

## Session 1

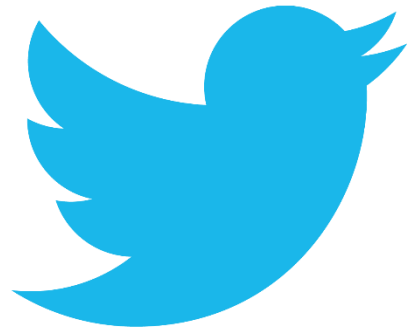
# Judging Evidence: Finding a Place for Variation in an Evidence-Based World

**Speaker:** Shamara Baidoobonso

**Panelists:** Sholom Glouberman, Dr. Garry Salisbury, Monique Lloyd, Dr. Andreas Laupacis, Dr. Howard Hu

**Moderator:** Dr. Mitchell Levine

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# Presenter Disclosure

- **Relationships with commercial interests:**
  - None applicable

# Disclosure of Commercial Support

- This session has received no commercial support

# Mitigating Potential Bias

- Not applicable

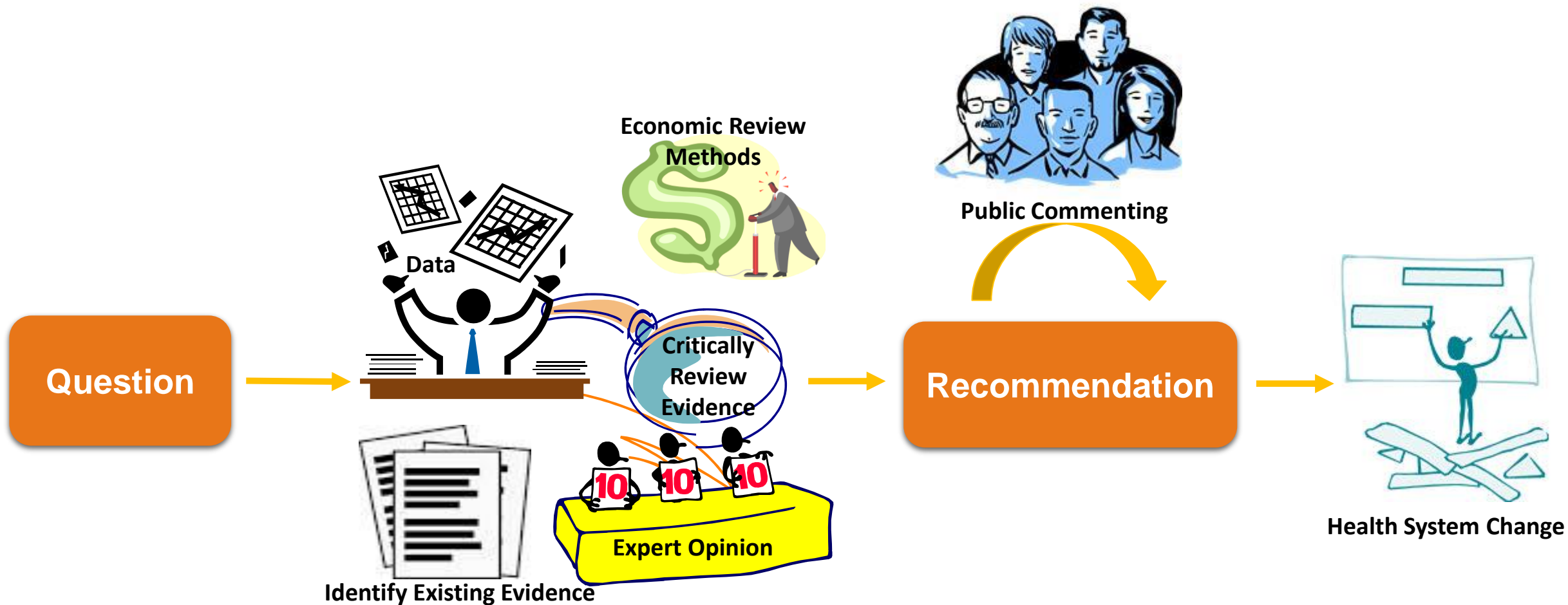
# OVERVIEW OF HQO'S WORK IN THE AREA OF EVIDENCE DEVELOPMENT



# EDS Branch HQT Session Planning Committee

- Shamara Baidoobonso
- Amar Chadee
- Laura Corbett
- Nik Goyert
- Viola Leung
- Les Levin
- Immaculate Nevis
- Idris Noorzad
- Stefan Palimaka
- Stephen Petersen
- Bahareh Vali

