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**HEALTH TECHNOLOGY ASSESSMENT IN CANADA:
A TEN YEAR REVIEW
PART 1**

Devidas Menon ^{1,2}

Working Paper 00-4

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EXECUTIVE SUMMARY

Background

Since 1988, four health technology assessment (HTA) organizations have been created by Canadian federal and provincial governments. These are the Canadian Coordinating Office for Health Technology Assessment (CCOHTA); the Conseil d'évaluation des technologies de la santé du Québec (CETS); the British Columbia Office of Health Technology Assessment (BCOHTA), and the Alberta Heritage Foundation for Medical Research (AHFMR) Health Technology Assessment Unit.

Objectives

The objectives of this study were to review the reports in English issued by these four agencies, and to identify areas of focus and trends in their publications in the period from 1988 to 1998.

Methods

Publications were requested from the four organizations. Reports which were not externally reviewed were excluded from this study. A total of 117 reports were included (18 from AHFMR, 22 from BCOHTA, 38 from CCOHTA and 39 from CETS). Each document was classified according to: technology type(s), assessment focus, policy decision specified, relevant decision maker, data sources, methodologies used, and whether or not conclusions or recommendations were made. The reports were also examined to determine whether they were of national or local relevance.

Results

Therapeutic technologies have received the most attention from HTA agencies, followed by diagnostic, screening and preventive technologies. There has been most interest in procedures, followed by devices and then drugs. Most assessments considered the effectiveness, costs and safety of the technology. Aspects such as ethics and liability were less often considered. The most common type of assessment was a narrative review. Other methods, such as meta-analysis and cost-analysis, were much less commonly used. A policy question was clearly specified in

84% of reports. The relevant decision maker was clearly identified in 67% of assessments. The literature search strategy was clearly described in 45% of studies, and the selection criteria for the literature review was specified in 42% of reports. 73% of publications had an executive summary or structured abstract.

Conclusions

Collectively, the main focus of Canadian HTA agencies has been on therapeutic technologies, with far less attention on, for example, preventive technologies. Cost considerations and effectiveness have been the major issues of interest. Government decision makers have been the main targets for these reports. There has been very little duplication in the output of the agencies.

INTRODUCTION

Since 1988, four health technology assessment (HTA) organizations have been created by Canadian federal and provincial governments. These are the Canadian Coordinating Office for Health Technology Assessment (CCOHTA); the Conseil d'évaluation des technologies de la santé du Québec (CETS); the British Columbia Office of Health Technology Assessment (BCOHTA), and the Alberta Heritage Foundation for Medical Research (AHFMR) Health Technology Assessment Unit. The intent of this study was to review the externally reviewed assessments from each agency and to classify each publication so that trends in topics or areas of focus, duplication of research, and factors which might indicate the quality of the assessment became apparent.

MANDATES OF CANADIAN HTA AGENCIES

Although all agencies assess health technologies, each has a somewhat different mandate and role within the national and provincial health care system. The roles of each agency are outlined below in excerpts taken from the publications of each agency.

Canadian Coordinating Office for Health Technology Assessment

CCOHTA was established to provide information on emerging and existing health care technologies to decision makers, and to facilitate the exchange and coordination of information on health technologies.¹

CCOHTA's mission is to contribute to the health of Canadians by encouraging the appropriate use of health technology, through the collection, analysis, creation and dissemination of information concerning the effectiveness and cost of technology and its impact on health, and the provision of this information to decision-makers. CCOHTA's goals are: to improve decision-making regarding health technologies at government, institutional, professional and individual levels so that effective, appropriate and cost-effective health care is the result; to promote an evaluative culture in health care, with its shared meanings, norms and practices based on knowledge.²

Alberta Heritage Foundation for Medical Research, Health Technology Assessment Unit

Health technology assessment (HTA) is the systematic evaluation of the properties, effects and/or other impacts of healthcare technology. Its primary purpose is to provide objective information to support healthcare decisions and policy-making at the local, regional, national and international levels.

