**Author's response to reviews**

**Title:** Health Technology Reassessment of Non-Drug Technologies: Survey and Key Informant Interviews

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**Author's response to reviews:** see over
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Dr. Miguel Gonzalez Block

Health Research Policy and Systems

To the editor:

Thank you for giving us the opportunity to resubmit our manuscript entitled “Health Technology Reassessment of Non-Drug Technologies: Survey and Key Informant Interviews”. We have revised the manuscript in response to the comments that you provided us in your email dated, November 21st, 2012. Below we have included an itemized summary of the changes made to the paper. Reviewer comments are shown in bold, followed by our responses. Additions to the manuscript itself are in tracked changes.

Once again, thank you for the opportunity to revise and resubmit our manuscript. The thoughtful comments by the reviewers have improved the manuscript.

We look forward to hearing from you.

Sincerely,

Laura Leggett

Dr. Gail MacKean

Dr. Tom Noseworthy

Dr. Lloyd Sutherland

Dr. Fiona Clement
Reviewer 1:

Major Compulsory Revisions:

1. **I would suggest to explain why the authors refer to HTR only for non-drug technologies (this is indicated in the title but the authors don’t explain why in the text).**

In many healthcare systems, the decision-making support for pharmaceuticals is separate from that of non-pharmaceutical technologies. Given the difference decision-making and support structures for pharmaceuticals and non-pharmaceutical technologies, a priori, our research objective was developed to focus on non-pharmaceutical technologies.

2. **HTR could not necessarily be only related to the waste of resources… Effective technologies could be underused, and reassessment also would be needed in those cases...**

Thank you for this comment. We agree that a potential outcome of reassessment is increasing the use of a technology which is underused. In line 44, we note that “There are a number of potential outcomes from HTR including the removal of funding from an ineffective technology, narrowing or broadening the scope of a technology’s use or sustaining existing funding.” We have modified the sentence on line 48 to read “One of the goals of HTR is to identify areas of waste in a health care system…”

3. **In relation to the survey, I would suggest to explain why the authors selected the mentioned 8 domains (are they related to the main challenges that have been described for reassessment programs?).**

The domains of the survey were developed from a systematic review of the literature. We have clarified this on line 76, which now reads “that were defined a priori from a systematic review of the literature, as important facets of the HTR process …”

4. **Sometimes, it is not easy to follow the results section. I would suggest adding the total number of participants answering to each question (for example, line 112: “Seventeen of the 49 respondents…”**

Thank you for this comment. We have added total number of participants when applicable in order to make the results sections easier to follow.
5. Consider rewriting: Line 111, for example: “The main reasons argued by the 49 participants not to consider the development of an HTR program were the following: a) Reassessment was not within their mandate (n=9); b) …”. Another example: line 128: Nine of the 16 individuals that had an active program noted that… Line 163: the authors could indicate the total number of participants belonging to each one of the categories: “Those affiliated with government (n=…). Line 264: “This study has limitations…” consider rewriting, something like this: “On the other hand, the study has some limitations. First of all, a low response rate was obtained, although this was anticipated because this is a new area of research”.

Thank you for these comments. The document has been changed, using tracked changes, to reflect the above suggestions.

Minor Essential Revisions:

6. I would suggest change the title (for example: “Current Status of Health Technology Reassessment programs: Survey and Key Informant Interviews”.

Thank you for this suggestion. We have changed the title of the manuscript to “Current Status of Health Technology Reassessment of Non-Drug Technologies: A Survey and Key Informant Interviews”

7. There are no more references related to HTR for the introduction?

We feel the introduction references are appropriate. HTR is an emerging field and as such, there is little published peer-reviewed work in this area.

8. The authors could mention the existing discussion about which is the most suitable term to describe this issue (disinvestment, reassessment, reallocation…).

Our research objective was to summarize experience-based expertise in HTR. The on-going debate about the appropriate terminology is outside the scope of this work.

9. The authors should consider including the survey as a figure or as a supplementary file.

Thank you. We have now included the survey as an additional file.

10. This is a question for the authors: did you ask the participants about real health technology reassessment examples they have done (it could be an interesting information to be presented).

We did ask them for examples of health technology reassessment examples. However, many of the respondents were unable to provide completed examples of HTR projects. In addition, many
of these examples were confidential until complete thus we are unable to disclose this information.

11. The authors could include a table to summarize the methods that participants used for HTR (similarities, differences...).

Given the infancy of the HTR field, we do not have enough information to present such a table. For most respondents the methodological approach to HTR was unclear with many organisations developing their methods as they proceeded. This would be an interesting area for future research as the field develops.

12. I would also suggest the inclusion of a figure explaining the number of participants answering to each of the questions (as a diagram), or the number of participants that answered to the different online survey set of questions (for example): No HTR program Beginning to discuss Developing a program Established program n=49 (55.6%) n=21 (22.1%) n=9 (9.4%) n=16 (16.8%)

This information is now available in the flow chart (Figure 1). Percentages have been added to this diagram as per your suggestion.

Discretionary Revisions:

13. Eliminate n=1 from line 87 (material and methods).

Thank you for your suggestion. We have removed this from line 87.

Reviewer #2:

14. Areas for improvement for the authors to consider:(1) the authors could have identified "principles" for future policy makers and researchers to think about in advancing an HTR process,

Thank you for this suggestion. In the conclusion, we identify areas for future HTR research, including the publication of case reports, and the development of a theoretical framework for HTR. Although these are not “principles” per say, these are concrete steps to advance knowledge of the HTR process.

15. The authors point out that context matters as to how HTR is approached in different settings, can the authors say anything about how different settings are amenable to certain approaches versus others?

Given the infancy of the HTR field, we are currently unable to understand the impact of context on the HTR process. This would be an interesting area for future research as the field develops.