Evidence Decision Support Program (EDSP)

https://www.albertahealthservices.ca/scns/edsp.aspx

EDSP 2020

Year-End Report

Program Overview & Project Updates

December 21 2020

Tara Leah Klassen, PhD
Research Scientist
EDSP & PACOSI

Surgery Strategic Clinical Network
Research Priorities and Implementation

Dr. Trevor Schuler
EDSP Physician Leader
Edmonton

Associate Professor of Surgery
Division of Urology,
University of Alberta

Dr. Robert Hart
EDSP Physician Leader
Calgary

Professor of Surgery
Section Of Otolaryngology
Head and Neck Surgery
University of Calgary

CONTENTS

PROGRAM

Purpose & Principles

The Evidence Decision Support Program (EDSP) is an interdisciplinary team that helps make evidence-informed decision regarding the introduction of new health technologies into the health system.

As part of the Surgery Strategic Clinical Network (SSCN), the EDSP is able to guide decisions on the responsible introduction of health technologies in context and encourages the best use for both patients and clinicians.

It is a collaborative effort that brings all key stakeholders into the conversation about safety, effectiveness, resources stewardships, feasibility, quality improvement, innovation, training and credentialing, equity and fairness.

The EDSP is at the interface between evidence-based medicine, health economics, organizational impact, values and decision-making processes for advancing the effective uptake of knowledge into clinical practice when introducing new health technologies.

What is a "new health technology"?

New health technology is defined as a change from current practice (either adoption of new technologies or modification, replacement, or discarding of existing technologies or process of care) that may have a direct or indirect impact on patient care and/or financial aspects of health care services.

From a surgical perspective, "new technology" is also defined as having at least one of the following characteristics:

