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A Study of the Impact of 2000-2001 HTA Products

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Prepared by:

TurnKey Management Consulting

January 2002

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This paper has been prepared by TurnKey Management Consulting for the Alberta Heritage Foundation for Medical Research. Additional comments relative to the information in this paper are welcome and should be sent to:

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ABSTRACT

The purpose of this study was to develop further sophistication in the understanding and exposition of the impact of the Health Technology Assessment (HTA) Unit's products. Data were collected through a series of open-ended questions during face-to-face interviews, then analyzed using a qualitative approach in which common themes were extracted to develop conclusions about the impact of HTA products on decision-making. It was found that evidence presented in HTA products informs decisions of the requesting organization. Factors that have a positive influence on impact include the quality of the report and the reputation and credibility of the HTA Unit. Time of availability of the product can affect the impact of the product. In order for products to have a positive impact, they must be available at the time the decision is being made. Products that present inconclusive evidence have less impact on decision-making and the presence of external barriers (e.g., advocacy action of lobby groups and the momentum of existing programs) may further limit their impact.

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PURPOSE

HTA evaluates the properties and effects of health care technology¹ and provides information to support all health care decisions at local, regional, national, and international levels. As such, the HTA Unit at the Alberta Heritage Foundation for Medical Research (AHFMR) endeavours to provide information on the safety, efficacy, effectiveness, and economic impact of health technologies to support health care decisions and policy making. The Unit's *Report of Activities for 1999-2000*² attempted to identify the impact of the unit's products produced during the course of that fiscal year, on the practice, decisions and/or policy of the clients who had requested the work. These impacts were descriptive and brief.

To that same end, the Unit engaged the services of an external consultant, TurnKey Management Consulting, to study the impact of the Unit's 2000-2001 products (Table 1 lists the products considered in this study.) The results of the project will guide the continuous improvement efforts of the unit and will be included in the 2000-2001 *Report of Activities*. It is also expected that the work will serve as a template to be repeated and refined in subsequent years.

Table 1: HTA products assessed in this study

Title of Product ³	Type of Product ⁴	Date
Mammography screening: mortality rate reduction and screening interval	Report	June 2000
Visudyne [™] therapy for the treatment of age-related macular degeneration	Technote	July 2000
Chemoembolization treatment for colorectal metastases to the liver	Technote	October 2000
Conductive education for children with cerebral palsy	Report	November 2000
Laposcopic adjustable gastric banding for clinically severe (morbid) obesity	Brief	December 2000
Extremity pumps for treatment of primary peripheral edema	Technote	January 2001
Intensive intervention programs for children with autism	Brief	February 2001
Patient diabetes education in the management of adult type 2 diabetes	Report	February 2001
Off-pump coronary artery bypass surgery	Technote	March 2001
Vagus nerve stimulation for refractory epilepsy	Report	March 2001

¹ Health technologies include drugs, devices, medical and surgical procedures, and the administrative and support systems in which health care is delivered.

² Juzwishin, D. (2000). Health Technology Assessment Unit Report of Activities for 1999-2000. HTA Annual Reports: 1999/00: pp. 4, 8, 10, 11, 12-14. Available at <http://www.ahfmr.ab.ca/publications.html>.

³ The individual requesters of HTA products considered by this study are purposely not identified in order to safeguard the anonymity of the study's interviewees. However, organizations requesting at least one of the products listed in Table 1 may be identified, and these included the Alberta Medical Association, Alberta Learning, Alberta Health and Wellness, Capital Health Authority, Alberta Children's Services, and Calgary Health Region.

⁴ *Health Technology Assessment Report*: Detailed appraisals of health technologies; providing a synthesis of data from the literature, or reporting on empirical studies. Subject to external review. *Health Technology Assessment Brief*: Limited assessments providing concise advice on technologies. Subject to external review. *Technote*: Brief responses to requests for rapid advice, with limited analysis. These are not subject to external review.

METHODOLOGY

This section describes how information was gathered and analyzed. Data were collected through a series of open-ended questions during face-to-face interviews. A qualitative analysis was used to extrapolate common themes and develop conclusions about the impact of HTA products on decision-making. This approach was chosen for the following reasons:

- There were insufficient numbers of products to conduct a meaningful quantitative assessment of impact.
- Since this was the first attempt at impact assessment, the potential range of responses was unknown, making it difficult to develop multiple-choice type of questions with defined answers. Also, providing defined responses to questions could potentially bias responses.
- Face-to-face interviews ensured that respondents participated in the study, as opposed to a mail-in survey that could easily be ignored. The interview also permitted more in-depth questioning and the opportunity to clarify responses.
- The use of an external consultant likely encouraged interviewees to give more candid responses.

Interview Guide

The ultimate goal of this study was to confirm and expand the HTA Unit's understanding of its products' impact. Hailey et al.⁵ identified a number of challenges to the assessment of HTA impact, including:

- the multiplicity of influences on the policy-making process other than HTA; and
- the difficulty of measuring the longer-term impacts of HTA.

Recognizing these challenges, this study of HTA impact included three types of evaluation: context, implementation, and outcome⁶. Context evaluation identified environmental enablers and barriers that influenced the impact of HTA products; implementation evaluation identified critical processes and activities in producing HTA products that influenced impact; and outcome evaluation identified the extent to which the HTA products influenced health care policy and decision makers. Given that some of the products considered in this study were less than a year old at the time of the study, the influence of each on the health care system was not expected to be evident. It was therefore important to identify "intermediate" steps in achieving the final outcome. As such, two "outcome" questions were included in the questionnaire: one explored

⁵ Hailey, D.M., D.E. Cowley, W, Dankiw (1990). *The impact of health technology assessment*. Community Health Studies: 15 (3) 223-234.

⁶ Peterson, A.C. (1998). W.K Kellogg Foundation Evaluation Handbook, pp. 20 – 46. Available at <http://www.wkkf.org/pubs/Pub770.pdf>.

how the product had been used in the short-term and the second explored the future potential for the product. Appendix 1 lists the questions that interviewees were asked.

Interviews

The HTA Unit identified prospective interviewees as either the original requester of a product or individuals who approached the HTA Unit during the development of a product with a similar request (i.e., they would have requested the product had it not already been requested). For the ten products, 18 different individuals were identified and three of these 18 were associated with two products. Some products had only one contact and two of the products had four contacts.

The HTA Unit extended email invitations to the selected contacts to participate in the study. Appendix 2 contains an example of the message that was sent to prospective interviewees. One individual declined the interview, deferring to another contact and one individual requested that a colleague, who was involved in the implementation of the conclusions of the HTA product, attend the interview instead. All other individuals accepted the invitation to the interview, although many had difficulty meeting on short notice. A time was scheduled for the interview and interviewees received a copy of the interview guide (see Appendix 1) prior to the interview.

Of the 17 interviews conducted, 11 were conducted in person and six were conducted via telephone. Two interviewers attended all interviews, except for three interviews that were attended by only one interviewer. One interviewer asked questions while the other manually took note of responses. The interviews took approximately 30-40 minutes to complete. Where interviewees served as a contact for two products, the interviews were conducted consecutively. Interviewees were given the opportunity of commenting on a draft version of this report prior to its release to ensure that interviewee comments were reported and interpreted accurately.

Analysis

Interview responses were grouped into the topics listed in Table 2. For each product, interview responses were then assigned to one of these topics. This analysis generated a table of comments made about a specific product. Responses to the questions indicated in the right hand column in Table 2 informed the corresponding topic. The responses were then themed and summarized to present a list of comments and the number of products to which the comment applied (see Table 3.)

Table 2: Topics used to guide data analysis

Topic	Information Definition	Questions
Reason for Request	Why the requesting organization requested the product and the information they needed in order to make a decision	1, 2, 3
External Barriers/Enablers	"Environmental" factors that may have influenced the ability of the requesting organization to use the conclusions of the HTA product	5, 6
Internal Barriers/Enablers	Factors and structures within the requesting organization that may have influenced the ability of the requesting organization to use the conclusions of the HTA product	5, 6
Process Barriers/Enablers	Specific aspects of the process for requesting and developing the product that may have influenced the ability of the requesting organization to use the conclusions of the product	7
Immediate Outcome	How the requesting organization used the product and how the product impacted decisions.	4, 8
Future Potential	A subjective opinion of how the requesting organization might use the product in the future and how the product may inform future decisions.	9

FINDINGS

This section presents the data collected in the interviews and discusses its relevance.