The Foundation's HTA program was established under the Health Research Collaboration Agreement between AHFMR and Alberta Health. The HTA unit undertakes assessments in response to requests from organizations and individuals. Requests should be clearly formulated and related to health technologies which are likely to be of significance to Alberta healthcare.³

British Columbia Office of Health Technology Assessment

The British Columbia Office of Health Technology Assessment (BCOHTA) was established on December 1, 1990 by a grant to The University of British Columbia from the Province to promote and courage the use of assessment research in policy and planning activities at the government level and in policy acquisition and utilization decisions at the clinical, operations and government levels. It is important to note that the role of the Office is to appraise the scientific evidence only, without involvement in actual policy development for the requesting agency.⁴

Conseil d'évaluation des technologies de la santé du Québec

The Conseil's mandate is twofold.... It [first] consists in: Promoting and supporting health technology assessment, disseminating the results of the assessments and encouraging their use in decision making by all stakeholders involved in the diffusion of these technologies... The second charge of the mandate is specifically geared to the Minister of Health and Social Services, who is responsible for health policy in Québec. It consists in: Advising the Minister on matters concerning the introduction, diffusion and use of health care technologies and, to this end, giving advice based on the assessment of their effectiveness, safety and cost, their impact on the health-care system, and their economic, ethical and social implications. The Conseil's role in Québec's health-care system is to produce specialized information on medical technologies and promote a culture of assessment...⁵

INVENTORY AND REVIEW OF REPORTS

A list of the titles of reports included in this review is shown in Appendix 1. In particular, we classified each report using a number of criteria, as summarized below.

Type

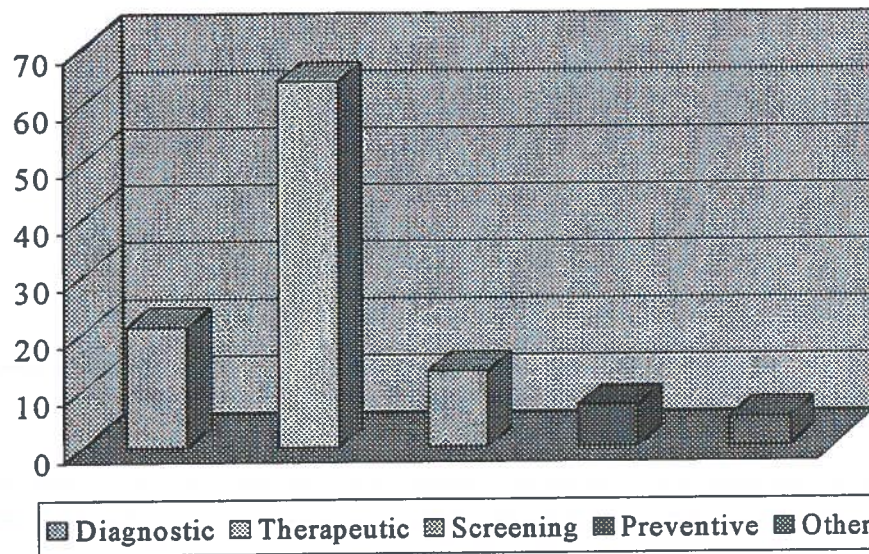
95 of the 117 publications were classified as full technology assessment reports, whereas the remainder of publications were issued in summary form (ie. briefs, technotes, bulletins, etc.).

Technology

We classified each report by technology type in three sections. The choices in the first section were: diagnostic / preventive / screening / therapeutic / other. The results show that therapeutic technologies received far more attention than any or all other sections combined (76 therapeutic technologies, in comparison to 23 diagnostic, 15 screening, 8 preventive, and 6 other)¹.

