Process review and evaluation of the evidence based health technology analysis program in Ontario, including the Medical Advisory Secretariat (MAS) and the Ontario Health Technology Advisory Committee (OHTAC)

Reviewers:
Stuart MacLeod, BC Provincial Health Services Authority and University of British Columbia
Maurice McGregor, McGill University Health Center
Mark Sculpher, Centre for Health Economics, University of York, UK

Review dates: November 28-29, 2011

Review schedule: attached, Appendix 1

Submission date: January 05, 2012

1. Background to the review

This report follows on two earlier reviews of Ontario's health technology analysis program conducted in February 2005 and March 2008. The reviewers are grateful to Dr Les Levin, Ms Laura Corbett, Ms Jean Dalley and the staff of MAS for the extensive documentation prepared and arrangements made in advance of the review.

The mandate of the review is three-fold:

1. review and assessment of a representative sample of recent MAS and OHTAC recommendations
2. presentation of a survey of opinions expressed by key informants interviewed November 28-29 concerning OHTAC-MAS performance since 2008
3. interpretation of review findings and presentation of recommendations for future directions

Since the 2008 review, a number of changes have occurred in the Ontario health care system and these have had significant impact on the activities of OHTAC-MAS. In particular, on June 8, 2010 the Excellent Care for All Act (ECFA) was passed, expanding Health Quality Ontario's role and mandate. Health Quality Ontario is mandated to monitor and report to the people of Ontario on:

- access to publicly funded health services
- health human resources in publicly funded health services
- consumer and population health status
- health systems outcomes

Health Quality Ontario is also expected to support a process of continuous quality improvement and to promote health care that is guided by the best available scientific evidence.

In April 2011, the Ontario Ministry of Health and Longterm Care announced that OHTAC-MAS responsibilities were to be merged with those of Health Quality Ontario. OHTAC-MAS activities are, through this adjustment, linked to the Ontario health technology evaluation fund, the Centre for Health Care Quality Improvement and the Quality Improvement Innovation Partnership.

At the time of this public announcement, details of the future relationship of OHTAC-MAS and Health Quality Ontario had apparently not been fully defined. During the current assessment visit, reviewers

were informed that terms of reference describing the relationship between Health Quality Ontario and OHTAC-MAS had been formally approved by HQO during the month of November. These TOR were not reviewed during the current visit.

The review process was altered by the change in reporting relationship. The bulk of materials presented to the reviewers related to tasks undertaken before the changes announced in April 2011. Given the recent delineation of terms of reference, it is premature to comment on how the responsibilities of OHTAC-MAS may be altered in the future. The reviewers have, for the most part, confined their comments to evaluation of OHTAC-MAS activities under the previous mandate.

2. 2008 recommendations and OHTAC implementation

The reviewers were presented with a careful tabulation of responses made by OHTAC-MAS to 2008 recommendations. In general, the response made by OHTAC-MAS appears to have been comprehensive and effective. Some of the recommendation responses have been altered by the change in the political environment, but OHTAC-MAS has shown considerable flexibility and has adapted appropriately to emerging realities.

Summary comments on the OHTAC-MAS response to 2008 recommendations are provided in Table 1.

The reviewers were consistently impressed by the strength of stakeholder representation on OHTAC. Without exception, the key informants interviewed from OHTAC stakeholders were enthusiastic about the work of MAS and about the quality of the reports that have been presented to OHTAC for decision and recommendations. The work of OHTAC appears to have benefitted since 2008 from the addition of representation from industry and the local health integration networks (LHINs). The present and past chairs of OHTAC, and representatives of the Ontario Medical Association, the Ontario Hospital Association and the Council of Academic Hospitals of Ontario were interviewed and all expressed the view that the work of MAS, in studying issues raised by MOHLTC and by the OHTAC member organizations, had been of excellent quality.

The reviewers also had an opportunity to examine the interface between OHTAC-MAS and the three Ontario academic units most engaged in field evaluation studies. Unanimously, the academic representatives placed a high value on their working relationship with OHTAC-MAS and expressed the view that the government-academia interaction around priority health issues requiring technology assessment had been mutually beneficial. The researchers interviewed felt that their interactions with OHTAC-MAS through the committee had been constructive and mutually supportive. The relationships have strengthened since 2008, but, as described below, future roles and contracts remain uncertain.

The reviewers also heard that the interactions of OHTAC-MAS with the Ontario citizenry have been progressing effectively, are carefully considered and are setting new standards for citizen/patient engagement.

3. Conduct of the review and evaluation

The review and evaluation consisted of three main activities:

1. a review of extensive documentation related to completed reports provided by MAS;

A summary review of these materials is provided below. Specific comments on evaluations of individual technologies and on mega analyses subjected to review have been provided directly to MAS through Dr Levin.

2. interviews with key informants and with MAS staff
   Interviews included the stakeholders identified above and both the board chair and CEO of Health Quality Ontario. A full list of those interviewed is provided as Appendix 1.
3. preparation of report and recommendations

4. Findings

Summary statement

The review committee arrived at the following overall conclusions:

- **The OHTAC-MAS-University structure developed by Ontario is a uniquely successful innovation in original and translational health care research.**
- **The quality and relevance of the reports it has been producing are of a consistently high quality that is internationally recognized.**
- **The relationship between OHTAC-MAS and the Ministry of Health, which stands out internationally in its effectiveness, has resulted in an extremely high level of implementation of report recommendations.**

Accordingly, whatever changes come about, this outstanding success to date should be recognized and every effort should be made to ensure that it continues.

General findings

Ontario's evidence based health technology program is functioning extremely well and has produced a variety of technology specific and comprehensive analyses since its inception. The members of OHTAC place a very high value on the work of the committee and are confident in the ability of the committee's reports to guide their decisions and to influence the use of health technologies in Ontario. The reviewers were advised that 85% of OHTAC recommendations have been implemented, in most cases through actions taken by the MOHLTC.

The reviewers were concerned that the work of OHTAC-MAS is shifting to broader and more comprehensive analyses (mega analyses) and to a quality improvement agenda. This may diminish the resources available for the evaluation of individual innovative technologies.

The committee has accepted responsibility for a broad range of topics referred from stakeholders and, in particular, from the MOHLTC. It is estimated that almost half of the reviews undertaken have been initiated by MOHLTC; however, the reviewers were advised that no new issues had been referred from the Ministry since April 2011.

The work of the academic units engaged in field evaluation has received widespread praise from OHTAC stakeholders and from investigators in other parts of Canada and internationally. The academic unit leaders expressed some concern that the volume of questions had not always kept pace with their contractual commitment. In fact, the academic units are prepared to take on more work than has been

forwarded to them. Any decision on future roles for the academic units is complicated by uncertainty concerning contractual arrangements after March 2013.

Specific findings

1. Quality of MAS reviews

   In general, the reviewers thought that the MAS reviews of specific technologies were of excellent quality. Certainly, sound summaries of available clinical evidence are presented in most cases, although the depth of the associated analysis is variable.

2. Quality of mega analyses

   MAS has increasingly been asked to take on broad system-wide, comprehensive reviews of important issues such as aging in the community, management of diabetes, management of COPD and approaches to seizure disorders amenable to surgical treatment. Recently MAS has begun to examine inappropriate hospitalization in Ontario. It is clear that these broader topics are challenging to the human resource base in MAS, but the reviews conducted are generally of high quality and provide an effective framework for broader policy considerations. If it is expected that the present high level of development of individual HTAs is to be maintained, additional staffing will be necessary.