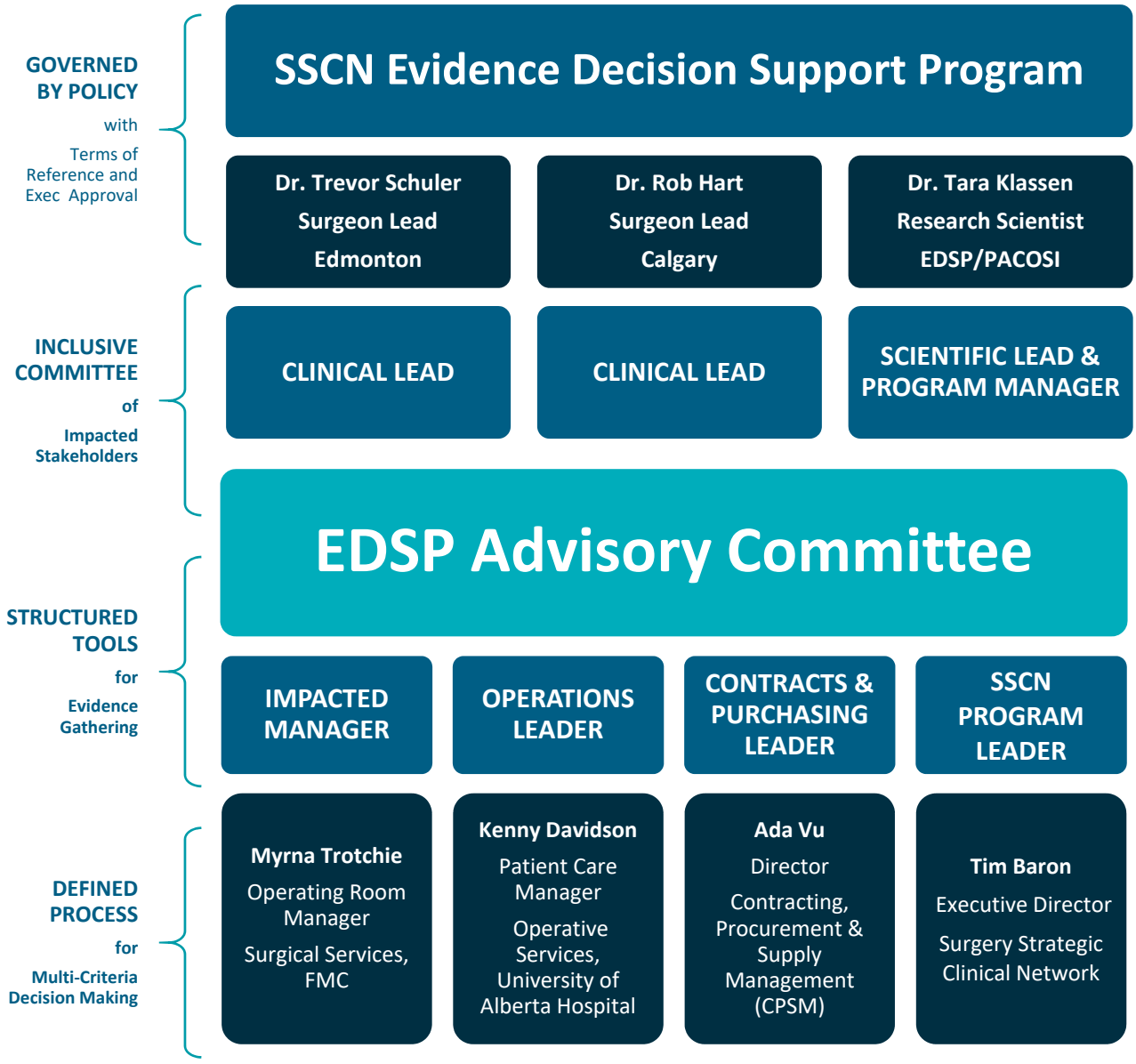
1) Has an increased cost

2) Has a different risk profile

3) Needs new training

4) Uses a different anatomical approach.

EDSP Advisory Committee (2020-2021)



EDSP Program Purpose

The primary purpose of the Evidence Decision Support Program is to provide decision-makers with systematically gathered clinical and organizational information on health technologies and their impact on patient health and organization management within the local context.

To support and facilitate the evaluation of ***new technologies (including devices, procedures, drugs, medications, and process of care)*** for safety, clinical effectiveness, financial impact on resource allocations before purchase or implementation

To support the introduction of new technology through the use of a consistent, systematic, and transparent process

To promote the integration of research evidence into practice

To facilitate knowledge transfer among a variety of stakeholders within the health organization

To ensure that an impact evaluation takes place with regards to introducing new technology, i.e. impact on operations

Program Policy & Applicability

The Evidence Decision Support Program will evaluate all new technologies introduced by the Department of Surgery before implementation or purchase. This policy applies to all new technology requested by members of the Department of Surgery.

EDSP Principles

To integrate clinical safety and effectiveness, cost, resources, and infrastructure impact

To achieve consistent, systematic, and transparent decision process

To integrate the interests of all stakeholders including clinicians, administrators, and patients