Interview Responses

Responses to interview questions were categorized into themes and enumerated. Table 3 lists the responses for the themes and the number of times the response related to individual products.

Table 3: Interview comments about HTA reports grouped according to topic

(The “number of products” is the number of products the comment pertains to.)

Number of Products	Comments
Reasons why the HTA product was requested.	
5	Funding claims made to Alberta Health and Wellness where evidence was required to make a decision on whether to fund individual claims and whether to publicly fund the treatment.
3	Evidence required to make decisions about program funding, continuation of program, and elements of program delivery.
1	Evidence required to make decision about changes to clinical practice guidelines
1	Evidence required to make decision about patient care
External Barriers	
3	Lobbying by advocacy group influenced policy, funding and program decisions
2	Upcoming provincial election influenced policy, funding and program decisions
2	Difficult to cut funding for established programs
1	Court ruling set precedence which influenced decision to offer programs
1	Current program elements set precedence to continue offering a program incorporating those elements
1	Practices of other provinces influenced decisions to establish programs
1	Different treatment undertaken negated need to apply technology
1	Program did not strictly comply with established models of program delivery making it difficult to draw parallels about program efficacy
1	Unanswered questions about data ownership
External Enablers	
0	None reported
Internal Barriers	
2	Individual requesting product acting on own initiative and did not communicate with stakeholders
1	Difficulty responding proactively to external barriers
1	Internal politics
1	Distracted by other internal events
Internal Enablers	
7	Internal standing or ad hoc committees in place to make required decisions.
6	Established communication channels
1	Policy that funding decisions must be evidence-based

Table 3: Interview comments about HTA reports grouped according to topic (cont'd)
 (The "number of products" is the number of products the comment pertains to.)

Number of Products	Comments
Process Barriers	
5	Timing
1	Resistance to inclusion of context information in product
1	Product not posted on HTA web site
1	Level of product not appropriate for audience
Process Enablers	
7	High quality, thorough product
5	Appropriate level for audience
5	Reputation and credibility of HTA Unit
Process Enablers	
4	Timeliness; <i>i.e.</i> , product available when decision required
3	Unbiased, objective product
3	Ongoing communication with HTA Unit
2	Assistance provided by HTA Unit in communicating with stakeholders
2	Format of the product
2	Excellent reference list
1	Assistance provided by HTA Unit in formulating question
1	Review process
1	HTA Unit leveraged work of other HTA products prepared by other jurisdictions
1	Established relationship between requesting organization and HTA Unit
1	Inclusion of context data
Suggestions for Enhancements/Improvements to Service Provided by HTA Unit	
2	HTA Unit should consider playing a more active role in disseminating their products
2	HTA Unit should consider updating products on high priority topics with the most current evidence on a regular basis
2	HTA Unit should consider offering a service that provides short turn around (3-7days) short notes on high priority topics
1	HTA Unit should consider offering a "menu" of research areas that could be included in the product <i>e.g.</i> , information about other jurisdictions, law and policy, etc.
1	HTA Unit should consider providing information about public opinion in their products
Immediate Outcomes	
8	Informed policy and resource allocation
6	Raised awareness
3	No impact on decisions
2	Provided impetus for future research
2	Changed patient care practice
1	Provided evidence for use in legal decision
1	Information contained in the product informed changes to program elements

Table 3: Interview comments about HTA reports grouped according to topic (cont'd)

(The "number of products" is the number of products the comment pertains to.)

Number of Products	Comments
Future Potential	
3	Inform policy and resource allocation decisions in the requesting organization
3	None – served its purpose
2	Inform policy and resource allocation decisions in other jurisdictions
2	Future reference
2	Serve as a model format for future HTA product requests
2	Will request HTA Unit to update information at some future time
1	Demonstrates value of HTA Unit's work
1	Organization will attempt to employ evidence-based decision making in the future
1	Changes to practitioner behaviour and patient care

Recurring variables emerged from this analysis; e.g., the same external barriers were identified for several different products. Table 4 lists the common variables identified for the various topics.