3. Cost effectiveness analyses

   The reviewers found that cost effectiveness analysis has not been a major focus of MAS reviews. The more detailed cost effectiveness analyses have been performed by the academic units associated with MAS, particularly PATH at McMaster and THETA at the University of Toronto. At times, the presentation of the full cost effectiveness analysis appears to have been out of synchrony with the OHTAC-MAS review process. In some cases at least (eg, coronary angiography vs computed tomography), incorporation of the complete CEA into the HTA appears to have been delayed in order to protect the ability of academics to publish their results in high profile journals. The reviewers considered that this issue could be managed effectively within OHTAC-MAS and that, in order to maximize impact and to provide a full picture of the work undertaken, meaningful CEA should be published in a timely fashion as part of the main MAS publications. This should not compromise the publication objectives of the academic partners. Some further work on the process issues around CEA is required. MAS staff are overwhelmingly skilled up to undertake systematic reviews with involvement of only two health economists. If more CEA is needed in the MAS reports and if the academic groups are not able to provide all of this, there may be a case for strengthening the health economist capacity within MAS.

4. Impact of the ECFA

   Clearly, the implementation of the Excellent Care for All Act in April 2011 has changed the landscape for OHTAC-MAS. The reviewers were concerned to hear that no priority issues have been forwarded from the Ministry since April 2011. It was also noted that no representative of the MOHLTC was available to speak with the reviewers. This contrasts sharply with the review of 2008, at which time the Deputy Minister expressed unequivocal enthusiasm for the work of OHTAC-MAS and indicated its high value to the Ministry in decision making functions.

   The priority setting process in the new HQ O/MAS relationship has not yet been adequately defined. The previous process seems to have worked admirably. The work undertaken by OHTAC must depend not only on what needs to be done but also on what can be done, and there is concern, shared by the reviewers, that the science background of the HQO board may not be appropriate to

identify this balance. . However, the reviewers were advised that a science advisory committee would be established under the leadership of HQO in the near future. Whatever process is eventually adopted the reviewers believe it will be important to maintain considerable input from MAS

The reviewers considered that the timing of their evaluation was too early to permit any meaningful comment on the HQO relationship with OHTAC-MAS. The board chair of Health Quality Ontario advised the reviewers that terms of reference had just been approved in the week prior to the evaluation visit. If OHTAC-MAS is to continue to provide optimum benefit to Ontario it is important that these terms of reference successfully define a new working relationship.

5. OHTAC stakeholder engagement

Without exception, OHTAC stakeholders interviewed were complimentary to the work of MAS and were supportive of their organizational involvement in the OHTAC-MAS process. The reviews completed by OHTAC-MAS (both specific and mega analyses) are perceived as being of great value to the decision making process in Ontario. The existence of evidence based technology analysis appears to have facilitated better integration among key stakeholders, including the community, health care practitioners, hospitals and academic organizations. The OHTAC committee is given high credit by its members and the reviewers heard unanimous praise of the work done by the past chair, Dr Bill Shragge. Dr Shragge himself expressed the view that the committee has made considerable progress during the past three years. Both he and the incoming chair, Dr Charles Wright place major emphasis on the importance of defining a new working relationship with HQO as outlined in the recent terms of reference.

6. Ministry/HQO relationships

Past reviews have considered the importance of maintaining good communications between OHTAC-MAS and the Ministry of Health. Under the reorganization, OHTAC-MAS now reports to HQO and the reviewers were not provided with sufficient clarity on how HQO will determine workplan priorities. In discussion with the CEO of HQO it was apparent that the emphasis is likely to shift from health technology assessment to broader issues of health quality improvement. It is equally clear that the HQO CEO would like to see more emphasis placed by MAS on cost effectiveness analysis. However, at the present time such capacity has only limited expression within the current MAS staff. Based on past working relationships there is potential for strengthened relationship with academic units that do have capacity for CEA. Unfortunately, current contracts with those units expire in March 2012. The reviewers were told that the agreements have probably been extended to March 2013, but long term planning will not be possible until those agreements are consolidated with a time horizon of at least three years.

7. Academic relationships

As noted, the academic partners of OHTAC-MAS are uniformly enthusiastic about the quality of their interactions and pleased with the importance of issues that have been placed before them. The reviewers think that the academic units performed well but are concerned about the current instability which has resulted from changed reporting relationships. It will be difficult to maintain the previous high impact of OHTAC evaluations if they are not supported by a strong, independent research capacity.

