Reviewer’s report

Title: The use of economic evaluation in CAM: an introductory framework.

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Reviewer: Ian D Coulter

Reviewer’s report:

An interesting and timely paper but you need to address the following:

1. You make that the statement on several occasions that rigorous economic evaluation is needed for CAM to be funded but you need to reference whether health care policy is actually made on the basis of this and secondly whether even where such evidence does exists for CAM it has resulted in coverage. How many RCTS on spinal manipulation are going to be needed to get it covered by health funding agencies? Without acknowledging this social political context why should CAM providers be convinced that economic analysis will make any difference. Can you quote evidence where that has happened? This seriously undermines your call for rigorous economic analysis of CAM. On page 14 you state "The results of economic evaluations are often not incorporated into decision making" If that is the case the CAM community might be advised not to do this.

2. Your statement on page 5 that the therapeutic effect sizes of CAM tend to be small, difficult to quantify and occur over a long period seem to all mitigate against you doing decision analysis and/or Markov modeling (and in fact make any type of economic analysis difficult at this point in time).

3. On page 6 (second paragraph) you give a strong argument in favor of comparative effectiveness research. Would it not be a better approach than the approach you suggest (particularly since in the US at least there is now a lot of funding available for this). You need to discuss why your approach might be preferable. In CER you might only need to do cost with limited benefit to establish the superiority of one therapy over another. For example lower costs and quicker return to work might be enough to convince health insurance to cover one therapy over another.

4. You need a much stronger discussion of cost benefit analysis verses cost effectiveness analysis.

5. Your discussion of decision analysis needs to be expanded. For readers who might not have experience of this approach you need to explain how do you get the probabilities you use in the Figs, how do you determine QUALY?

6. I would find your model more convincing if it really portrayed CAM treatment. For the most part CAM does not treat "disease" in the sense of serious pathology or trauma. While the patients may die it is usually not from what the CAM provider is treating. So a figure that shows a probability for deterioration or death is not too realistic. Of course with serious pathology/disease we have such
probabilities (and often even a probability of death within a time frame). I am not sure if we have data that would give you the probabilities of improvement or deterioration on issues that CAM does treat e.g. back pain. But at the very least I think you should try and model something that is more realistically a CAM problem.

7. At the end of the day I have two problems (much as I enjoyed the paper)
   a. you need to convince me this is a smart route for the CAM community to go and I think they may have more risks than benefits here
   b. you need to convince me that we have data that allow you to construct either of your models in CAM and if we do, then use it in the models.
   c. You need to provide more critique of what you recommending

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests