



About this E-Bulletin

This monthly e-bulletin is published by Health Quality Ontario (HQO). It is designed to keep you up-to-date on the research and reporting activities of HQO's Medical Advisory Secretariat (MAS) and the work of the Ontario Health Technology Advisory Committee (OHTAC).

Where to Find It

To read all new materials from MAS and OHTAC, be sure to visit the "What's New" section of our [website](#). To subscribe to the e-bulletin, write to Subscriptions@hqontario.ca

Questions and Comments

We welcome your questions and comments. You can write to MAS at MASinfo@hqontario.ca and OHTAC at OHTACinfo@hqontario.ca.

Making Evidence Relevant | February 2012

WHAT'S NEW

Dr. Leslie Levin Wins National *Excellence through Evidence Award*



Dr. Leslie Levin and Canadian Health Services Research Foundation President Maureen O'Neil

Dr. Leslie Levin, Head of HQO's Medical Advisory Secretariat, was recently awarded the Canadian Health Services Research Foundation (CHSRF) *Excellence through Evidence Award*. The award was presented to Dr. Levin by CHSRF President Maureen O'Neil at the foundation's [2012 CEO Forum](#) in Montreal on February 15.

The *Excellence through Evidence Award* recognizes a health services leader who has successfully implemented evidence-informed innovations in care and service delivery and provides an honorarium of \$15,000 to be used to inspire similar innovation across Canada. Dr. Levin was nominated by HQO President Dr. Ben Chan with a letter of support from Adalsteinn Brown, Chair in Public Health Policy, Dalla Lana School of Public Health, University of Toronto.

[View the news release](#)

Dr. Charles Wright Appointed Chair of OHTAC

The Council Board (Council) of HQO has appointed Dr. Charles Wright as Chair of OHTAC effective February 1, 2012.

Dr. Wright has been a dedicated member of OHTAC for many years, serving as Vice Chair and, most recently, as Acting Chair since October 2011. He is a Health Care Consultant, Medical and Academic Affairs; Professor Emeritus, Department of Health Care and Epidemiology, University of British Columbia; and, Councillor with the Health Council of Canada.

"It is my privilege to accept this appointment," says Dr. Wright. "OHTAC is the smartest and most efficient committee I have ever been on."

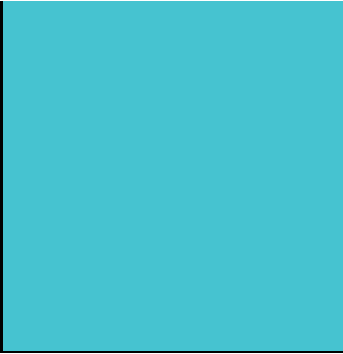
[Read Dr. Wright's Bio](#)

OHTAC Becomes Standing Advisory Committee of HQO Board Council

Further to endorsement by the Council Board (Council) of HQO, OHTAC is now officially a standing advisory committee of the Council and will assist HQO to discharge its obligations under the *Excellent Care for All Act*, 2010. OHTAC will continue to review, investigate, and advise on the uptake, diffusion, and distribution of health technologies and services. It will make recommendations to the Council on the most effective healthcare services and medical devices for Ontario based on the evidence. The Council will then take its advice into account when formulating its recommendations to healthcare organizations and to other entities regarding standards of care, and to the Minister regarding funding for healthcare services and medical devices.

Final Evidence-Based Analysis and OHTAC Recommendation Posted: Internet-Based Device-Assisted Remote Monitoring of Cardiovascular Implantable Electronic Devices

Cardiovascular implantable electronic devices consist of pacemakers and cardioverter defibrillators used to treat heart failure and irregular heart activity. Currently, patients with such devices regularly visit outpatient clinics so that physicians can ensure that their device is performing correctly and monitor for any cardiac arrhythmias. A disadvantage to these scheduled visits is that asymptomatic arrhythmic events may be discovered weeks or months after they occurred, which may result in delayed adjustments to the implanted device or to the patients' medical management. Remote (also called home) monitoring systems were developed to provide physicians



with data from the implantable cardiac devices with little or no time delay. Remote monitoring systems may also have the potential to reduce total follow-up time in clinics, reduce physician workload, and lower patient transportation costs, especially in locations where outpatient clinics may not be situated. Remote monitoring systems do not completely eliminate the need for visits to outpatient clinics since patients still need an appointment to have their device adjusted.

[Read the evidence-based analysis and OHTAC recommendation.](#)