Reviewer's report

Title: Qualitative Assessment of Innovations in Healthcare Provision

Version: 2 Date: 28 October 2008

Reviewer: Jane Banaszak-Holl

Reviewer's report:

- Major Compulsory Revisions

This paper does not begin with a clear research or theoretical question stated that then drives the paper; this is not an empirical paper either but appears to be a theoretical statement of how innovations are accepted into medical practice. However, it is not clear whether the authors are discussing regulatory change at those agencies governing payment for new medical innovations, changes in normative practice of research evaluation in the medical profession, or more narrowly changes in the cost benefit analysis of innovations either by individual physicians or by health provider organizations. Given this vagueness in the question addressed, it subsequently is difficult to judge the significance of the paper. The paper would benefit from the addition of specific grounded examples in practice that would allow the reader to better evaluate the potential implications of increasing acceptance for certain types of innovations. In addition, the paper would benefit from grounding this model of innovation adoption and implementation within a specific social science model of when physicians adopt innovations or at least from additional discussion of the existing theories because as a theoretical paper, the importance of this paper lies in its advancement of or beyond current theory.

The language used in this paper is too general at times and without additional reference, it is unclear what the authors mean with the words “system,” “decision” and “decision-making.” More specifically, it is not clear whether they are referring to decisions made within treatment, more generally as policy within healthcare service provision or even more generally as state policy. Throughout the paper, the authors do not always attribute actions to a specific actor and sometimes it is unclear who should take responsibility for the actions proposed. For example, at the start of the 4th paragraph in paper, the authors write, “To reduce uncertainty in decision-making, standardized cost-benefit assessments of healthcare services should be performed whenever possible.” Who performs these assessments? Why? In another part of the paper, the authors refer to “democratic legitimization” and not clear what is meant by that---again, is it meant at the treatment level, the health service provision level or at the policy level.

The authors discuss comparisons across countries with no information on the regulatory and/or medical practice differences across countries that may affect comparisons. Hence, it is difficult for the reader to judge the utility of comparisons across countries that include the US, Canada, the UK and Germany.
In summary, there is too much ambiguity both in what the authors are seeking to achieve with this paper and in the agency behind their model. In addition, their model should be clearly situated in the context of existing theories of innovation implementation and the authors need to more clearly specify within what setting these changes are expected to be useful.

- Minor Essential Revisions

Table 1 includes many redundancies across steps for preventive, diagnostic and therapeutic innovations. Why not combine these or alternatively, limit the comparison to the ways in which the models are different.

The dimensions of figure 1 need to be clarified. Uncertainty in what? And Positive expectations for whom (the provider, the patient, society or whom)?

Overall, the topic of innovation implementation is currently heavily discussed in the health services literature and this paper has the potential to reframe some of those discussions if juxtaposed to current theoretical models. The language in this paper also should be improved and made more specific in order to clarify the purpose and significance of this theoretical paper.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**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.