Table 4. Variable definitions

Topic	Variable	Definition
Product Attributes	Conclusiveness	A variable that indicates whether the evidence in the HTA product provided clear conclusions as to the efficacy of the technology.
	Peer Reviewed	A measure that classifies the product into one of two types: <ul style="list-style-type: none"> • Peer Reviewed - Health Technology Assessment Report or Health Technology Assessment Brief • Not Peer Reviewed – Technote (Refer to Footnote 2 on page 3 for definitions of the product types.)
External Barriers	Advocacy	A measure that indicates the involvement of advocacy and lobby groups.
	Election	A measure that indicates whether the release of the HTA product coincided with the provincial election held in March 2001.
	Other External Barriers	A measure that indicates whether other external barriers may have negatively influenced the impact of the HTA product.
Internal Enablers	Supporting Organizational Structures	A measure that indicates whether the requesting organization or individual had established decision making structures (e.g., standing or ad hoc committees) and/or communication channels and networks in place.
Process Enablers	Procedures	A measure that indicates whether specific aspects of the process for requesting and developing the product positively influenced its impact.
Process Barriers	Timing	A measure that indicates that the timing of the release of the product negatively influenced its impact
Immediate Outcome and Future Potential	Impact	A measure that indicates the degree to which the HTA product informed decision-making or will inform future decisions.

DISCUSSION

All organizations that commissioned HTA products required evidence to inform decisions. Alberta Health and Wellness was involved in five of the ten products reviewed because they needed evidence to make decisions on funding for individual claims and in some cases whether to publicly fund the treatment in question. Alberta Children's Services requested two products to assist them in making decisions on program funding and evaluating the elements of programs and Capital Health Authority requested a product for similar reasons. Alberta Medical Association requested a product to inform decisions about changes to clinical practice guidelines. Finally, a product was requested to inform decisions about care for an individual patient. As discussed below, the degree to which the products influenced decision-making varied.

Product Attributes

Characteristics of the products themselves influenced the impact they had on decision-making. Products that presented evidence with clear conclusions tended to have a greater influence on decision making than those that did not. Two of the products presented conclusive evidence but did not have any impact on decisions. This is because for these two products, the product was not available until after the decision had been made. There does not appear to be any relationship between whether a product was peer reviewed (i.e., the type of report) and its impact.

External Barriers/Enablers

Circumstances external to requesting organizations may also influence the ability of organizations to use HTA products in decision-making. In three instances, interviewees suggested that barriers external to their organizations limited their ability to realize the full impact of the conclusions in the product. The most frequently reported barrier was lobbying by advocacy groups. Other external barriers reported were: precedent set by a court ruling; practices of the current program and of other provinces; and, difficulty in evaluating programs that do not match those in the research literature. None of the interviewees reported external enablers.

Lehoux et al.⁷ describe the relationship of an HTA product to its environment as one of "turbulence" or "continuity". Turbulence occurs when the conclusions of the product conflict with the dominant view of stakeholders and continuity occurs when the conclusions of the product are congruent with the views of the stakeholders. The Lehoux study suggests that the influence of an HTA product is likely to be greater under conditions of continuity rather than turbulence. Four of the products examined in this study were released into environments that included active lobbyist advocacy; but only two of these instances could be considered turbulent situations in that the

⁷ Lehoux, P., R.N. Battista and J.-M. Lance (2000). *Monitoring Health Technology Assessment Agencies*. The Canadian Journal of Program Evaluation: 15(2) 1-33.

evidence presented in these two products opposed the position of the advocates. However, the cases of these two products challenge the Lehoux hypothesis since the decision made opposed the view of the advocacy group and reflected the evidence presented in the product. In the cases of the other two products, the evidence presented by the products was inconclusive (i.e., neither supported or opposed the dominant view) and therefore cannot be considered as either turbulent or continuous. Interviewees associated with these latter two products suggested that the presence of advocacy activity in combination with inconclusive evidence lessened the impact of the products.

Internal Barriers/Enablers

Very few of the interviewees reported internal barriers that may have adversely affected their ability to use evidence in the HTA product to make decisions. Rather, almost all had enabling structures in place to facilitate decision-making. Most organizations that requested products either had standing or ad hoc committees that had been charged with the decision-making responsibility and many had established communication networks to inform stakeholders of the evidence presented in products.

Process Barriers/Enablers

The major process barrier to impact of HTA products was timing of the delivery of the products. In two cases decisions were made before the products became available and, as a result, the products had no impact, at least as reported by the interviewees in this study. In another two instances, the requesting organizations postponed their decisions until the HTA products became available. Interviewees recognized that the HTA products take a great deal of time to prepare especially when evidence must be retrieved from specialist and foreign language journals. Also, many contextual factors influence timing and may affect requester needs over the course of the HTA production process.

