Author’s response to reviews

Title: Public preferences for engagement in Health Technology Assessment decision-making: protocol of a mixed methods study

Authors:

Sally wortley (sally.wortley@sydney.edu.au)
Allison Tong (allison.tong@sydney.edu.au)
Emily Lancsar (emily.lancsar@monash.edu)
Glenn Salkeld (Glenn.Salkeld@sydney.edu.au)
Kirsten Howard (Kirsten.Howard@sydney.edu.au)

Version: 4 Date: 21 May 2015

Author’s response to reviews: see over
21st May 2015

To the Editor,

Please find attached our revised manuscript MS: 201878552714591 ‘Public preferences for engagement in Health Technology Assessment decision-making: protocol of a mixed methods study.’

We have included below the changes we have made to the manuscript in response to the issues raised by the reviewers. A revised manuscript with the changes highlighted in yellow has also been submitted.

We can confirm that this paper has not been published nor submitted for publication elsewhere. We can also confirm that there are no competing/conflicts of interests and that each author contributed to the conception writing of the paper; each has approved the version being submitted.

Please address all correspondence to sally.wortley@sydney.edu.au

We look forward to hearing from you at your earliest convenience.

Regards

Sally Wortley
Public preferences for engagement in Health Technology Assessment decision-making: protocol of a mixed methods study

Please find below a response to each issue raised by reviewers in respect to the submitted manuscript. We hope this has addressed the reviewers’ concerns.

Reviewer: Pascale Lehoux Reviewer’s report:

This protocol describes a study that is original because it asks to members of the public when and how they think the public should be involved in HTA. The study will contribute new knowledge by applying a mixed method approach that has not, to my knowledge, been already used in this field.

Three limitations could have been addressed:

Comment: 1) Many public involvement initiatives in HTA have been implemented and assessed in the past decade, including many that gathered participants’ views. The protocol could have built more extensively on what is known, especially with respect to the characteristics of the procedure being implemented (issue, process and expected impact). In its current form, the protocol puts a strong emphasis on the characteristics of the decision-making process that follows HTA (as opposed to the content of the HTA itself). Tapping on what is known already may have led the investigators to begin with a series on in-depth interviews before defining the structure of their focus groups (2h to discuss 4 technologies + prioritize criteria will be challenging).

Response:

We have amended the introductory text to emphasize that we are both interested in the content of the HTA as well as the decision-making process see lines 69-70 and lines 86-89. Bolded text is the additional text.

“Public engagement frameworks suggest that the complexity and the impact of a topic (in this case the HTA) should influence the type of engagement undertaken by a decision-making organization [11].”

“Issues around complexity and impact have been described in the literature as external decision-making context factors [13], i.e., those factors that are fixed, uncontrollable and cannot be manipulated by decision-makers (such as prevalence of the condition, quality of the evidence) but to do with the content of the HTA itself”.

Additional text has been included to indicate the broader literature on public engagement will be used to inform the project (lines 118-121) (lines 124-125)

“As there is an extensive body literature on public engagement [24], a series of literature reviewers will be undertaken to inform both stages. These will be used to outline what is
already known on the topic and to better define the tools and to assist with interpretation of findings.”

“Focus group discussions incorporating a modified nominal group technique will be used, alongside a review of the literature…”

Comment 2) The protocol does not seem to address the fact that the way an HTA agency may wish to engage the public is also a function of its mission and of the types of partnership it seeks to build and maintain. In other words, organizational characteristics are likely to affect when and how members of the public would be approached by such agencies.

Response:

The below paragraph has been revised to include this context (lines 90-93). We also intend to explore further some of these issues in a separate manuscript as part of this project.

“These factors such as the time and resources available to the HTAO, the organisations cultural of the HTAO are rarely made explicit in public engagement frameworks, but have been noted as being just as influential in determining when and how members of the public would be engaged [12] [15] [16].”

Comment 3) The protocol is strongly anchored in the notion that public engagement is about gathering the “social values” that should guide decision-making. This is a strong assumption that needs to be analyzed in light of both the patient involvement literature and the social scientific work on public understanding of science. I’ve challenged elsewhere this “demarcationist view” that tends to dismiss the expertise/knowledge of participants as well as the values held by experts. Members of the public need to be engaged for what they know and for what they value, which doesn’t mean that decisions should necessarily follow what the public wants.

Response: We have added some additional text to capture the above point (lines 99-106) and included an additional reference Lehoux (2009). Bolded text is the additional text.

“...It may be that in some circumstances the public are happy not to be involved in decision-making [20,21]; particularly if the existing systems are transparent and already capture a diversity of views [22]. Understanding the relative value of such factors (or what we refer to as ‘characteristics of a decision’) depends upon considering several of them simultaneously and allowing individuals to weigh and trade-off these factors to clarify which aspects might be relevant under what circumstances [23]. This will enable us to determine for which policy questions the public consider public engagement would be best undertaken. The next step would be for policy makers to clarify what they want from the public in these circumstances, including the extent to which they are willing to cede or not, to the public’s views [22].
Reviewer’s report: Tracy Comans

Comment: Line 233 – aim needs re-wording.
Response: This has been corrected.

Comment: Also is there an opt out in the design of the DCE? Otherwise how will this aim be answered?
Response
We have included in the following text into the manuscript (lines 252-253)
   “The DCE will also include an opt-out option as well as scenario that describe the status quo in relation to public engagement”.

Comment: Line 215 quantitative. Provides for rank order of importance only. Using nominal group technique allows use of distributing votes for each factor which would identify strength of preference. Suggest using to enhance findings from focus groups.
Response:
We have revised the text to include other methods of data analysis group data – and cited a recent paper by McMillan SS et al. on this topic.
   “Other methods of analysis of the group data such as the frequency and proportion of participants who included a factor in their ranking list will also be undertaken [45]. “