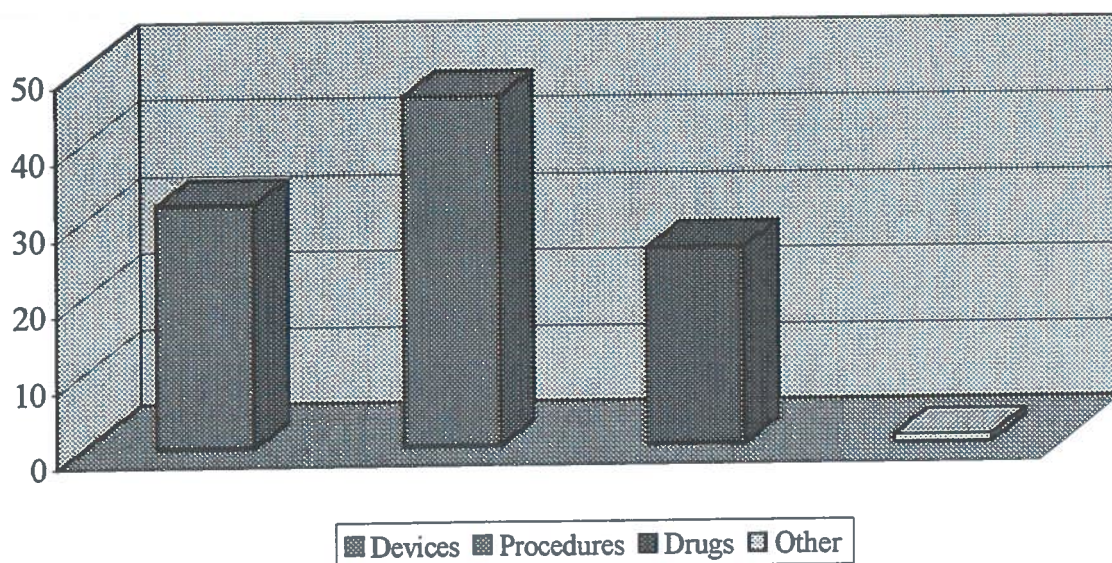
¹ Some reports met criteria for more than one category and have been classified under all relevant areas.

Figure 1: Technology Type (Part 1)



The next sub-categories for technology type were: device / procedure / drugs / other. Here differences were not as pronounced, with 55 reports examining procedures, 37 looking at devices, 30 assessing drugs, and 3 examining other technologies. Though the low numbers for drug assessments may be explained by the fact that some HTA agencies are not mandated assess pharmaceuticals.

Figure 2: Technology Type (Part 2)



Finally, where possible, we classified each report by area of disease focus, according to the National Library of Medicine, MeSH Tree Structures. The results are shown in the table below.

Table 1: Areas of Disease / Other Focus

Number of Assessments	Area of Disease/Other Focus
27	Cardiovascular diseases
15	Analytical, diagnostic and therapeutic techniques and equipment
11	Neoplasms
8	Urologic and male genital diseases
7	Symptoms and general pathology
7	Musculoskeletal diseases
6	Digestive system diseases
6	Female genital diseases and pregnancy complications
4	Eye diseases
4	Neonatal diseases and abnormalities
4	Otorhinolaryngologic diseases
4	Psychiatry and psychology
3	Respiratory tract diseases
2	Other (policy or educational assessments)
1	Stomatognathic diseases
1	Hemic and lymphatic diseases

Focus

Each assessment was further categorized by the main foci of the report, ie. costs / effectiveness / safety / ethics / liability / other. The results are shown in the table below. The primary focus of most studies was effectiveness, followed by costs. Few assessments considered “other” aspects such as utilization, quality of life and policy or organizational aspects.