All requesters of the products felt that the HTA process and product facilitated their ability to make decisions. Interviewees reported that the products of the HTA Unit are: of high quality, thoroughly researched and perceived by those who use them as being unbiased and objective. The reputation and credibility of the HTA Unit was cited as having a positive impression and impact on expert committees. Availability of reports at the time of decision was also seen as an important factor in enabling impact.

All requesters of the HTA products thought that the HTA Unit provided a valuable service and several suggested ways that the HTA Unit could expand their services to better meet the needs of their clients. Several requesters mentioned that they would request an updated product in the future and one suggested that the HTA Unit should consider regularly updating products on high priority topics. Two organizations would like to see the HTA Unit take a more active role in disseminating their products and two would like the HTA Unit to provide short products with a quick turnaround time; i.e., three to seven days.

It should be noted that the HTA Unit does provide some of these products and services but it appears that its clients are not always aware of the Unit's range of products. For example, the HTA Unit has a policy that articulates to whom they disseminate information in their products⁸; and with respect to turnaround time, the HTA Unit produces a product called an "Information Letter"⁹ that is designed to meet this need. One interviewee suggested that the HTA Unit may like to consider developing a "menu" of products and services that outlines the options available for each product.

Impact

Of the ten products considered in this study, eight informed policy and resource allocation decisions to some extent. Besides decision making, the original requesters of the products also used them to raise awareness about the health technology itself or issues in dealing with patients who present specific conditions; provide impetus and ideas for future research; and, change elements of a program (Table 4: Immediate Outcomes). Many of the original requesters shared the information in the products or the products themselves with colleagues or other individuals and organizations who requested information about some aspect of the health technology. These secondary uses included providing evidence for use in legal decisions; educating practitioners and health system administrators; and, providing information to other health jurisdictions. Because of the secondary uses of the products, it is difficult to measure the full impact of the HTA products (see Limitations below.)

⁸ The distribution channels for the product depend upon the type of product (i.e., whether is an HTA Report, HTA Brief or Technote).

⁹ An Information Letter is a two-three page letter based on a review of abstracts only, sometimes including a reference list of potentially useful articles and web sites. Turnaround time for this product is typically one week.

LIMITATIONS

In this study AHFMR was exploring the possibility of assessing the impact of the products of the HTA Unit. As such, its scope was limited to interviewing individuals who requested products from the HTA Unit. Due to the scope of the study, there are inherent limitations in its findings and conclusions.

Underestimates the impact of the HTA products

The only people interviewed in this study were those who directly requested the 2000-2001 HTA products. However, the products have all been widely disseminated and the study did not attempt to identify (and interview) all organizations and individuals who may have used them to inform decision-making. Furthermore, all of the products considered in this study had been published in the previous fiscal year to the study (i.e., they were relatively "new" products). Consequently, they may have other anticipated and unanticipated impacts in the future. Clearly, the products have value in providing evidence to inform decisions beyond that which they were originally intended (i.e., to meet the needs of the original requesters). The conclusions of this study likely underestimate the impact of HTA products.

Does not specifically assess changes in practitioner behaviour and system outcome

Ultimately (and theoretically), the decisions informed by the HTA products should result in changes in the health care system, practitioner behaviour, and patient outcomes. However, this study did not consider the impact of the HTA products at these levels. It was limited in its ability to do so for three reasons: (1) most of the people interviewed were administrators charged with making funding and policy decisions; (2) all the products had been commissioned within the past 18 months which is likely insufficient time for these outcomes to be realized; and, (3) these outcomes are very difficult to measure.

However, the interview list included two practitioners, both of whom were involved in the same HTA product request. These individuals indicated the product contained useful information about barriers to treating patients in their field of specialization. Each uses the information in the product in their own practice and research program. Even though the study did not specifically identify changes to practitioner behaviour and patient outcome, this little evidence suggests that the HTA products are having an impact, even after being available for less than 18 months.

Does not attempt to identify relative contributions of the HTA product in making decisions.

Some interviewees indicated that the decision-makers used information and evidence other than that provided in the HTA products in making decisions. Since many of the interviewees were not the decision-maker, they could not estimate the relative importance of the HTA products in making the decisions. Even for those who were decision-makers, it was difficult for them to reconstruct which sources of evidence influenced their decisions.