# Evidence Development Approach



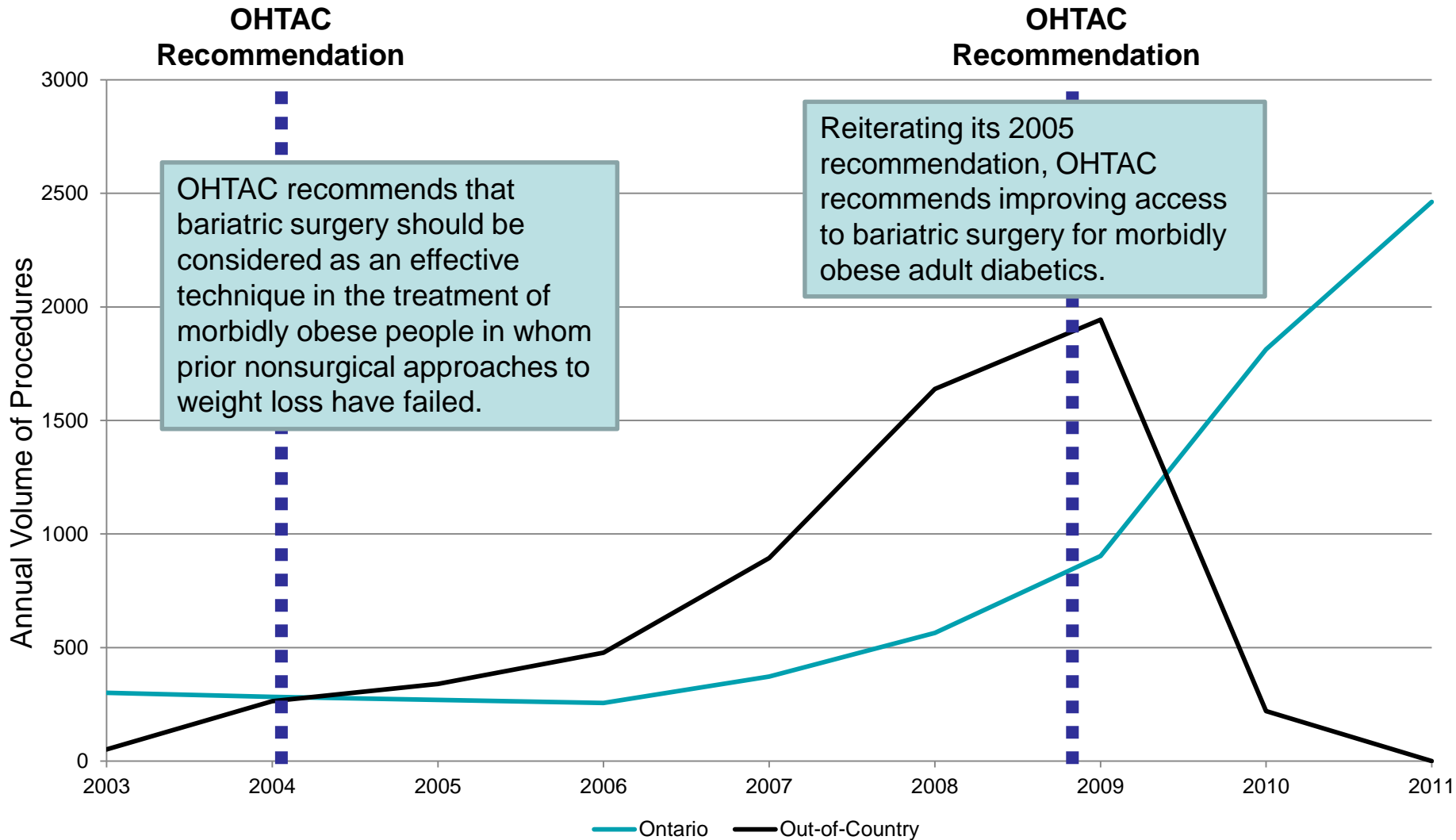
**Patient and Public Engagement**



# Evidence Development Projects

Project Type	Focus	Example
<b>Single Health Technology Assessment</b>	Safety and effectiveness of a health technology	Capsule endoscopy for GI bleeding
<b>Mega Analysis</b>	Health state or disease	End-of-life care
<b>Appropriateness Initiative</b>	Overuse, misuse, underuse of a health technology	Periodic health examinations in asymptomatic adults
<b>Quality-Based Procedures (QBP)</b>	Disease trajectory	Community-acquired pneumonia
<b>Evidence-Based Standards</b>	Quickly evolving area of health research	Robotic-assisted minimally invasive surgeries (ongoing)
<b>Field Evaluations</b>	Any of the above when evidence is insufficient	PET scan studies

# Example: Bariatric Surgery for Morbid Obesity



\$15,697/QALY Gained

## Achieved

- 4 Bariatric Centres of Excellence
- 4 stand-alone Regional Assessment and Treatment Centres
- 2 pediatric RATCs
- Ontario Bariatric Registry

# Example: Preoperative Cardiac Stress Tests for Noncardiac Surgery



Results	Evidence Quality
↑ Prediction of postoperative cardiac events	Very low
↑ 1-year survival	Very low
↓ Hospital length of stay	Very low



## Recommendations

OHTAC does not recommend the routine use of noninvasive cardiac stress tests for preoperative screening prior to noncardiac, intermediate-risk, elective surgery.

OHTAC recommends that the selective use of these tests be guided based on patients' clinical risk factors for perioperative cardiac complications, as well as whether information from the test would inform clinical decision-making.

# Example: Point-of-Care International Normalized Ratio (POC INR) Monitoring Devices for Patients on Long-term Oral Anticoagulation Therapy

Results	Evidence Quality
↑ Anticoagulation control	Low
↔ Major hemorrhages	Moderate
↓ Thromboembolic events	Moderate
↔ All-cause mortality	Moderate
↔ Death	Moderate
↑ 10-year survival	Very low
↑ Patient QoL, perceived quality of care, satisfaction	Low
POC strategies are cost-effective compared to traditional lab strategies	NA