Figure 3: Focus of Assessments

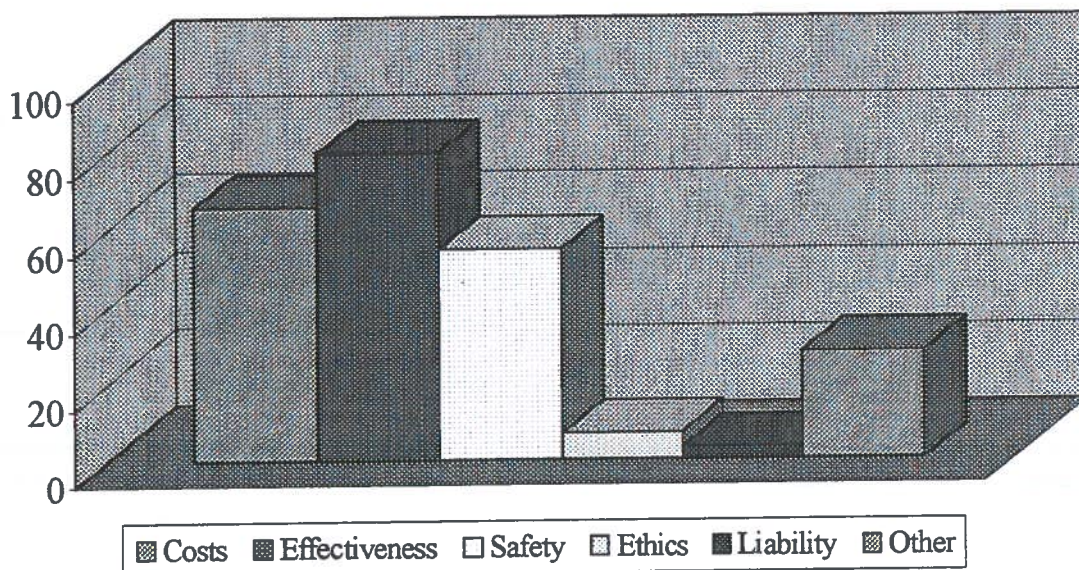


Table 2: Focus of Assessments

Number of Assessments	Focus
93	Effectiveness
77	Costs
55	Safety
9	Other – miscellaneous
9	Ethics
9	Other – utilization
4	Other – quality of life
4	Other – organizational aspects
4	Liability
3	Other – guidelines
3	Other – policy analysis
3	Other – patient satisfaction

Policy Question

Reports were also examined to determine whether or not the question addressed by the assessment was clearly defined. 98 of the 117 assessments clearly stated the question under investigation, but 19 reports did not specifically state the question being addressed.

Decision Maker

The identification of the target audience for the assessment was also reviewed. This was to ascertain which health care policy makers were most often seen as the client(s) for the assessment, and also to measure to what extent agencies clearly identified the relevant audience(s) for their assessment. As expected, given the mandate and reporting structure of the HTA agencies, the majority of assessments were targeted to government policy makers (63), with health care institutions (23), health professionals (11), and others (2). However, 38 assessments did not clearly specify the intended audience for this information.