8. Sustainability of OHTAC

The reviewers were informed about recent efforts to make the OHTAC research agenda sustainable, in part, by developing an ability for pre-market assessment of new technologies. This program,

undertaken in association with the private sector and the MARS program, sounds interesting and worth exploring. A review of the MARS-EXCITE program is outside the scope of this review but reviewers considered that the potential for pre-market assessment of new promising health technologies might facilitate economic development in this sector and also amplify the impact of the scientific expertise that has been brought together under OHTAC-MAS.

Draft recommendations

On the basis of the foregoing analysis the reviewers offer the following recommendations:

1. Given the ongoing challenge of decision making regarding the clinical and cost effectiveness of new medical technologies in Ontario, it is advantageous to Ontario to maintain the solid reputation of OHTAC-MAS within Canada and internationally. HQO should reinforce the importance of OHTAC-MAS as a source of reviews of health technologies and health care interventions that are objective and independent of direct government influence.

2. HQO working relationships with OHTAC-MAS should be structured so as to capitalize as effectively as possible on the universally recognized high quality and impact of previously completed projects. Openness, transparency and commitment to knowledge mobilization should be maintained.

3. OHTAC-MAS should be encouraged to increase its capacity for robust cost effectiveness analysis. Specifically, HQO should:
   a) Broaden the research capacity of MAS beyond clinical epidemiology. Capability should be expanded in health economics and outcomes research and in modeling. Qualitative research should be recognized as an essential component.
   b) Build enhanced capacity in implementation research, either internally or within OHTAC-MAS, as warranted
   c) consolidate continuing relationship to academic units with capacity for health services research

4. The demonstration of value added to the Ontario system by OHTAC-MAS should be a consistent, ongoing process. Periodically, documentation and evaluation of the impact of OHTAC-MAS reports should be presented to the Board of HQO.

5. The change of 'location' for OHTAC-MAS provides an opportunity to review the approach taken to prioritization of OHTAC-MAS research activities and to ensure focus on high impact areas. HQO should consider establishment of a priority setting mechanism guided by an appropriately qualified scientific advisory committee.

6 HQO should work with OHTAC-MAS to further define the place of mega analysis as a tool for examination of system wide issues including quality assurance. Such a development will improve the alignment of OHTAC-MAS activities with MOHLTC, in keeping with priorities established by HQO.

7. HQO, working together with OHTAC-MAS, should further develop a comprehensive KTE strategy to be implemented by OHTAC-MAS with appropriate targets:
   - public understanding and community engagement
   - health care professionals
   - institutions
   - relevant government offices/agencies

8. Following realignment of OHTAC-MAS management with HQO there will be a need to reaffirm strong, effective working relationships with academic partner organizations skilled in relevant qualitative research, field evaluations, outcomes analysis and health economics. Forthcoming contracts should be of at least three years duration.

Table 1

2008 Recommendations and OHTAC Implementation: Reviewer Comments

November 2011

Recommendation	OHTAC Implementation	Review committee comment November 2011
1. Organizational Structure and Alignment with LHINS		
"Given the current organizational structure of the Ontario healthcare system, the governance and structure of the evidence-based health technology analysis program is fit for purpose and does not require revision. Nonetheless, closer alignment with LHINs should be sought as their roles continue to evolve."	▪ MAS's organizational structure remained intact as recommended until April 2011, at which point MAS transitioned into the newly created agency *Health Quality Ontario*. ▪ MAS's role within Health Quality Ontario is to form the evidentiary basis for quality improvement in the health system. ▪ OHTAC continues to serve as the advisory committee that reviews evidence and develops evidence-based recommendations to inform health policy, however OHTAC is in the process of becoming a sub-committee of the Board of Health Quality Ontario. ▪ A senior executive, Bill MacLeod CEO of from the Mississauga Halton LHIN was appointed to OHTAC, to represent LHINS on the OHTAC committee. ▪ MAS has sought closer alignment with the LHINs through a number of presentations to various LHINs to introduce and identify linkages between MAS and the LHINs.	MAS is commended for efforts made to establish effective working relationship with LHINS. Reviewers heard from Bill McLeod that he, as a representative of LHINS on OHTAC, is pleased with the evolution of the relationship. In the view of the reviewers the functional evolution of the relationship has been impeded by continuing ambiguity about the future role of LHINS. Assessment: response satisfactory
2. Alignment with Strategic Objectives of MOHLTC		
"The activities of MAS/OHTAC should continue to be more aligned with the strategic objectives of the MOHLTC, as this maximizes the potential for policy impact. However, the program	▪ MAS/OHTAC has continued to respond to the evidentiary needs of MOHLTC and the broader health system with 85% traction on OHTAC recommendations as reflected in policy development. ▪ This has occurred for both mega analysis and individual technologies	MAS has responded effectively to requests for analysis originating from MOHLTC. MAS reports that 85% of OHTAC recommendations have been implemented by MOHLTC but this number is not readily verifiable. Some informants questioned whether the record of implementation is that high. The

