Reviewer's report

Title: Economic analysis of complementary, alternative, and integrative medicine: considerations raised by an expert panel

Version: 2 Date: 14 May 2013

Reviewer: helen weatherly

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Second review of the Coulter et al article for the BMC Complementary and Alternative Medicine journal

Thanks to the authors for considering the reviewer comments. The authors have taken actions to update the paper based on all the comments that I made at the time of the first review of the paper.

Major

As suggested by the other reviewer (RM), the authors have produced a summary table of recommendations. Sometimes a rationale is provided for the recommendations and this is useful. I am not sure why a patient perspective and a societal perspective are recommended but think it would be useful to justify why this might be important. The authors mention in this in the main body of the text. Under analytical methods the authors suggest that longer follow up is required beyond the treatment phase. To implement this analysts would need a rule or to know how long. Was this discussed and any suggestions made? On P11 of the updated paper the authors refer to Herman et al [21] and say that longer-term results can be estimated through modelling. Is it possible to expand on this as modelling is a very broad term. I do not understand what is meant by the last bullet in the table and I think it would be helpful to clarify what is meant by patient beliefs, evidence on how it impacts on outcomes and how this might be measured etc.

In relation to point 5 offered by RM, my concern about the text is that although some may believe that CCA and listing components of health benefits (and costs) may improve decision makers’ use of economic information, many also believe that it would not. Did the panel consider arguments against this too? When the authors state this belief is this the belief of the panellists? If so, perhaps it is best to highlight this and maybe remove the phrase ‘more generally’ as it suggests that to me that the weight of the evidence is pro CCA which I am not sure that it is.

Building on point 7 raised by RM, I think a broader issue is flagged up about the expertise of the panel members and what lessons they are aiming to convey. From an economic evaluation stand point there is quite often a lot more to say than what was discussed and my concern is that a reader who is new to economic evaluation might not be aware of the latest guidance on how to undertake an economic evaluation. I wonder if the authors could signpost
readers to this information. In the abstract P2, the authors say that “The goals of the expert panel were to review the current state of the science of economic evaluations in health”. I think it would be important to refer to the current state of the science of economic evaluations including PCORI but if this is for an international audience, for other key agencies worldwide which offer guidance on technology appraisal.

I think it would be useful on P6 to indicate the number of panellists and the number of whom were experts in economic evaluation. As the authors say, there were a number of panellists who were not experts and so must have faced a substantial task to be in a position to consider the current state of the science of economic evaluation and to develop recommendations for application of those techniques for CAIM. I think this should be noted upfront as there are a number of issues discussed by the panellists that may represent their beliefs but do not necessarily reflect the current state of the science of economic evaluations. It seems to me that it might be easier to contextualise this work as scoping or preliminary work.

On P12 the authors have now omitted the word “easily” and say that “it is not currently possible to translate these measures (i.e. MYMOP and AIOS) into QALYs”. The rationale that the panellists gave for this is that “no preference weights exist for these measures”. To my knowledge it is possible to map across such outcome measures, typically using a regression type framework, however it would be aided by having a dataset which includes a measure with which to obtain QALYs such as EQ-5D of SF alongside MYMOP and AIOS or the outcome measure of choice. Might be easier to add back in the qualifying term “easily”?

Minor

P17 typo “and the traditional context of for providing..”

I note that sometimes CAIM is used and other times CAM is used. Perhaps this is deliberate?

**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 declare that I have no competing interests