



## Project Updates

### **Effectiveness and Cost-Effectiveness Assessment of Heart Failure Clinics in Ontario**

The overall research question for this field evaluation is to understand the current service models used and to evaluate the clinical effectiveness and cost-effectiveness of heart failure (HF) clinics for the ambulatory management of HF in Ontario. Specific objectives include: Phase 1- Identify all specialized HF clinics in Ontario; Phase 2- Describe the scope of current service models for patients in specialized HF clinics; Phase 3- Understand practice patterns for patients in a subset of identified clinics; and Phase 4- Assess the clinical effectiveness and cost-effectiveness of HF clinics in Ontario.

Analysis for phases 1, 2 and 4 are complete and analysis for phase 3 is underway and projected to be completed by the end of summer.

### **Pressure Ulcer Multi-Disciplinary Teams via Telemedicine (PUMTT): A Cluster Pragmatic Randomised Controlled Trial**

The purpose of this field evaluation is to evaluate the clinical and cost effectiveness of 'enhanced' multi-disciplinary wound care teams vs. 'usual' care teams in long term care (LTC) homes in the Greater Toronto Area for the treatment of pressure ulcers. The study began in October 2010, with baseline data collection at all LTC homes (n=10).

These homes were randomly selected from those eligible to participate (n=15) i.e. LTC homes had to have over 100 beds, be within a 100 km radius from the acute wound team, the administrator had to agree to participate, and the home had to have a higher than average pressure ulcer prevalence rate (>5.5 %).

The study adopts a stepped wedge design, with homes randomized to start date of the intervention (i.e. an advance practice nurse (APN) on site homes one day/week for 12 weeks, who is linked to a comprehensive wound care team located in an acute care centre). The team is then available remotely for 3-11 months, depending on the order in which the home has been randomized to intervention start date. Baseline data collection ranges from 3-11 months, depending on the order in which the home has been randomized to intervention start date. The team began at the first facility in January, 2011. Data collection for this study will continue until March, 2012.

### **Turning for Ulcer Reduction (TURN) Study**

Recruitment was completed in the US on June, 23.

## Academic Rounds

Many thanks to past presenters:

Don Husereau  
Stephen Duckett  
Claire de Oliveira  
Sarah Garner

Please check  
[theta.utoronto.ca](http://theta.utoronto.ca)  
for upcoming  
Rounds



## Project Updates

### **Specialized Multidisciplinary Community-Based Care for Chronic Wounds: A Field Evaluation**

The objective of this field evaluation is to: 1) identify all out-patient multidisciplinary wound care teams (MWCTs) across the province; 2) conduct a survey in order to understand the scope of service models of the identified MWCTs ; 3) evaluate the clinical effectiveness ; and 4) evaluate the cost effectiveness.

This field evaluation has 3 phases: Phase 1: Identification of teams; Phase 2: Survey of teams; Phase 3: Pragmatic randomized controlled trial to evaluate clinical effectiveness, and cost effectiveness of MWCTs.

Phases 1 and 2 are complete. A total of 49 teams were identified and 44 teams participated in the phase 2 surveys. Phase 3 began in May, 2011 and thus far 26 participants have been recruited. Data collection is expected to continue for two years. A total of 450 participants will be recruited.

*You can read more about THETA's projects [here](#).*

## In the Spotlight



THETA Collaborator Harindra Wijeyesundera has been awarded the 2011 CCS Young Investigator Award – Clinical Science Category by the Canadian Cardiovascular Society. He will be presenting his work at the Canadian Cardiovascular Congress in October in Vancouver.



Mike Paulden has been awarded the Best Podium Presentation at ISPOR 2011 and Best Poster at HTAi 2011 for his project entitled Cost-effectiveness analysis and budget impact assessment: a graphical way to combine the two for the aid of decision makers.

The [TASK](#) web page has had a facelift, bringing you more information about the exciting research going on at TASK!

## THETA “KT to Policy” Day & Fourth Annual Symposium

THETA hosted its Second Annual “Knowledge Translation to Policy” Day on May 13<sup>th</sup> at The Estates of Sunnybrook. The day focussed on our work in the areas of *Cardiovascular Research* and *Personalized Medicine*.