should retain the role of being the main portal for the introduction of expensive new technologies into the Ontario healthcare system."	that MAS has asked to examine. ▪ With the move to Health Quality Ontario, new opportunities are available to fulfil OHTAC recommendations in terms of practical implementation by our quality improvement colleagues as well as through our value-based funding opportunities within Health Quality Ontario.	reviewers heard concern that the requests for analysis from MOHLTC has dried up since April 2011. It appears that future analysis requests made to MAS will come from HQO and will likely centre on system-wide performance and quality improvement rather than on technology assessment. Assessment: MAS has made major efforts to improve alignment and has met all requests made previously by MOHLTC. The policy environment has now changed with ECFA implementation and the ability of MAS to meet needs for specific assessment of new individual technologies may be diminished as priorities shift.
3. Industry Involvement and Representation		
"A more formal mechanism for involving industry should be considered, such as an Industry Liaison Group."	▪ The CEO of MEDEC has been appointed to sit on OHTAC. MEDEC is a national association which represents 146 multinational health technology companies and serves its members in terms of advocacy and educating stakeholders on the medical technology industry. ▪ MAS continues to engage industry in the early stage of every evidence-based analysis. ▪ Closer contact with industry has given rise to new concepts and the development of a new approach to evidence-based analysis and evaluation in the pre-market space.	After the 2008 review a representative of MEDEC was added to OHTAC and this is seen as mutually beneficial. Assessment: MAS-OHTAC response entirely satisfactory
4. Alignment with Strategic Objectives of MOHLTC		
"In conducting systematic reviews, MAS should seek collaborations with other similar HTA entities, so as to minimize duplication of effort and to promote mutual learning."	▪ MAS uses other systematic reviews from credible HTA agencies as one the foundations when developing its evidence platforms. ▪ MAS, with the full support of the Deputy Minister of Health and Long-Term Care and the Executive Vice President from Blue Cross and Blue Shield (BCBS),. has developed a joint	MAS-OHTAC representation at national and international meetings is exemplary and access to the MAS website is of high volume, helping to support a growing international reputation for excellence. Assessment: activities since 2008 are completely in line with

