Reviewer's report

Title: QUERI and the economics of implementation studies

Version: 1 Date: 12 January 2007

Reviewer: Emma McIntosh

Reviewer's report:

General
I found this an interesting paper with some useful directions for economists working in this area. My main revisions begin on p.5 of the manuscript - in the section on 'BCA', the last paragraph and into p.6, I feel that the authors firstly need to explain why this cannot be done in a CEA framework (as implied) before going on to highlight the advantages of the BCA. On p6 of the manuscript. To summarise my first 'concern' it would be that the authors write the paper very much as a type of thinkpiece/wishlist of approaches to the economics of implementation and whilst many of the ideas are, in theory, commendable I think the paper falls down by having too many of these suggestions, none of which are fully developed. This latter feature leaves the paper reading like an early draft as opposed to a polished and substantive novel contribution. The argument on p.6 for BCA is not convincing i.e. from para 1 I have the following points to make:
- Is it really a good thing that costs and benefits in BCA are tailored over a relatively short period? Would this not exclude any significant long term effects and potential savings? Such short-termism is not good economics. It sounds like the BCA approach is being tailored to meet short-termist decision makers objectives without giving thought to longer term costs/benefits. I dont believe we as economists should be pursuing such a route. Further to this, in BCA patient costs and quality of life outcomes are also not counted - these all seem to be portrayed as advantages, I see them however as methodological limitations. I think there is scope for BCA as a first stage in the analysis, a type of 'Base case' scenario whereby further, more developed scenarios are then added (as in a decision analytic model). An additional point here, since the manuscript objective is becoming clearer, i.e. to advocate BCA as a methodology then this should be reflected in the title of the paper. Also on p.6 I am not convinced by the terminology nor definitions of the three stages of 'identifying the complete cost of implementation' namely: engagement; other implementation activities and 'the effect on health care utilisation'. These components seem quite undefined by their titles and this is further confused by a lack of comprehensive set of resources to be included in each, possible in a table.

P.8 - I think the authors are correct to advocate a decision modelling approach however, as with above the sections on this are somewhat limited. These sections give only an insight to the real practical usefulness to implementation economists and I feel these sections hould be developed more substantively. For example, the secticons could be structured so that 'implementation' parameters are identified, or that the advantages of say, markov modeleing are outlined in more depth for implementation so that, for example, updating costs and benefits can be included in the cycles. The sentence 'Modeling is a complex undertaking because costs and benefits can change over time' seems confused - it is precisely when costs and benefits change over time that you would then use a modeling approach. Essentially, for this section to be improved that authors should be more commited to the fact that modeling is being advocated and then provide a more technical modeling/implementation section (which would be a novel contribution) and generally be more convincing that this is the way to go. I would be more inclined to follow this approach as a key focus of the paper, and to incorporate the BCA sections as a subset of the entire modeling exercise than to sell BCA as the focus of the paper.

The remainder of the paper discusses case studies in QUERI however the summaries are relatively short and uninformative - I feel the substance of the paper is in the above issues and these sections read as add ons. Further, this latter section makes the paper neither methodological nor applied but an underdeveloped mix of the two. I would recommend focusing on one key contribution and develop it more technically (i.e. modeleing and BCA within that framework).

p.14 I do not agree with the sentence 'there is little point developing an implementation program for a best-practice intervention that is only marginally cost-effective'. If there is a common disease, even if it is only marginally cost-effective there could still be substantive QALYs gained as a consequence if it is rolled out.

p.15 'Using economics in the formative evaluation' - This entire section is not in itself a contribution, this
could all be dealt with in a sensitivity analysis.

p.16 The conclusion is somewhat empty, some more concrete applied research recommendations based on those outlined above would strengthen it.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

p.9 - Add a 'be' so the sentence 'found to economically acceptable' is 'found to be economically acceptable'.

Acronym for business case analysis should be used throughout the paper (at the moment it is a mix of full term and acronym).

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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.