Reviewer's report

Title: Effects and repercussions of local/hospital-based health technology assessment (HTA): A systematic review

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Reviewer: Laura Sampietro-Colom

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REVIEWER REPORT: Laura Sampietro-Colom, MD, PhD
“Effects and repercussions of local/hospital-based health technology assessment (HTA): A systematic review”
Authors: Marie-Pierre Gagnon, Marie Desmartis et al

The article reviews the state of the art on the impact/effects of hospital based health technology assessment (HB-HTA) initiatives reported in the literature. The objective of the paper is clearly stated, the research methods are well documented and follow the quality standard in this type of review, the reading and understanding of manuscript is easy and the conclusions follows the results found.

There are no major comments to made.

Discretionary Revisions

• Section Quality of studies (raw 184): the authors express they choice not to take into account the quality of studies “due to the exploratory aim of the review”. Nevertheless it is important to state the quality of studies found, although that would not be taken into account, This will help to future researchers on trying to improve the quality (if possible for the type of the research needed).

• Section reported effects and impacts of local/hospital-based HTA activities (raw 209): it is stated that in the report reviewed “decision makers used HTA almost exclusively … means of controlling expenditures”; “controlling expenditures” is not the aim of health technology assessment (HTA), the aim is to better use resources, therefore, if this wording is not explicitly used by the authors of the article reviewed, I would suggest to write the sentence in positive.

• Section on barriers and facilitators… (raw 417): please, specify to whom (i.e. target population) the teaching strategy developed by the multidisciplinary team is addressed. That may further clarify the role and effect of ambassadors.

• Discussion section (raw 424):

- The year of publication of the articles identified range from 1990 to 2012. HTA is an alive discipline that has evolve a lot in methods and processes during all this years, the same has happened in the application of HTA at hospital level. Probably, early experiences do not follow what is it today considered as a HTA in hospitals, following the international recognized quality standards. This is way
some experiences, specially dealing with Committees, may not consider important sections of the HTA content and process (eg only economics or only clinical outcomes).

Moreover, I am doubting that some HTA Committees, in old articles or more recent articles, are doing real HTA. The wording “technology assessment” may have different understanding by different professionals and context; some being more rigorous and following closely the current international standards in HTA and others being more away from them.

Raw 465-466: it is said that “the main disadvantages of the HTA units are the high financial and time investment it requires”. I disagree completely with this statement. As head of a hospital based HTA unit I can say that the return of investment of this units is high (considering mine experience and the data I have and knowing other hospital based HTA units). Maybe the authors may want to say that one challenge is that the hospital has to invest in the HTA unit professionals (salary and space) in a setting where this is not the main activity, i.e. the hospital aim is to provide health care and not HTA, and this poses a trade-off for managers, which I could agree with this. Regarding time investment requirement, if it is referring to the learning curve, having an experienced HTA professional leading the unit can shorten a lot this.

Raw 467-8: The impact of HB-HTA, as any measurement of HTA impact (eg National and regional) should be done at three levels. The first one is not challenging, it deals with the uptake or not of the recommendations by decision-makers (i.e. if decision makers have used the recommendation), also deals with the satisfaction with the HB-HTA process and products of immediate “hospital customers” of the assessment (i.e. clinicians, nurses, managers ...), additionally it can deal with financial aspects (eg, net present value of health technologies approved and not; return of investment etc..). The second level of impact measurement should be the effect of the HB-HTA recommendation on changing practice of health care professionals, a little challenging. What it is a real challenge is to measure the effect of the HB-HTA recommendation on health outcomes at short and long term because of the huge amount of resources needed to do this (prospective follow up) and the number of confounding factors needed to control.

Raw 477: As I mentioned above, the literature on HB-HTA included in this article embraces different years (some very old others more recent, so is not correct to say that “these experiences are recent”.

Study limitation(raw 501-3): Authors are right that many experiences in HB-HTA are presented at the HTAi meetings, and they are not published in peer-review journals. I am sending the pdf poster of the short-term impact measurement of the HB-HTA Unit at the Teaching/University Hospital Clinic of Barcelona (Spain) for their consideration to be included in a new version of the article.

Level of interest: An article of importance in its field
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

The only competing interest I have is that I am a head of a hospital based HTA unit.

For all the other issues, I declare that I have no competing interests