Interlibrary Loans								1,660.30	1,660.30
Web Activities, Graphic Design and Survey Tools			77.50	9,421.64	13,005.49		10,089.11	69,826.99	102,420.73
Total External Costs	**-**	**575.00**	**33,925.52**	**282,830.11**	**288,000.19**	**17,747.36**	**27,828.77**	**159,716.26**	**810,623.21**
Committee Costs									
Meeting Honoraria	-	-	25,711.30	102,351.00	33,348.50	10,039.40	9,250.00	83,551.60	264,251.80
Accomodation cost			2,464.06	10,225.74	3,134.94	50.00	3,119.23	7,026.23	26,020.20
Travel cost		2,565.93	15,197.11	34,208.85	13,201.44	153.28	4,599.70	16,757.30	86,683.61
Meals and Incidentals		236.43	1,258.84	2,900.35	1,159.86	52.75	421.68	3,549.92	9,579.83
Meeting Equipment Rental				7,325.45			5,050.02	6,364.84	18,740.31
Meeting Room Rental			1,870.92	1,997.84	3,844.95		831.52	2,831.68	11,376.91
Catering			1,431.61	5,269.63	1,656.70		3,274.37	6,231.12	17,863.43
Teleconference cost				408.02	145.98	245.06	47.02	159.46	1,005.54
Total Committee Costs	**-**	**2,802.36**	**47,933.84**	**164,686.88**	**56,492.37**	**10,540.49**	**26,593.54**	**126,472.15**	**435,521.63**
Total Isotopes Project Cost	**-**	**3,377.36**	**81,859.36**	**978,355.21**	**522,134.08**	**256,621.12**	**390,997.01**	**540,547.07**	**2,773,891.21**