Author's response to reviews

Title: Knowledge mobilization in the context of health technology assessment: an exploratory case study

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Response to reviewers’ concerns

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To the editors,

I would like to thank both reviewers for their time and comments, which contributed to clarify and improve the content of my article.

Response to Marc Lemire’s report:

Marc Lemire suggested as major compulsory revisions a better identification of the dominant knowledge translation models and a more explicit justification of the dimensions held for analysis. I have added a specific section entitled analytical framework in which I present the main characteristics of these models and how they serve as a theoretical basis for the selection of the dimensions analyzed in each project.

As requested, the criteria of selection of the projects used for the exploratory case study have been justified in the methods section in light with the research’s objective. The latter has also been described in more details in the background section. The analytical procedure by triangulation has also been specified with an added reference to Patton in the methods section.

In my conclusion, I compare as suggested the contribution of the results in light with recent research, more particularly on patient and public involvement in HTA.

The research problematic has been rewritten in the introduction part of the article to better understand the focus on the need to conceptualize an approach to knowledge production and dissemination adapted to HTA.

Response to Ghislaine Mathieu’s report:

Ghislaine Mathieu suggested that the choice of a narrative literature needed justification. A short explanation was added in the methods section. I have also clarified in the background section why AETMIS was considered an independent organization.

Concerning the use of the terms actors and stakeholders, I have replaced when relevant the former by stakeholders in order to avoid any confusion. However, the term programme is the one used in the literature. The use of system does not apply in this context. The page reference has been added.
The main characteristics of the dominant models have been described in the analytical framework section.

There are different types of HTA bodies (some are part of hospital units or of a programme within a national health institute; others are independent agencies, etc.). But to avoid any confusion, “types” have been erased.

As suggested, the term “realisations” has been replaced by “development”, and “discipline” by “field”. The network we referred to has been specified; and the confusion around which stakeholders and which categories of actors has been clarified.

About the ELSIs being overlooked, they are considered as issues. These are analyzed through the evaluation of the legal, organizational, professional context, as well as of the patients’ needs and values. The whole discussion leads to the necessity to conceptualize HTA as knowledge mobilization in order to better address the ELSIs in the future. The fact that this way of conceiving knowledge means to consider all types of evidence (not just the scientific ones) and their coconstruction with stakeholders opens the way to a more thorough consideration of ELSIs. In the conclusion, I have specified the need for further investigation in order to respond to this concern.

Although it would have been interesting to be more explicit about the social process of HTA vs. the social preferences, it was not the purpose of this article, which was to identify in emerging practices elements that could help conceptualize an approach of knowledge production and dissemination adapted to HTA. The societal perspective of HTA will gain from it being defined as a knowledge mobilisation process.

Since the objective of this research was not to evaluate the time-efficiency of mobilizing knowledge and stakeholders, it does not seem relevant to specify the time frame.

Concerning the reviewers’ doubts about AETMIS’s experience being replicable elsewhere, I would answer that AETMIS shares with other HTA organizations similar practices, concerns and mandates. Not only these reflections on knowledge mobilization are being pursued by the Institut national d’excellence en santé et en services sociaux, but the preoccupations regarding how to integrate the knowledge, needs, values and preferences of stakeholders and patients in HTA are at the center of the coming HTAi conference in Bilbao (http://www.htai2012.org/scientificprogramme.htm).

Finally, as suggested by the editors, a reference to Hanney and Buxton’s report [2007] has been added in the background section.

Hoping that all concerns have been adequately addressed, I look forward to receiving your comments,

With all my best,