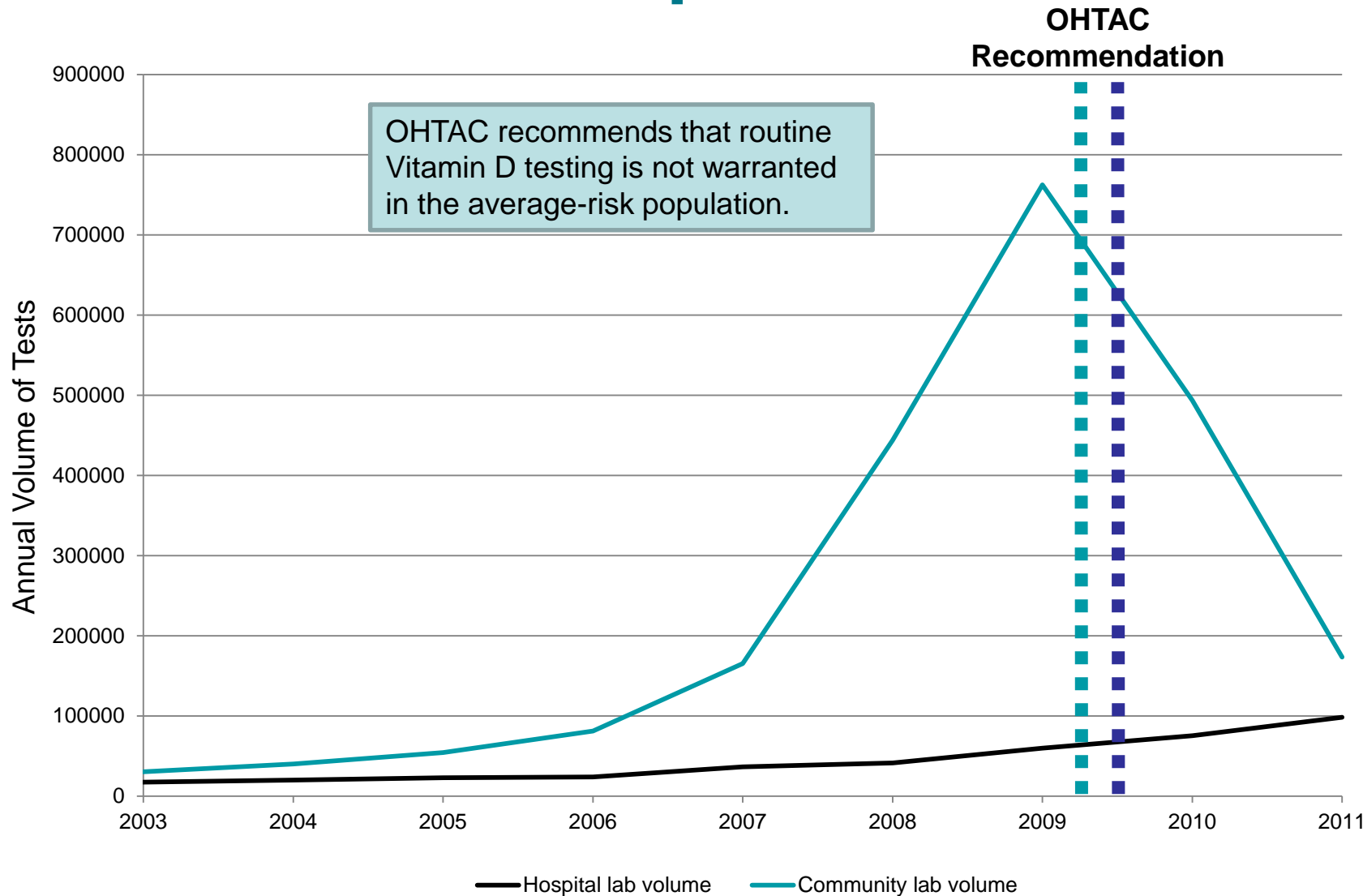


**Patient Engagement**

## Recommendation

OHTAC recommends that POC INR devices be made available in Ontario as an alternative to laboratory-based testing and that implementation strategies consider the advice of the expert panel/QMPLS committee examining this issue.

# Example: Vitamin D Testing



## Controversy

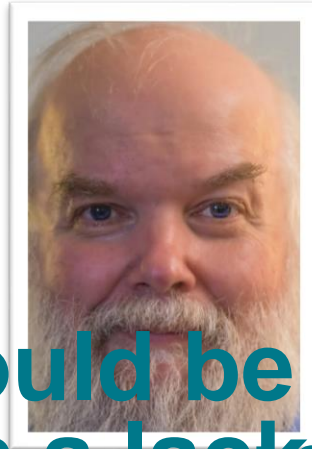
Two appeals resulted in a slight revision to clarify which patients are excluded from the recommendation.

## Achieved

As per the revised recommendation, Ontario restricted insured Vitamin D testing to patients with osteoporosis, rickets, osteopenia, malabsorption syndromes, and renal disease, and to those taking drugs that affect Vitamin D metabolism.

# PANEL DISCUSSION





Dr. Mitchell Levine  
(Moderator)

Dr. Aron Kesselheim

Dr. Jeffrey Leff

Melissa Lyrer

Stephen Gluberman

Edward Hu

What criteria should be used to determine if/when  
Where there is a lack of evidence, how should  
Traditional symptoms be handled?  
economic) should be ignored in patient care?  
Open Question and Answer



**THANK YOU**







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