	project in genomic evidence-based analysis with BCBS currently in the formative stage of development.	recommendation
5. Consultation with Clinical Content Experts		
"MAS should ensure that relevant clinical content experts are always consulted by the team undertaking systematic reviews."	▪ MAS has adopted a process of establishing expert panels for the contextualization of evidence for all mega analyses. ▪ For single technology assessment MAS consults with one or more content experts throughout the evaluation.	MAS continues to use expert panels in an exemplary fashion and has set an international standard for contextualization of its evidence. The single technology assessments, perhaps not surprisingly, are most easily managed. Assessment: All expectations of the 2008 review have been met.
6. Lessons learned from first group of Mega-analyses		
"The first group of mega-analyses should be assessed in order to learn lessons for the scoping and conduct of future studies."	▪ Each mega analysis has been shown to be unique in terms of its structural approach. While MAS has delineated consistencies in these approaches, it has also become increasingly confident in taking on complicated disease conditions, the most recent of which is the COPD mega-analysis. ▪ The newly appointed manager of MAS has a background in program management and has joined each of the mega-analysis projects to ensure the application of program management principles.	The reviewers spent considerable time discussing the challenges inherent in mega analysis. These challenges extend to use of such assessments in scoping and conducting future studies and in assessing system-wide impact.. Comment: The reviewers accept the view that each mega analysis is both complex and unique. Assessment is challenging.
7. Recruitment, Retention, Staffing Levels		
"Given the expanding role of the Medical Advisory Secretariat, issues of recruitment and retention will need to be reviewed, and staffing levels will need to be increased. "	▪ With the relocation of MAS to Health Quality Ontario, there was some disappointment within MAS that despite the increasing demands on this unit, these demands were not reflected in increase in incremental units. ▪ MAS receives high quality applications when it advertises for available positions. The turnover for MAS has been low.	MAS represents a research team designed for health technology assessment. Its in-house expertise is not entirely appropriate to the broader mandate now being presented by HQO. As noted elsewhere, MAS will require additional staffing if it is to improve its capacity in health economics outcomes research, cost effectiveness analysis and implementation research. Some disruption of MAS stability has resulted from the shift of April

		2011 from public service to HQO. In spite of some staff departures through this realignment, MAS appears to have a stable team with a particular capacity for clinical epidemiology research. Assessment: Reviewers commend MAS staff for their commitment to their research program. The secretariat has done well to maintain as much stability as possible under changing conditions.
8. Disinvestment Agenda		
"Since the availability of funds is one of the challenges in implementing OHTAC recommendations, more attention should be paid to the disinvestment agenda."	▪ With the transition to Health Quality Ontario, OHTAC will be considering broader opportunities invite applications from the health system to review unsafe or ineffective technologies, which would align more specifically to the disinvestment agenda. ▪ In each evidence-based and economic analysis, opportunities for disinvestment opportunities may be identified. ▪ One such example is the delisting of Vitamin d, which was a diffused technology. However, disinvestment of other diffused technologies has proven to be difficult such as the mega-analysis of cardiac imaging.	MAS has made little progress in disinvestment and this reflects in part the limitations of its mandate prior to April 2011. With the new broader mandate there may be more opportunities for disinvestment strategies. MAS has reported substantial savings to the Ontario government as a result of their recommendations. Savings are estimated at $650million annually, a figure not readily verified. Assessment: The reviewers agreed that the 2008 expectation of stronger involvement in a disinvestment agenda was unrealistic. The reported saving of $650million annually is not easily verified but the reviewers are confident that MAS is paying a handsome return on the investment made in it activities.
9. Stakeholder Engagement		
"MAS/OHTAC should continue to involve key stakeholders in the HTA process, especially in the scoping of assessments, commenting on draft reports/recommendations and in commenting on proposals for field evaluations."	▪ MAS has expanded its work with expert panels to ensure that key stakeholders are involved in several phases of the HTA process. ▪ Particularly, the scoping of assessments, review of draft reports/recommendations and review of proposals for field evaluations.	OHTAC-MAS has broadened the stakeholder involvement in its committee work and has expanded its use of expert advisory panels. Engagement with academic stakeholders has strengthened with increasing experience. Assessment: Stakeholder enthusiasm for the work of OHTAC-MAS is uniformly strong

