**Supplementary Table 2: Publications on HTA programs and larger numbers of technologies**

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| **Author,**  **reports** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Mad [36], 2012  25 HTAs + 9 updates | Austria, public health care system | Coverage | Analysis of whether HTA advice to regulate coverage was accepted by the Ministry of Health | HTAs recommended coverage with limitations for 11 interventions and did not recommend for 22. Ministry decided on acceptance in 7 cases, rejection in 18 and changed the status to ‘subject to approval’ in 7 | Major | 5 |
| Zechmeister [37], 2012  69 HTAs including 11 full reports | Austria, public health care system | Coverage,  Practice,  Program management | Analysis of administrative data from hospitals and  health insurance funds. Interviews with representatives of administrations and payers | Findings from 9 of 11 full CI  s contributed to decisions by insurance funds and hospital management.  Recommendations from 19 of 42 rapid assessments accepted by hospital financing board.  Findings from 6 of 7 HTAs contributed to disinvestment decisions which led to savings of more than € 22 million | Some input to decisions | 4 |
| Vinck [38], 2013  78 reports including HTAs, HSR, Good Clinical Practice | Belgium - National | Coverage,  Capital funding,  Formulary,  Program,  Practice,  Research | Review of impact of reports published during 2009-2011. Information from project staff, other contacts, websites, legislation.  Direct impact if at least one recommendation was implemented; indirect impact if recommendations featured in debate but were not yet implemented | 11 reports with recommendations aimed at health care professionals classified as “not measured”  About half of the remaining 67 reports had a direct impact and about one third were currently under discussion  In the case of one HTA report a decision was taken that went directly against recommendations | Major | 5 |

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| Supplementary Table 2 (continued) | | | | | | |
| **Author,**  **reports** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Levin [39], 2011  10 HTAs | Canada, Ontario public health care system | Coverage | Consideration of policy decisions based upon CED studies. Compared decisions with results of studies | In 9 cases decisions were consistent with HTA recommendations, awaiting results for the other HTA | Major | 4 |
| a)Turnkey [40], 2002  10 HTAs  Hailey [41,42] 2004, 2005  25 HTAs | Canada, Alberta health system | Coverage, Capital funding, Program, Guideline, Practice | a) Qualitative research -interviews with HTA program clients  b) Data collected by HTA program using form in part based on INAHTA instrument. | a) Eight of 10 products informed policy and resource allocation decisions.  b) Feedback from clients, decisions on HTA recommendations, inclusion of HTA material in documentation | a)Some input to decisions  b) 3 HTAs, had major influence, 16 input to decisions, 3 some consideration, 3 minimal | a) 2  b) 5 |
| McGregor [43], 2012  20 technologies | Canada, University Health Centre (five teaching hospitals) within the Québec healthcare system. Local in-hospital HTA unit | Coverage, Capital funding, Formulary, Practice, Research | Evaluation of the extent to which reports have influenced hospital policy decision making and spending. Feedback from individuals responsible for technologies in question | Of 63 policy recommendations, 45 were accepted and incorporated into Health Centre policy. 1 was partially incorporated, 17 were not incorporated into policy. | Major influence on the majority of decisions, some consideration for others | 4 |

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| Supplementary Table 2 (continued) | | | | | | |
| **Author,**  **reports** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Poulin [44], 2012  Surgical technologies  53 completed applications for support | Canada, Department of Surgery & Surgical Services, Calgary Health Region | Capital funding, Program, Practice, | Retrospective analysis on outcomes of a local HTA program over 5 years  Local HTA committee decisions categorised | 12 applications approved, 3 approved for a single case on an urgent basis, 21 approved for a restricted number of cases with outcomes review, 14 for research use only, 3 referred to additional review bodies. | Some input to decisions | 4 |
| Bodeau-Livinec [45], 2006  13 technologies | France, Hospital network, Paris | Capital funding, Practice, Research | a) Qualitative – semi structured interviews with persons affected by HTA recommendations  b) Review of decisions following 13 HTAs | 7 Major influence, usually through funding being approved or withheld  3 difficult to distinguish between HTA influence and that of experience gained during supplementary studies  1 Minimal influence , decision contrary to recommendation  2 uncertain due to influence of major external factors | 1 Minimal  7 Major  5 Uncertain | 5 |
| Gibis [46], 2002  22 technologies | Germany, National – committee responsible for ambulatory health care (legally binding directives) | Coverage, Practice | Considered whether HTA recommendations were accepted by the committee | The committee decisions were consistent with HTA recommendations | Major | 2 |