THETA’s Fourth Annual Symposium: *Scientific & Pragmatic Challenges in Field Evaluations* took place on June 4<sup>th</sup> at Niagara-on-the-Lake, Ontario.

Both events were attended by over 70 delegates who represented diverse local, national and international organizations and backgrounds, including universities, research institutes, provincial organisations and hospitals, various academic departments, THETA staff, students, and government.



THETA Collaborative would like to thank you very much for your attendance. Once again, both events proved to be very successful, with an excellent turnout, beautiful weather, and really great external and local speakers.

Presentation material can be found [here](#).

# HEALTH TECHNOLOGY ASSESSMENT FOR DECISION MAKERS



July 20 – 22, 2011 • University of Toronto



AN INTENSIVE COURSE ON PRAGMATIC HTA TOOLS  
FOR DECISION MAKERS, INDUSTRY REPRESENTATIVES,  
AND RESEARCHERS



THETA in collaboration with the Department of Health, Policy, Management and Evaluation, Leslie Dan Faculty of Pharmacy, and Health Care, Technology and Place Program hosted the inaugural Health Technology Assessment Institute for Decision Makers on July 20-22, 2011.

The HTA Institute gathered experts from a range of disciplines to provide attendees with pragmatic tools for HTA. The course examined three key dimensions of HTA: clinical evidence, economic evidence, and social and ethical implications of health technologies. The three-day intensive course was filled with theory and interactive sessions.

There were 25 registrants from government agencies, hospitals, pharmaceutical companies, and academia. Participants were comprised of managers in the top and middle management levels (72%) and HCTP doctoral and post-doctoral Fellows (28%). The range of HTA knowledge greatly varied among participants.

Almost all participants (95%) deemed the quality of the curriculum as excellent and very good. The balance of didactic and interactive sessions was well commended. The quality of faculty and their presentations were reviewed as remarkable by most of the participants (75%). The small group interactive sessions and decision maker panel session were greatly valued.

Overall, the course was reviewed favourably. All participants considered the course useful and relevant in varying degrees. The feedback we received from the inaugural Institute will enable improvements that can ensure the Institute's long term success.





## Publications

Bederman SS, **Coyte PC**, Kreder HJ, Mahomed NN, McIsaac WJ, Wright JG (2011). [Who's in the Driver's Seat? A Population-based Study of Regional Variations in Surgery for the Degenerative Lumbar Spine and the Influence of Patient and Physician Enthusiasm](#). Spine, 36(6), 481-489.

Bederman SS, McIsaac WJ, **Coyte PC**, Kreder HJ, Mahomed NN, Wright JG (2010). [Referral Practices for Spinal Surgery are Poorly Predicted by Clinical Guidelines and Opinions of Primary Care Physicians](#). Medical Care, 48(9), 852-858.

Bernard LM, Verma S, Thompson M, **Mittmann N**, Chan B, Asma L, Jones S (2011). [A Canadian economic analysis of US Oncology Adjuvant Trial 9735](#). Current Oncology, 18(2), 67-75.

Cameron JI, Cheung AM, Streiner DL, **Coyte PC**, Stewart DE (2011). [Stroke Survivor Depressive Symptoms are Associated with Family Caregiver Depression during the First Two Years Post-Stroke](#). Stroke, 42, 302-306.

Chafe R, **Culyer AJ**, Dobrow M, **Coyte PC**, Sawka C, O'Reilly S, Laing K, Trudeau M, Smith S, **Hoch J**, Morgan S, Peacock S, Abott R, Sullivan T (2011). [Access to Cancer Drugs in Canada: Looking Beyond Coverage Decisions](#). Healthcare Policy, 6(3), 27-35.

**Culyer AJ**, Bombard Y (2011). [An equity checklist: a framework for health technology assessments, CHE Research Paper 62](#). University of York, Centre for Health Economics.

