Reviewer's report

Title: Economic analysis of complementary, alternative, and integrative medicine: recommendations from an expert panel

Version: 1  Date: 8 March 2013

Reviewer: Richard Meenan

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Major Compulsory Revisions:

1. A summary table of recommendations must be included. In many places, it’s hard to distinguish between a recommendation and simply a "theme". Related to this, a summary of future research gaps is needed, i.e., where should methodologists focus their attention? What needs to happen to move economics in CAIM forward? That's what will represent a genuine contribution to the literature.

2. Pg. 8--"Economic evaluation from the patient perspective" must be clarified. Do the authors mean that patient costs and benefits should be included in all economic evaluations from other perspectives, evaluations should be done specifically from the patient perspective, or something else? I agree in concept, but instructions for analysts are unclear.

3. Pg. 9--The discussion around comparative effectiveness research ignores the fact the U.S. PCORI explicitly bars cost analyses, and that a general reticence exists among Federal funders to support cost analyses that would otherwise qualify as CER. The authors need to broaden this discussion beyond the thumbnail sketch provided. Garber & Sox (2010) in Health Affairs on cost and CER have useful insights.

4. Pg. 12--Clarify how the MYMOP and AIOS differ from conventional quality measures. Why are they hard to translate?

5. Pg. 13--Clarify how disaggregation inherent in CCA improves the use of economic information.

6. Pg. 13--Bonomi et al. 2005 in Quality of Life Research has useful insights about whether (and how) to include family-level changes in well-being into economic evaluation.

7. Pg. 14--This section misses two central dimensions of costing, at least explicitly: a) micro-costing vs. gross-costing, and the appropriate use of each, and b) many health care organizations have EMR-based cost and utilization data, not claims.

In some respects, CAIM costing is analogous to costing a clinic’s transformation to the medical home model. Intensive micro-costing is the best (sometimes the
only) way to understand what really happens during the process. Many useful sources exist that describe these issues in detail: Gold et al. 1996, Meenan et al. 2002 (AJMC), Medical Care supplement July 2009, etc. The manuscript need not elaborate deeply on these topics, but the authors must acknowledge their awareness of these basic aspects of costing.

Pg. 15--Why is it important to distinguish between cost-saving and cost-effective? What's the point here? This would be an appropriate place to describe the appropriate use of a return-on-investment analysis.

Pg. 16--What are the implications of a systems approach for economic evaluation? How would an economist implement a systems approach? What would it look like?

Minor Essential Revisions

Pg. 9--AHRQ: Agency for Healthcare Research and Quality
Pg. 10--"In some cases chiropractic is already CONSIDERED TO BE part..."

Discretionary Revisions

1. Make the background paper and list of existing studies available in an appendix. I think readers would find the starting point for discussion interesting.

2. Pg. 11--Dzator et al. June 2004 in J of Clinical Epi offers a nice example of a CEA reporting multiple intermediate outcomes.

3. Pg. 11--Meenan 2001 in JHSRP has an extensive discussion of economic benefits assessment in CAIM.

17. Pg. 17-18. A comment on the potential utility of "value of information" analysis for guiding future CAIM research would be useful here. It's becoming a topic of serious discussion at PCORI and elsewhere among funders.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

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

Declaration of competing interests:

I have no competing interests in relation to this paper.