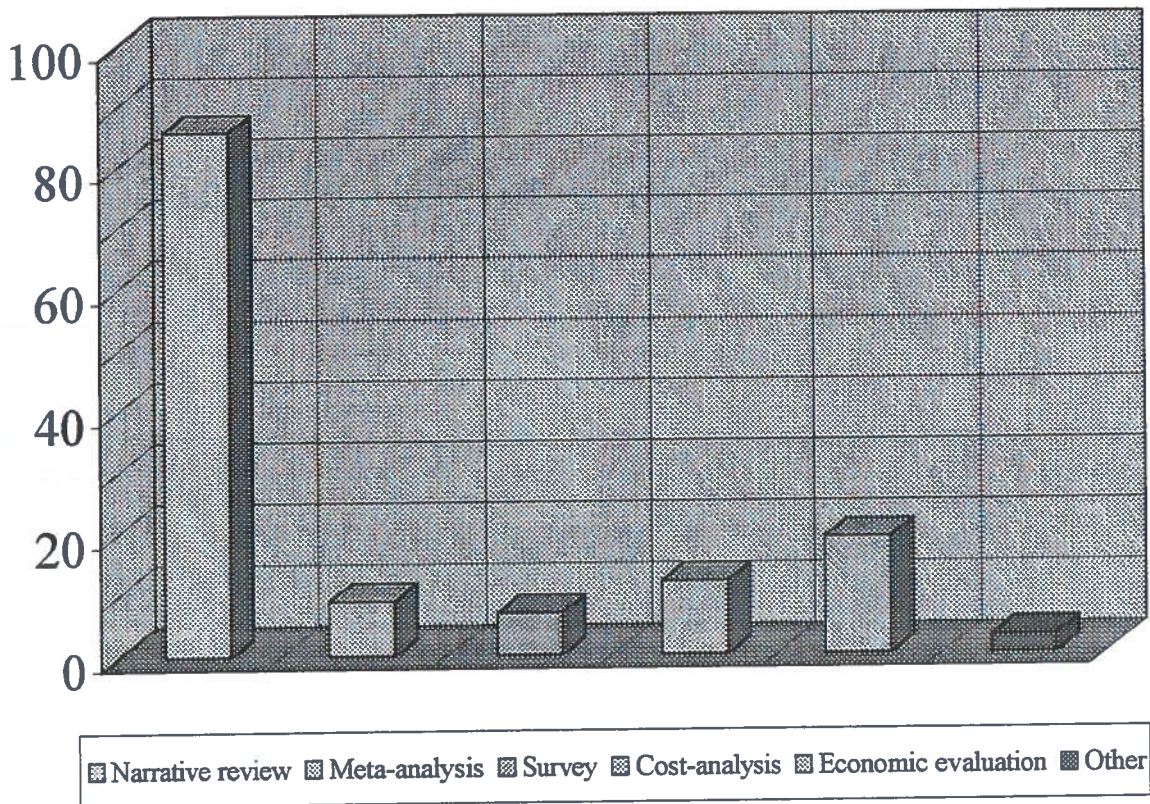
Sources of Data

The sources of information used as the basis for the assessment were also reviewed. These were classified as: clinical - published literature / clinical – other / economic – published literature / economic – other / other literature. Most reports appeared to rely on published clinical literature (107), and to a lesser extent published economic literature (47), though the use of other data (including government and hospital data, expert opinion and industry data) was specifically mentioned in 86 reports.

Assessment Methods

The methods used to assess technologies were also categorized. Narrative reviews were the most common form of assessment (102), though some studies used alternate methods, such as meta-analysis (11), or a combination of methods. Cost analyses were used in 13 assessments, and other types of economic evaluation were used in 19 cases.

Figure 4: Assessment Methods



Within the methods section we reviewed each assessment to quantify the number of reports which clearly outlined both their literature search strategy and the selection criteria for inclusion of studies. In both cases the majority of assessments failed to clearly state the methods used (60 did not clearly describe the literature search strategy used and 68 did not specify the inclusion criteria used).

Executive Summary / Structured Abstract

As a summary or structured abstract should provide the key information from the assessment, particularly for decision makers, we used the presence or absence of these as another measure of the quality of the written assessments. 85 assessments included either a summary or a structured abstract, however, 32 had neither.

Recommendations / Conclusions

Relatively few of the assessments offer clearly stated recommendations for health policy makers (16), though most reports had relatively clearly stated conclusions. (This may be explained by the different mandates of the HTA agencies, most of which are not charged with making recommendations to guide health policy.) However, in a small number of cases (6), neither the conclusions nor any recommendations were clearly summarized.