CONCLUSIONS

- Products that present inconclusive evidence have less impact on decision-making than those that present conclusive evidence. (It should be noted, however, that the nature of the evidence that is used to develop a particular HTA product is outside the control of the HTA Unit.)
- The presence of external barriers (*e.g.*, advocacy actions of lobby groups and momentum of existing programs) can limit the impact of products.
- Timing of HTA product availability and timing of the client request and decision is important in influencing impact, as impact is increased if the product is available at the time the related decision is being made. Timing itself appears to be influenced by the client, the HTA Unit, and various other factors (*e.g.*, external factors may require HTA clients to make decisions sooner than was initially anticipated).
- Characteristics of the product development process that appeared to enhance their impact on decision-making are:
 - High quality, thorough and unbiased research;
 - Products are written at a level appropriate for the audience; and,
 - Reputation and credibility of HTA Unit.
- HTA Unit clients are not fully aware of the range of products and services offered by the HTA Unit or the options available for the various products.
- Evidence presented in HTA products informs decisions of the requesting organization. The scope of influence is difficult to assess because the products have been widely distributed and the conclusions in them are potentially being used to inform decisions beyond which they were originally intended.

APPENDICES

APPENDIX 1: QUESTIONS USED TO GUIDE THE INTERVIEW

Note that your name will not be used in the report submitted to AHFMR. The report will summarize findings for specific HTA reports and will draw general conclusions about variables that could influence the impact of a report; e.g., "we found that health regions were more able to implement the conclusions of reports where they had adequate resources to do so".

Introduction

1. What was your role in relation to this report?

Context

2. Why was the HTA report requested and for whom was it intended?
3. When requesting the report, what did you expect the impact of the report to be?
4. Were these expectations met? If not why?
5. Were there internal barriers within your organization to implementing the conclusions contained within the report? Were there any external barriers?
6. What strategies did you put in place to prepare the stakeholders in your organization for acceptance of the conclusions of the report?

Process

7. Were there any specific aspects of the process for requesting or developing the HTA report that you feel influenced (or will influence) the impact of the report? Consider both positive and negative influence on the impact.

Outcomes

8. How are you using the report? What did you do with it when you received it? How will the conclusions be used?
9. Does the report have future potential for your organization? If so, what changes do you expect to see and in what time frame do you expect the potential to be realized?

Examples of changes:

- awareness of the technology
 - policy
 - resource allocation and priorities
 - patient outcomes
 - future research
 - other
10. Is there anything else we should have asked, but didn't?

APPENDIX 2: SAMPLE EMAIL SENT TO PROSPECTIVE INTERVIEWEES BY HTA UNIT

Hi <first name>

I am contacting you to invite you to participate in one of the Health Technology Assessment Unit's impact analysis and continuous improvement projects. You have been chosen to participate, as you were one of our main clients for the project on <name of project> during the fiscal year 2000/2001.

As you may know, the Unit's Report of Activities for 1999-2000 (see <http://www.ahfmr.ab.ca/hta/hta-publications/annual/99-00-web-report.pdf>) attempted to identify the impact of the unit's products, produced during the course of that fiscal year, on the practice, decisions and/or policy of the clients who had requested the work. The impacts that were identified for that report were descriptive and brief.

The objective of this current project is to develop a further sophistication in our understanding and exposition of the impact of the HTA Unit's products. To that end, we have engaged the services of a consultant, Turnkey Management Consulting. Data collection will consist of interviews with our key client contacts. The results of the project will guide the continuous improvement efforts of the Unit, will be included in the 2000-2001 Report of Activities, and may be shared with other HTA agencies and HTA Unit stakeholders. This approach will also assure a more unbiased process and perhaps allow a more open dialogue. It is also expected that this work will serve as a template to be repeated in following years.

Before November 30, 2001 a Turnkey consultant will be contacting you to schedule a brief telephone or in-person interview. Your responses will be held in the strictest confidence and no interviewee names will be included in the Final Report. You are, of course, under no obligation to participate in this project but we would greatly appreciate your input.

If you have any concerns about any aspect of this project, please contact Richard Thornley, AHFMR's Coordinator, Impact Analysis at (780) 423-5727, or richard.thornley@ahfmr.ab.ca.

Best regards,

Christa

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