To support evidenced-informed decisions

To achieve optimal distribution of resources for the greater good

To ensure quality and safety of new technologies

To streamline and standardize processes for acquiring new technology within AHS

To support innovation

EDSP Program Principles

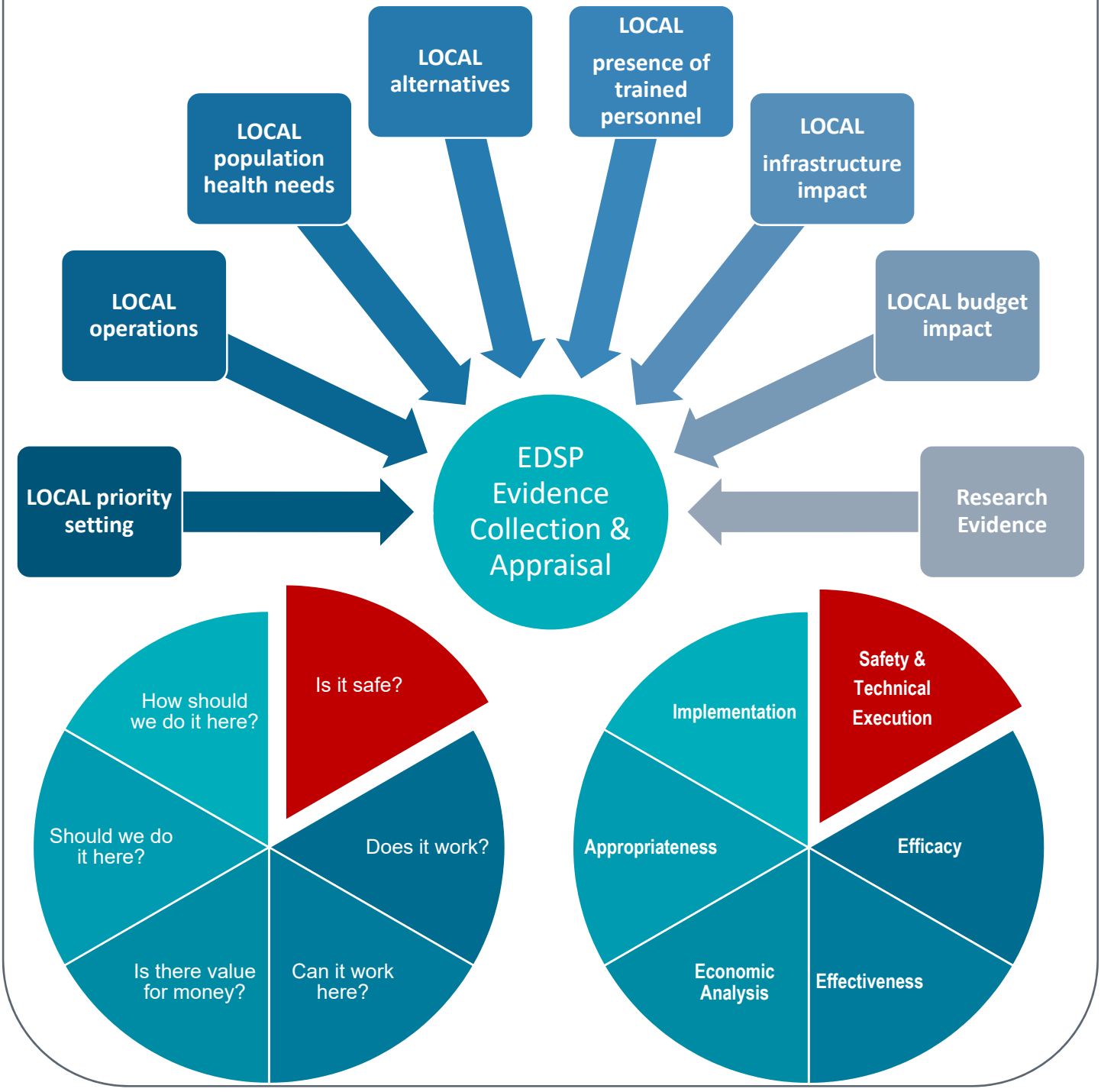
The Evidence Decision Support Program is supports both innovative, experimental technologies as well as proven technologies that have not yet been used within the Alberta Health System.

Supporting innovative technology is often difficult, as a technology early in its life-cycle will inevitably have uncertainties about its clinical and economic effectiveness.

Early adoption of an unproven technology may prove to be clinically or cost ineffective. Conversely, avoiding all unproven technology may miss opportunities for gains in health outcomes and cost-effectiveness.

Evidence Decision Support Program has a built-in method to support innovation by providing a method by which clinical and financial (resource and infrastructure) impact information on a new technology can be collected and assessed in an iterative cycle of trial, evaluation, and re-review.

The EDSP Decision Framework Answers Questions in Local Context



EDSP Program Functions

The Evidence Decision Support Program ensures that patient access to promising and innovative technologies is not hindered by lack of evidence, but is managed in an accountable manner, while also generating new evidence.

The Program supports knowledge, research, quality, innovation, continuous improvement, and excellence in health services.

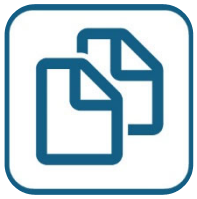
The EDSP Committee are not decision makers.

While leadership is informed by the EDSP report and considers the recommendations, AHS leaders is not bound by the EDSP process.

The appropriate executive, clinical and operations decision makers will ultimately make final decisions regarding potential trials and/or technology implementation.

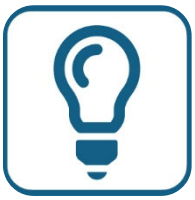
Reasons to Use the EDSP

It ensures that all stakeholders are consulted and the impact of the technology from a i) research perspective; ii) clinical perspective; iii) financial; iv) resource ; v) infrastructure vi) organizational impact perspective



It provides a single process that encompasses both review of routine technology requests and review of technologies that are a significant change compared with current practice.

It supports knowledge, research and innovation by incorporating an outcomes reporting mechanism by which innovative technologies can be tested and evaluated.



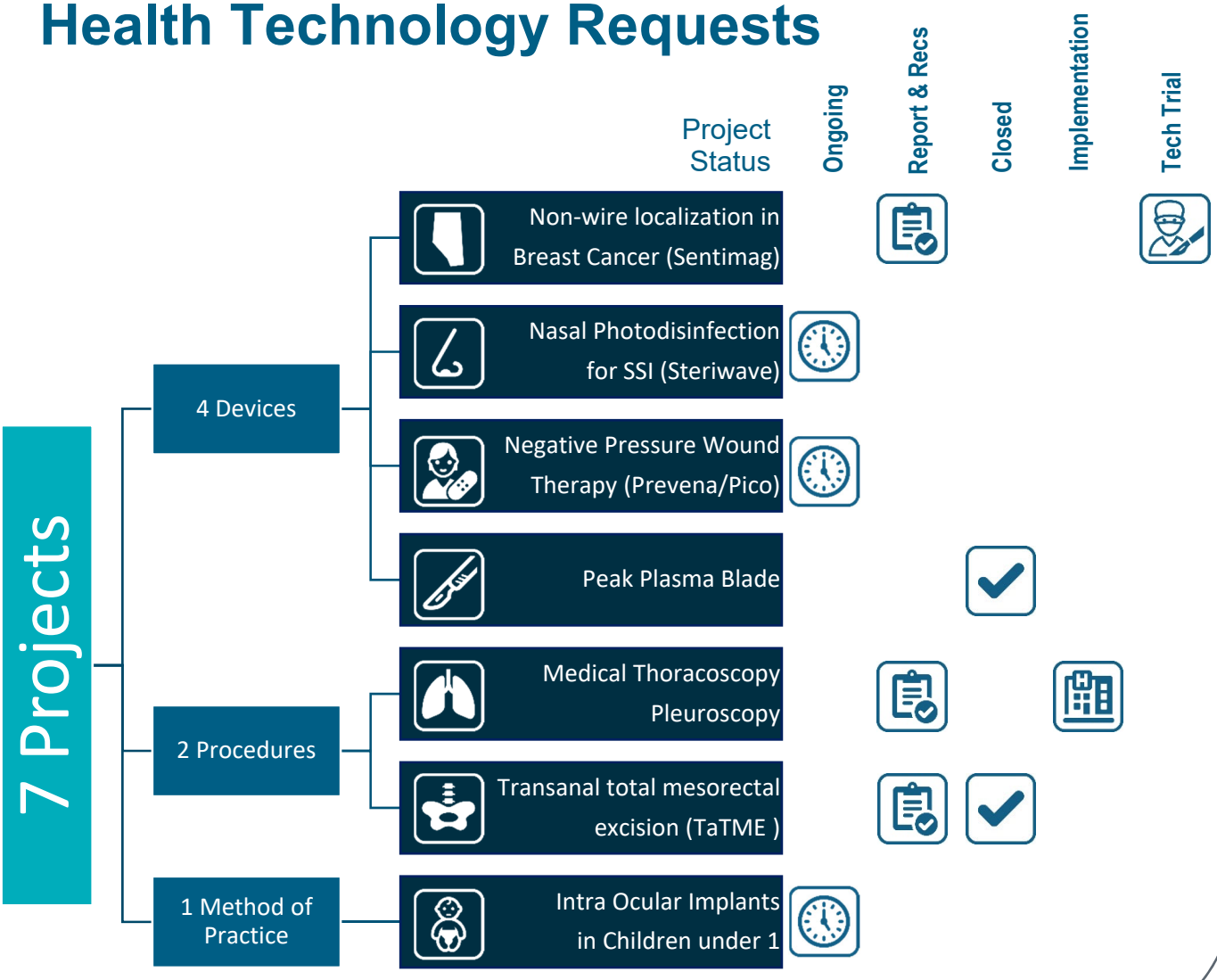
It presents a set of criteria both for evaluating new technologies on a one-by-one basis and also for prioritizing competing technologies for funding or purchase.

It provides a framework by which technologies can be thoroughly researched prior to submissions for external funding (e.g. Calgary Health Trust/Foundation).

It integrates with and supports other initiatives such as NSQIP, ERAS, Capital & Operational Expenditure Processes, Medical Device Reprocessing, Knowledge Transfer and Innovation.

PROJECTS

Health Technology Requests



EDSP Project Activity Jan – Dec 2020

January 2020
- 3 Ongoing HTR

February 2020
- 3 Ongoing HTR
- **1 New HTR**

March 2020 (COVID)
- 3 Ongoing HTR
- **3 New HTR**
- **1 Closed HTR**

April 2020
- 6 Ongoing HTR

May 2020
- 5 Ongoing HTR
- **1 Closed HTR**

June 2020
- 5 Ongoing HTR
- 1 Implementation Plan
- Dr. Paule Poulin retiring in August

July 2020
- 5 Ongoing HTR

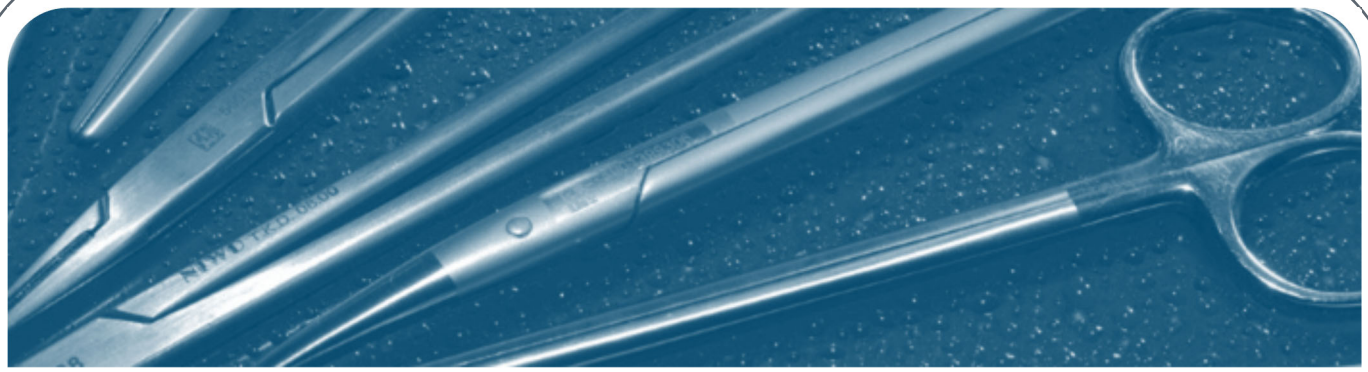
August 2020
- 5 Ongoing HTR
- Dr. Tara Klassen starts as EDSP/PACOSI Scientist

Septtember 2020
- 5 Ongoing HTR

October 2020
- 4 Ongoing HTR
- 1 Closed HTR

November 2020
- 3 Ongoing HTR
- 1 Closed HTR
- 1 Implementation Plan

December 2020
- 3 Ongoing HTR
- **1 New Tech Trial**



FEATURED PROJECT*

Transanal Total MEsorectal Excision (TaTME) for Colon Cancer Surgery

Champion: Dr. Anthony MacLean, Chief, Section of General Surgery, AHS Calgary Zone, University of Calgary

Colon and rectal cancers represent 13-15% of all newly diagnosed cancers in Canadian men, and 11-12% of all newly diagnosed cancers in Canadian women. Surgery is one of the main therapies for rectal cancer, with the primary goal being complete removal of the tumour. Total mesorectal excision (TME), which involves the complete removal of the rectum and surrounding lymphatic tissue, is the standard of care for tumours in the distal to middle rectum.

Transanal total mesorectal excision (TaTME is a novel minimally invasive surgical procedure developed to overcome these difficulties, through an enhanced visualization of the dissection plane. TaTME combines the transanal endoscopic surgery with the LaTME procedure. TaTME may facilitate access to tumours that are not amenable to the laparoscopic approach (e.g., patients who are obese, patients who have a narrow pelvis). TaTME enable the surgical treatment for lower and middle rectal cancers, the lower part of the rectum can be reached through the transanal approach, and the tumours in the middle rectum can be reached laparoscopic approach.

A request was made by Dr. Tony MacLean, Colorectal surgeon, Calgary Zone to introduce TaTME for patients with mid to low rectal cancer, particularly in males and in obese patients.

**Awarded the 2020 HEALTH TECHNOLOGY & INNOVATION (HT&I) Annual Surgical Innovation Award by the EDSP & Department of Surgery, Calgary Zone*

Sources of information:

The Canadian Agency for Drugs and Technologies in Health (CADTH) Rapid Review "Transanal Total Mesorectal Excision for Adult Patients with Rectal Cancer: A Review of Clinical Effectiveness and Cost-Effectiveness"; St.Gallen consensus on safe implementation of transanal total mesorectal excision; Additional recent reviews and manuscripts; local information provided by OR managers and physicians.

EDSP Report Summary:

- Current best available evidence suggest that TaTME is promising and may have some clinical benefits to patients. Somewhat favourable available evidence support the safety and effectiveness of TaTME for carefully selected mid- and low-rectal cancers provided by highly trained specialists.
- Long-term studies are required to further confirm the clinical effectiveness of TaTME, monitor for complications and cancer recurrence.
- The recent data from Norway highlights the critical importance of sufficient training and proctorship for TaTME, proper case selection, maintenance of high procedural volumes in a multidisciplinary setting to help ensure optimal outcomes. Specific training and an understanding of the necessary steps to minimize complications is key to the success of this procedure.
- The budget impact for providing TaTME appears minimal compared to providing current alternatives.

Calgary Zone Surgical Executive Approved EDSP Recommendations:

At this time, after review of the best available evidence it is recommended that:

1. The procedure be made available by selected highly skilled practitioners at selected high volume centers.
2. A structured training pathway that includes mentorship for the initial cases be made available to ensure safe introduction for TaTME.
3. Participation in the international TaTME registry of patients is recommended. This would provide a local baseline (treated patients, outcomes and complications) compared to current care by which to assess the safety of the procedure and pinpoint problem areas.
4. Further research involving long term prospective study designs or standardized procedures be given some considerations to help produce evidence that will be useful in informing relevant patient care issues in the future.

PACOSI

Supporting Surgical Innovation

Provincial Advisory Council on Surgical Innovation

Health care decision-makers must deal with a complex and shifting environment. Fresh evidence emerges daily, patient needs change, and new technologies are introduced alongside the old. Given this context, it can be challenging to know whether health care technologies are being optimally introduced.

The SSCN EDSP undertook an Environmental Scan survey to assess how new technologies/procedures are introduced at the sixteen sites in Alberta that provide greater than 90% of surgical services in the province.

The results show that there is significant variation in practices relating to the adoption, funding and implementation of new surgical technologies and procedures between hospitals in Alberta, in both Alberta Health Services and Covenant Health. The lack of a a general framework to guide a comprehensive and optimal integration of the various practices was identified as a priority in supporting surgical innovation in Alberta.

The Provincial Advisory Committee on New Surgical Innovation (PACOSI) was created to coordinate the evaluation and introduction of new health technologies in surgical services in Alberta.

Roles of the Committee

Evaluate technology requests in order to make recommendations to AHS leadership. Requests directly from industry will not be considered.

Make recommendations as to where a new health technologies should be implemented and evaluated as appropriate.

Evaluate potential budgetary impacts of new technology across the Zones and the Province.

Recommend implementation strategies and provide support to innovators and operational leaders in creating a business plan for the introduction of new technology.

Facilitate independent post-implementation monitoring and outcomes reporting to make recommendations on the potential scope and scale for further implementation across the province.

Strengthen engagement with stakeholders such as CPSM, patients, and others.

Review appeals related to EDSP technology assessments

PACOSI Supporting Innovation in AB

PACOSI is intended to help assist new health technology assessment, improve coordination and communication across surgical centers in the province.

Surgical technologies may include instruments and devices, as well as interventions and techniques.

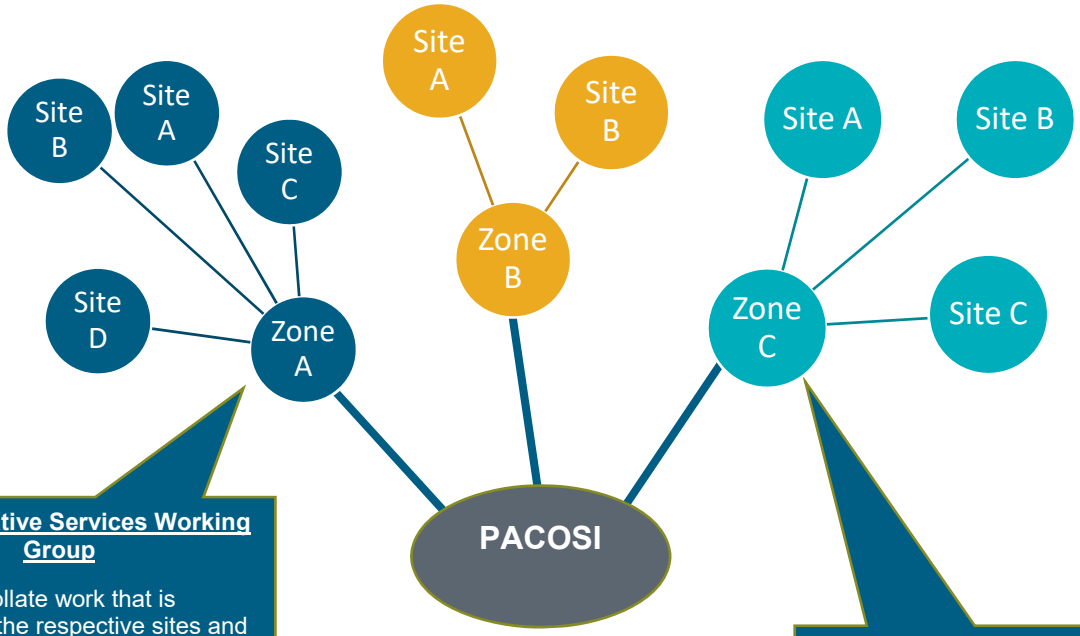
Last year we carried out an environment scan which showed widespread variation across Zone and hospital surgical programs in assessing, managing, approving and funding requests for the use of new health technologies or innovations.