National Versus Local Relevance

Whether an assessment (done by the national or a provincial HTA agency) will have relevance at a national or local level depends upon a number of factors. Most HTA reports contain an evaluation of clinical effectiveness which should be relevant to all jurisdictions. However, economic or utilization analyses will be more relevant to the jurisdiction undertaking the assessment. 12 of the CETS reports (out of 39) were of relevance to Québec, 3 (of 18) AHFMR reports were relevant to Alberta, and 2 (of 22) BCOHTA reports to British Columbia. The remaining 100 (of 117) had national, or national and provincial, relevance.

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APPENDIX 1

HTA Reports in Canada 1988-1998

CCOHTA	1	Gallstone therapies	1991
CCOHTA	2	Reuse of single use cardiac catheters	1991
CCOHTA	3	A survey of investigational new drug and emergency drug release policies	1991
CCOHTA	4	An annotated bibliography of the costs and benefits of prenatal screening programs	1991
CCOHTA	5	Exosurf neonatal for surfactant replacement therapy	1991
CCOHTA	6	Chiropractic treatment of neck and back disorders: a review of selected studies	1992
CCOHTA	7	Endovascular coronary stents	1992
CCOHTA	8	The excimer laser	1992
CCOHTA	9	Stereotactic radiosurgery: improved technologies for the treatment of brain lesions	1992
CCOHTA	10	Thrombolytic therapy: current status	1992
CCOHTA	11	Influence of educational interventions on the test ordering patterns of physicians	1992
CCOHTA	12	An overview of major breast screening studies and their findings	1992
CCOHTA	13	Chelation therapy and atherosclerotic coronary artery disease	1993
CCOHTA	14	Magnetic field strength issues in magnetic resonance imaging (MRI)	1993
CCOHTA	15	The introduction of laparoscopic cholecystectomy in Canada and Australia	1994
CCOHTA	16	Photodynamic therapy	1994
CCOHTA	17	The treatment of obstructive sleep apnea: an overview	1995
CCOHTA	18	Transcutaneous electrical nerve stimulation (TENS) and pain management	1995
CCOHTA	19	A comparison of fixed and mobile CT and MRI scanners	1995
CCOHTA	20	Cost-effectiveness and cost-utility analyses of finasteride therapy for the treatment of benign prostatic hyperplasia	1995
CCOHTA	21	Efficacy, effectiveness, and cost analysis of nitrate therapy for the prevention of angina pectoris	1996
CCOHTA	22	Meta-analysis and economic evaluation of sumatriptan for migraine	1996

CCOHTA	23	Economic evaluation of alternative therapies in the long term management of peptic ulcer disease and gastroesophageal reflux disease	1996
CCOHTA	24	A pharmacoeconomic evaluation of DNase use in cystic fibrosis	1996
CCOHTA	25	A therapeutic and economic assessment of Betaseron in multiple sclerosis	1996
CCOHTA	26	A study of the efficacy, effectiveness and economic impact of tacrine in Alzheimer's disease	1997
CCOHTA	27	Pharmacoeconomic evaluation in schizophrenia: clozapine in treatment-resistant schizophrenia and risperidone in chronic schizophrenia	1997
CCOHTA	28	An analysis of the use of fluoroquinolones for uncomplicated urinary tract infections, prostatitis, and community-acquired pneumonia: clinical and economic considerations	1997
CCOHTA	29	The cost-effectiveness of G-CSF for prophylaxis of febrile neutropenia after standard dose chemotherapy	1997
CCOHTA	30	A therapeutic and economic evaluation of macrolide antibiotics	1997
CCOHTA	31	HMG-CoA reductase inhibitors	1997
CCOHTA	32	Selective serotonin reuptake inhibitors (SSRIs) for major depression. Part I. Evaluation of the clinical literature	1997
CCOHTA	33	Selective serotonin reuptake inhibitors (SSRIs) for major depression. Part II. The cost-effectiveness of SSRIs in treatment of depression	1997
CCOHTA	34	Assessment of techniques for cervical cancer screening	1997
CCOHTA	35	Coronary stents: clinical experience and cost-effectiveness	1997
CCOHTA	36	Economic analysis of erythropoietin use in surgery	1998
CCOHTA	37	Leukoreduction: the techniques used, their effectiveness and costs	1998
CCOHTA	38	Comparison of drug treatments for multiple sclerosis	1998
AHFMR	1	Quantitative ultrasound for bone density measurement	1998
AHFMR	2	Functional diagnostic imaging in epilepsy	1998
AHFMR	3	Hyperbaric oxygen treatment in Alberta	1998
AHFMR	4	Stereotactic radiosurgery: options for Albertans	1998
AHFMR	5	Dynamic posturography in the rehabilitation of stroke, brain injured and amputee patients	1998
AHFMR	6	Evaluation of a telepsychiatry pilot project	1997
AHFMR	7	Computerized gait analysis in the rehabilitation of children with cerebral palsy and spina bifida	1997

AHFMR	9	In vitro fertilization and embryo transfer as a treatment for infertility	1997
AHFMR	10	Posteroventral pallidotomy in Parkinson's disease	1997
AHFMR	11	Percutaneous ethanol injection therapy as a treatment for hepatic cancer	1997
AHFMR	12	Aspirin in the primary prevention of cardiovascular disease and colon cancer	1997
AHFMR	13	Diagnostic tests for vaginosis / vaginitis	1998
AHFMR	14	Cord blood transplantation	1998
AHFMR	15	Bladder ultrasound scanning for the measurement of post-void residual urine volume	1996
AHFMR	16	Interface pressure measurement systems for management of pressure sores	1996
AHFMR	17	Alternative interventions survey	1996
AHFMR	18	Alternatives to ethylene oxide / chlorofluorcarbon sterilization	1996
AHFMR	19	Laboratory medicine and pathology services under fixed funding arrangements	1998
CETS	1	Distribution of cardiac catheterization laboratories in Quebec	1989
CETS	2	Evaluation of low vs high osmolar contrast media	1990
CETS	3	Extracorporeal shock wave lithotripsy (renal, biliary)	1990
CETS	4	Screening for breast cancer in Quebec: estimates of health effects and of costs	1990
CETS	5	Access to low osmolar contrast media: legal and ethical considerations	1990
CETS	6	Treatment of obstructive sleep apnea by nasal continuous positive airway pressure	1990
CETS	7	ECMO: efficacy and potential need in Quebec. 1) Report; 2) Resource document	1990
CETS	8	Domiciliary long-term oxygen therapy for chronic respiratory insufficiency	1990
CETS	9	Transplantation in Quebec: preliminary report on effectiveness, costs and organizational characteristics	1991
CETS	10	Hemodialyser reuse. Considerations of safety and costs	1991
CETS	11	The reuse of permanent cardiac pacemakers	1991
CETS	12	The use of chlorofluorohydrocarbons (freon, CFC) in certain sterilization procedures in Quebec hospitals	1992
CETS	13	Cardiac transplantation in Quebec: survival, costs and cost-effectiveness. Principal and technical reports	1992
CETS	14	Routine preoperative chest x-rays	1992