		and the reviewers feel that progress has been made since 2008.
10. Public Engagement		
"OHTAC should adopt the recommendations of its Public Engagement Sub-Committee regarding involvement of the general public in its activities."	▪ To facilitate public engagement in the HTA process, MAS funded the Citizen's Advisory Panel through McMaster University. (See report by Julia Abelson "*Consulting with Ontario Citizens about Health Technologies: Final Report of the Citizens' Reference Panel on Health Technologies*" within the Public Engagement Tab of this binder) ▪ In addition, public engagement is also achieved through a three week public engagement window during which the OHTAC recommendation and MAS Evidence-Based Analysis report is posted on our public website and all public/professional stakeholders are invited to provide comments. ▪ The three week public engagement period targets advocacy groups associated with the specific technology or disease condition being evaluated for their feedback.	MAS has done considerable work in the area of public engagement since 2008, including funding of a citizens advisory panel conducted by Julia Abelson at McMaster University. Public engagement is also facilitated through open and transparent communication of OHTAC recommendations on the internet. Assessment: The public engagement strategy is challenging but the reviewers heard that the work done to date has been very positive and progress satisfactory. This is an area likely to become of even greater importance under the HQO mandate.
11. Communications Plan		
"The efforts to improve communication with OHTAC's various audiences should be supported. Particular attention should be paid to internal communication of OHTAC's role, activities and recommendations within the Ministry itself."	▪ With the transition to Health Quality Ontario, the internal communications team will be providing support and leadership to improve the dissemination of the messages that arise from the work MAS and OHTAC have done. ▪ Within Health Quality Ontario, there is increasing connectivity between the three divisions in terms of sharing information and opportunities and for cross-fertilization and integration. ▪ We note that on an increasing basis, the Ontario Minister of Health and Long-Term Care has been referencing OHTAC recommendations as the basis for new health policy decisions.	OHTAC has placed a major emphasis on its communication strategy and this has been effective. Knowledge generated by OHTAC is being mobilized within Ontario, nationally and internationally. It is noted that the communications plan will be adjusted now that knowledge transfer will flow through HQO. Comment: The communications plan appears to have been successful but will need some adjustment with the new realignment with HQO.

12. Development of Policy Implementation Briefs		
"Consideration should be given to developing a ***policy implementation brief*** for all OHTAC recommendations requiring Ministry action."	▪ There has been 85% traction on OHTAC recommendations. In most cases, OHTAC recommendations each require a different implementation strategy. ▪ The increasing alignment between OHIP fee code agreements and requests to MAS/OHTAC for evidence to support these changes such as was the case for bone mineral density testing, intraocular lenses, CT angiography and PET scanning. ▪ The ECFA legislation allows the board of Health Quality Ontario to advise the Minster of Health and Long-Term Care on specific targeted funding to implement interventions that affect the quality of the health system. This capacity will provide an important opportunity for implementing OHTAC recommendations. ▪ Within Health Quality Ontario, the development of quality performance indicators and value-based funding models will hopefully provide significant leverage in terms of implementing OHTAC recommendations.	OHTAC-MAS reports that their recommendations have been well received prior to April 2008 by MOHLTC and there have been effective implementation strategies developed by the Ministry. Comment: The reviewers found it impossible to determine whether the 85% traction reported by OHTAC is accurate. The response to the 2008 recommendation does not directly address the notion of an implementation brief for Ministry action. Many observers commented on the fact that the transition to HQO responsibility should improve the opportunities for implementation, although it is not entirely clear to the reviewers how this will be facilitated without more direct OHTAC-MOHLTC interaction.
13. Exploration of Mandating OHTAC Recommendations		
"An analysis should be conducted of the pros and cons of making OHTAC recommendations mandatory, drawing on experience from other jurisdictions."	▪ While we maintain close ties to the Ministry of Health and Long-Term care, it is not clear where there is interest on the government's part for this approach.	OHTAC-MAS reports no government uptake on this recommendation. Comment: Clearly this recommendation is outdated in view of the new relationship with HQO. As noted, many observers feel that HQO will have a strong capacity for implementation.
14. Collaborative Focus on Implementation of OHTAC recommendations		
"A workshop should be convened involving OHTAC, the MOHLTC and other interested parties to	▪ We continue to have discussions with the Ministry of Health and Long-term Care around issues relating to the implementation of OHTAC	OHTAC-MAS reports continuing discussions with MOHLTC regarding implementation; however, HQO intervention has now been interposed between

discuss the issues surrounding the implementation of OHTAC recommendations. The discussions would be informed by the analysis suggested in (13) above and by considering some case studies based on past examples of OHTAC findings/recommendations."	recommendations.	OHTAC and MOHLTC and this new relationship will eventually influence implementation. Comments: It is impossible to foresee whether implementation activities will be strengthened or weakened through the intervention of HQO but in any case the 2008 recommendation is now outdated.