As a result, inequitable access to new technology or innovations is occurring. Furthermore, the surgical innovations that are available at the individual sites and/or Zones are unknown across the system.

Designed as a Hub & Spoke type approach, PACOSI procedures help local teams at surgical sites across the province make their own decisions while pushing health technology requests to PACOSI to achieve a better communication and coordination across the province.

PACOSI will provide Alberta with a coordinated, independent, standardized, and transparent process to advise on the evaluation and implementation of surgical technology across the province.

The PACOSI Hub and Spoke Model



Zone Operative Services Working Group

Purpose: Collate work that is occurring at the respective sites and share with the PACOSI committee and its ongoing database.

Act as a conduit of information bidirectional between PACOSI and the zone sites.

Share supply equipment recommendations from the PACOSI committee and/or surgical SCN.

Assist in standardizing supplies and equipment in concert with provincial recommendations.

Provincial Advisory Committee on Surgical innovation (PACOSI)

Purpose: To assist the stakeholder engagement process to share information for the development of a searchable repository of known surgical innovations requests (value: self-serve).

Enable new health technology assessment and improve coordination and communication across surgical centers in the province.

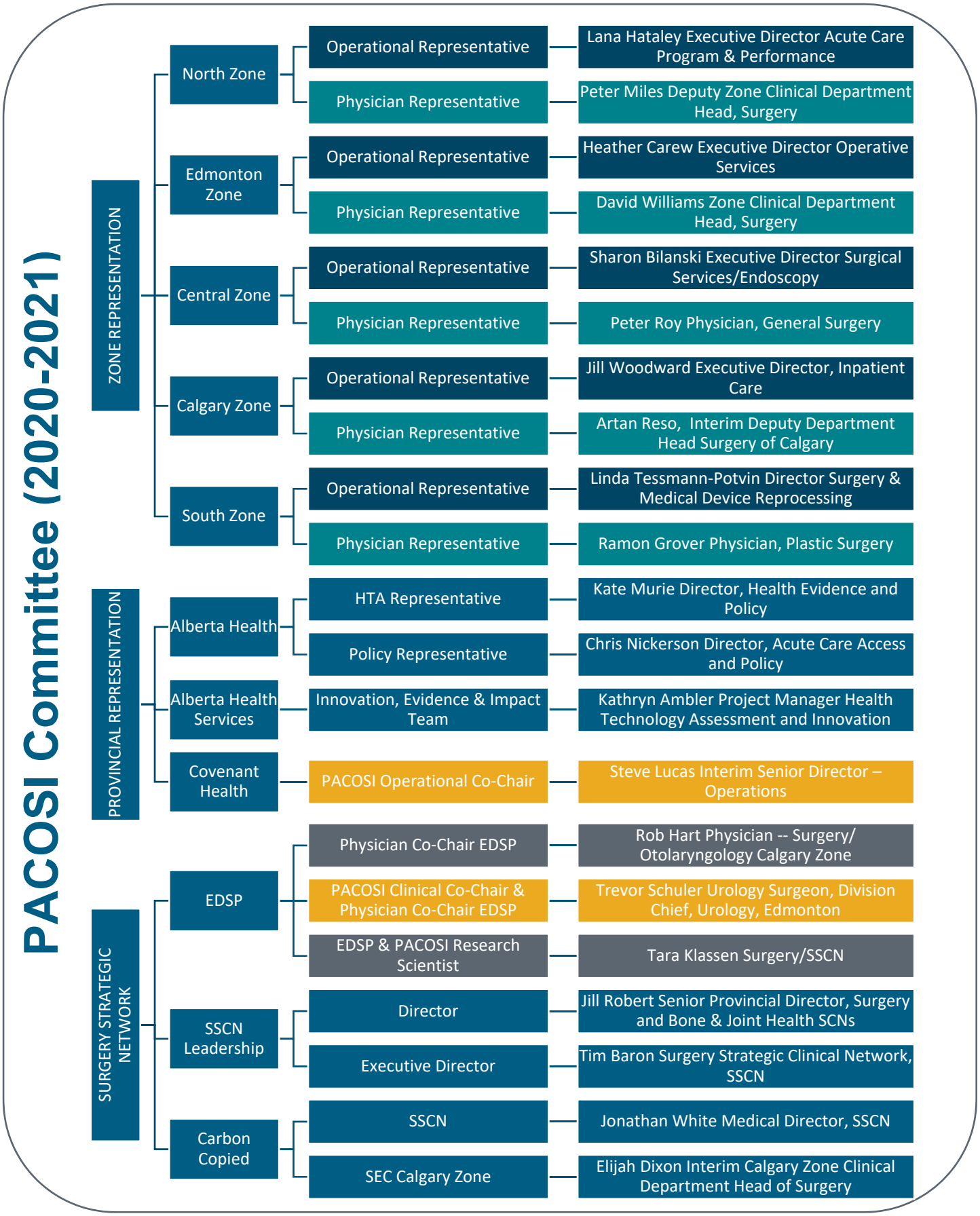
Raise awareness of PACOSI activity (in conjunction with Zone reps).