CETS	15	Implantable cardioverter defibrillators (ICD)	1992
CETS	16	Bone marrow transplantation: present status	1992
CETS	17	Diathermy and balloon dilatation treatment of benign prostatic hypertrophy	1993
CETS	18	The reuse of single-use catheters	1993
CETS	19	Screening for breast cancer in women aged 40-49 years	1993
CETS	20	Variations in the frequency of surgical procedures by region in the Province of Quebec. 1) Principal report. 2) Technical report	1993
CETS	21	The costs of conventional cholecystectomy, laparoscopic cholecystectomy and biliary lithotripsy	1993
CETS	22	Transurethral diathermy for benign prostatic hypertrophy. Update 1993	1994
CETS	23	The impact of renal extracorporeal shock-wave lithotripsy on the use of resources in the Quebec health care system	1994
CETS	24	Screening for cancer of the prostate: an evaluation of benefits, unwanted health effects and costs	1995
CETS	25	Impact of the regulation respecting ozone-depleting substances on the reuse of single-use devices	1995
CETS	26	The screening of primary open-angle glaucoma	1995
CETS	27	The introduction of laparoscopic cholecystectomy in Quebec: effects on intervention rates and resource utilization	1995
CETS	28	Revascularization procedures for the treatment of stable angina pectoris - a state of the art review	1996
CETS	29	Risks of occupational anesthetic gas exposure for the pregnant woman and the fetus	1996
CETS	30	Variations in rates of tonsillectomy, adenoidectomy and myringotomy in Québec	1996
CETS	31	The potential risks of transmission of Creutzfeldt-Jakob disease associated with the reuse of single-use catheters and permanent pacemakers	1996
CETS	22	The cochlear implant in adults, adolescents and children	1997
CETS	33	Duchenne and Becker muscular dystrophies: family screening and molecular diagnosis	1997
CETS	34	Percutaneous transluminal coronary angioplasty - update of applications and standards for utilization	1997
CETS	35	The safety of dental amalgam: a state of the art review	1997
CETS	36	The reuse of single-use catheters and the risk of transmission of Creutzfeldt-Jakob disease: update	1997

CETS	37	Excimer laser photorefractive keratectomy: the correction of myopia and astigmatism	1997
CETS	38	Evaluation of the risks and benefits of early postpartum discharge	1997
CETS	39	Family screening and molecular diagnosis of myotonic dystrophy	1998
BCOHTA	1	Collagen implant therapy for the treatment of stress incontinence	1991
BCOHTA	2	A review of research on the use of desk-top analysers for cholesterol screening	1991
BCOHTA	3	Home uterine activity monitoring: a review of the scientific evidence	1992
BCOHTA	4	The erythrocyte sedimentation rate: an examination of the evidence	1993
BCOHTA	5	Collagen implant therapy for the treatment of stress incontinence	1993
BCOHTA	6	Current controversies in screening for hypercholesteremia using desk-top analyzers	1993
BCOHTA	7	Percutaneous transluminal coronary angioplasty	1993
BCOHTA	8	The efficacy and effectiveness of sustained release oral nitroglycerin in comparison to regular delivery isosorbide dinitrate for the prophylactic treatment of stable angina pectoris	1994
BCOHTA	9	Current status of fetal tissue transplantation in Parkinson's disease	1994
BCOHTA	10	Vision screening for strabismus and amblyopia: a critical appraisal of the evidence	1995
BCOHTA	11	Anticoagulation for stroke prevention in chronic non-valvular atrial fibrillation	1995
BCOHTA	12	Routine ultrasound imaging in pregnancy: how evidence-based are the guidelines?	1996
BCOHTA	13	Coronary stents: an appraisal of controlled clinical studies	1996
BCOHTA	14	Bone mineral density testing: does the evidence support its selective use in well women?	1997
BCOHTA	15	Supporting clinical practice guidelines development: an appraisal of existing cholesterol testing guidelines	1997
BCOHTA	16	Does famciclovir cause post-herpetic neuralgia?	1998
BCOHTA	17	Relative efficacy and safety of low molecular weight heparin preparations for non-hospital prophylaxis and treatment of venous thrombo-embolic disease	1998

BCOHTA	18	Endovascular graft treatment of infrarenal aortic aneurysms	1998
BCOHTA	19	Cholesterol testing clinical practice guidelines and the clinical expert paradox	1998
BCOHTA	20	Hyperbaric oxygen therapy for osteomyelitis and osteoradionecrosis	1992
BCOHTA	21	Prostate specific antigen in the treatment of prostate cancer	1993
BCOHTA	22	Incorporating clinical effectiveness debates into hospital technology assessment: the case of laser treatment of benign prostatic hyperplasia	1996



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