Durbin A, Corallo AN, Wibisono TG, Aleman DM, Schwartz B, **Coyte PC** (2011). [A Cost Effectiveness Analysis of the H1N1 Vaccine Strategy for Ontario, Canada](#). Journal of Infectious Diseases and Immunity, 3(3), 40-49.

Guerriere DN, **Coyte PC** (2011). [The Ambulatory and Home Care Record: A Methodological Framework for Economic Analyses in End of Life Care](#). Journal of Aging Research, Epub.

**Krahn M**, Bremner K, Tomlinson G, Luo J, Ritvo P, **Naglie G**, **Alibhai S** (2011). [Androgen deprivation therapy in prostate cancer: are rising concerns leading to falling use?](#) BJU International, Epub.

Lilly MB, **Laporte A**, **Coyte PC** (2010). [Do they care too much to work? The influence of caregiving intensity on the labour force participation of unpaid caregivers in Canada](#). Journal of Health Economics, 29(6), 895-903.

**Mittmann N**, Knowles SR, Koo M, Shear NH, Rachlis AR, Rourke S (2011). [The incidence of toxic epidermal necrolysis and Stevens-Johnson syndrome in an HIV cohort](#). American Journal of Clinical Dermatology (accepted).

**Mittmann N**, Hernandez P, Mellström C, Brannman L, Welte T (2011). [Cost-effectiveness of budesonide/formoterol added to tiotropium versus placebo added to tiotropium in COPD patients from Australian, Canadian and Swedish healthcare perspectives](#). Pharmacoeconomics, 29(5), 403-414.

**Mittmann N**, Chan BC, Craven BC, Isogai PK, Houghton P (2011). [Cost-effectiveness of electrical stimulation therapy for pressure ulcers in spinal cord injury](#). Archives of Physical Medicine and Rehabilitation, 92(6), 866-872.

**Mittmann N**, Evans WK, Rocchi A, Longo CJ, Au H-J, Huserau D, Leighl N, Isogai P, **Krahn M**, Peacock S, Marshall D, Coyle D, Malfair Taylor SC, Jacobs P, Oh PI. [Guidelines for health technologies: specific guidance for oncology products](#). 2009 CADTH report submitted to Value in Health.

**Mittmann N**, Seung SJ (2011). [Rash Rates with EGFR Inhibitors: Meta-analysis](#). *Current Oncology*, 18(2), e54-e63.

Nanwa N, **Mittmann N**, Knowles S, Bucci C, Selby R, Shear NH, Walker SE Geerts W (2011). [The direct medical costs associated with suspected heparin-induced thrombocytopenia](#). *Pharmacoeconomics*, 29(6), 511-520.

**Pham B**, **Chen M**, Tricco AC, Anonychuk A, **Krahn M**, Bauch C (2011). [Use of a Catalytic Model to Estimate Hepatitis A Incidence in a Low-Endemicity Country: Implications for Modeling Immunization Policies](#). *Med Decis Making*, Epub.

**Pham B**, Teague L, Mahoney J, Goodman L, **Paulden M**, Poss J, Li J, Sikich N, Lourenco R, **Ieraci L**, **Carcone S**, **Krahn M** (2011). [Support surfaces for intraoperative prevention of pressure ulcers in patients undergoing surgery: A cost-effectiveness analysis](#). *Surgery*, 150(1), 122-32.

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Varley EE, Isaranuwachai W, **Coyte PC** (2011). [Ocean Waves & Roadside Spirits: Thai Health Service Providers' Post-Tsunami Psychosocial Health](#). *Disasters*, forthcoming.

Warren J, Barbera L, **Bremner K**, Yabroff K, **Hoch J**, Barrett M, Luo J, **Krahn M** (2011). [End-of-life care for lung cancer patients in the United States and Ontario](#). *Journal of the National Cancer Institute*, 103(11), 853-862.

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Wright J, Hawker GA, Hudak PL, Croxford R, Glazier RH, Mahomed NN, Kreder HJ, **Coyte PC** (2011). [Variability in Physician Opinions about the Indications for Knee Arthroplasty](#). *Journal of Arthroplasty*, 26(4), 569-575.