Operative Program Equipment Committee (OPEC)

Purpose: To review requests within the Operative, Endoscopic and Recovery Services portfolio for evaluation or purchasing of equipment and supplies necessary to perform procedures that have a significant clinical and/or financial impact.

To liaise Contract Procurement and Supply Management (CPSM) to ensure compliance with existing Contracts.

To review recommendations generated from the Provincial Advisory Committee on Surgical innovation (PACOSI). And/or to request a PACOSI review and consultation related to new technologies as needed.


PACOSI Committee (2020-2021)
ZONE REPRESENTATION
North Zone
Operational Representative
Lana Hataley Executive Director Acute Care Program & Performance
Physician Representative
Peter Miles Deputy Zone Clinical Department Head, Surgery
Edmonton Zone
Operational Representative
Heather Carew Executive Director Operative Services
Physician Representative
David Williams Zone Clinical Department Head, Surgery
Central Zone
Operational Representative
Sharon Bilanski Executive Director Surgical Services/Endoscopy
Physician Representative
Peter Roy Physician, General Surgery
Calgary Zone
Operational Representative
Jill Woodward Executive Director, Inpatient Care
Physician Representative
Artan Reso, Interim Deputy Department Head Surgery of Calgary
South Zone
Operational Representative
Linda Tessmann-Potvin Director Surgery & Medical Device Reprocessing
Physician Representative
Ramon Grover Physician, Plastic Surgery
PROVINCIAL REPRESENTATION
Alberta Health
HTA Representative
Kate Murie Director, Health Evidence and Policy
Policy Representative
Chris Nickerson Director, Acute Care Access and Policy
Alberta Health Services
Innovation, Evidence & Impact Team
Kathryn Ambler Project Manager Health Technology Assessment and Innovation
Covenant Health
PACOSI Operational Co-Chair
Steve Lucas Interim Senior Director – Operations
SURGERY STRATEGIC NETWORK
EDSP
Physician Co-Chair EDSP
Rob Hart Physician -- Surgery/ Otolaryngology Calgary Zone
PACOSI Clinical Co-Chair & Physician Co-Chair EDSP
Trevor Schuler Urology Surgeon, Division Chief, Urology, Edmonton
EDSP & PACOSI Research Scientist
Tara Klassen Surgery/SSCN
SSCN Leadership
Director
Jill Robert Senior Provincial Director, Surgery and Bone & Joint Health SCNs
Executive Director
Tim Baron Surgery Strategic Clinical Network, SSCN
Carbon Copied
SSCN
Jonathan White Medical Director, SSCN
SEC Calgary Zone
Elijah Dixon Interim Calgary Zone Clinical Department Head of Surgery

The purpose of the PACOSI is to:

Advise AHS leadership on key emerging technologies that may have a significant impact on surgical care in Alberta.

Enhance communication and education across the province about the introduction and evaluation of new technologies in surgery.

Provide recommendations to AHS leadership

- **On the value and potential impact of new surgical technologies within Alberta's health system**
- **On the implementation of new technologies in surgery**
- **On the post-implementation outcomes of new technologies in surgery**

What is EDSP? (how it can help you)

Pan-AHS Surgical Site Virtual FYI

My Learning Link

Health Innovation in Surgery Module

PACOSI Launch

Pan-AHS/Covenant Roll-out

Contact

Evidence Decision Support Program (EDSP)
Provincial Advisory Council on Surgical Innovation (PACOSI)
Email: EDSP@ahs.ca
https://www.albertahealthservices.ca/scns/edsp.aspx