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| Supplementary Table 2 (continued) | | | | | | | | |
| **Author,**  **reports** | **Country/setting** | | | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Norezam [47], 2013  Overall output from HTA agency  responses for management of diabetes mellitus and thalassaemia, CT for head injury, US in primary & antenatal care, moderately elevated blood pressure | Malaysia, Public hospitals | | | Coverage,  Capital funding,  Practice,  Research | Survey of persons in public hospitals, health departments, research institutes and Ministry of Health. | % participant responses:  Recommendations/ conclusions accepted : 83%  Showed technology met program requirements: 79%  Material incorporated into policy documents: 69%  Used as reference material: 78%  Linked to change in policy: 75% | Some input to decisions | 3 |
| Ju [48 ], 2014  35 HTAs | | Australia, Queensland hospitals | Capital funding,  Program,  Practice,  Research | | Review of HTA decisions and their implementation | 19 HTAs recommended funding for piloting of the technologies; this had commenced for 17 with final decision pending for 2. (e.g. greenlight laser therapy, electromagnetic navigation bronchoscopy, Xpert MTB/RIF, excimer laser system)  Funding not recommended for 7 technologies (e.g. percutaneous microwave ablation, robotic navigation system) | Major | 3 |

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| Supplementary Table 2 (continued) | | | | | | | | | | | | |
| **Author,**  **reports** | | **Country/setting** | **Types of decision** | | **Approach used** | | **Indication of influence** | | **Extent of influence** | **Quality**  **score** | | |
| Kolasa [49], 2011  151 drug therapies | | Poland, National health system | Coverage,  Formulary | | Reimbursement lists reviewed to assess to what extent policy-makers had used the information coming from the HTAs | | 34 drugs appraised and reimbursed (4 negative and 30 positive HTA recommendations)  117 appraised and not reimbursed (58 positive and 59 negative recommendations) | | Some input to decisions | 3 | | |
| Rochaix [50], 2009  Large numbers of drugs | | France, National | Coverage | | Review of Ministry & sickness fund decisions following HTA recommendations | | > 95 % of positive HTA opinions on reimbursement status of a new technology were followed by decisions to reimburse. Almost all negative opinions were followed. 1999 – 2001: concluded 835 of 4,490 medicines showed insufficient benefit, reimbursement rates were reduced  2003 – 06: proposed delisting 370, 322 were delisted, decision to retain 48 drugs for cerebral insufficiency in the elderly population. | | Major | 3 | | |
| Teerawattananon [51 ], 2014 | | Thailand, National – public health insurance program | Coverage | | Review of decisions by Subcommittee for development of the National List of Essential Medicines on recommendations for inclusion of medicines in the list, based on economic and other assessments. | | Ten medicines were accepted for inclusion in the national list, 11 were excluded and one was under price negotiation | | Some input to decisions | 3 | | |
| Supplementary Table 2 (continued) | | | | | | | | | | | | | |
| **Author,**  **reports** | **Country/setting** | | | **Types of decision** | **Approach used** | | **Indication of influence** | | **Extent of influence** | | **Quality**  **score** | | |
| Bennie [52], 2011  Medicines that the Scottish Medicines Consortium (SMS)  had not recommended for use | Scotland – National Health Service | | | Practice | Analysis of effect of advice from the SMS on use of medicines. Volume of prescribing measured by each medicine’s gross ingredient cost to the prescribing budget | Data were available for 8 of 10 medicines not recommended for use. Use increased for 5 medicines, stabilized for 2 and decreased for 1. (Data show that use of one medicine categorized as ‘stabilized’ had increased) | | Minimal | | | | 4 | |
| Dietrich [53], 2009  34 drugs with negative technology appraisal recommendations or positive ones with major restrictions | UK - ambulatory care of the NHS in England and Wales | | | Practice | Secondary analysis from the prescription costs analysis statistics and comparison with NICE recommendations | For 97 % of the drugs, the publication of NICE's 14 negative and restricting technology appraisals between 2000 and 2004, did not reduce the number of prescription items dispensed or net ingredient costs in the ambulatory care of the NHS | | Minimal | | | |  | |
| Hailey [54], 2000  20 rapid HTAs | Canada, Alberta health system | | | Coverage,  Capital funding,  Referral,  Practice | Interviews and written feedback with requestors of HTA or persons who might be influenced by the findings | Decisions by health ministry consistent with HTA advice. Two HTAs had no apparent influence. | | 14 Major  4 Some consideration  2 Minimal | | | |  | |
| Supplementary Table 2 (continued) | | | | | | | | | | | | | |
| **Author,**  **reports** | **Country/setting** | | | **Types of decision** | **Approach used** | **Indication of influence** | | **Extent of influence** | | | | **Quality**  **score** | |
| Hailey [55], 2009  15 technologies | Australia, Brazil, Canada, Spain, USA – health ministries or departments | | | Coverage 9,  Capital funding 1,  Formulary 1,  Referral 2,  Program 2,  Guideline 3,  Practice 3,  Research 2 | Survey of INAHTA members on rapid HTAs that they had prepared during 2006. | All the HTAs were considered to have had some influence. Most common indications were consideration by the decision maker, use of the HTA as reference material (both n = 10), and acceptance of recommendations or conclusions (n = 8). | | 8: Major  7: Some consideration | | | | 4 | |
| Oortwijn [56], 2008  HTA research programs in detection of cancer metastases, mental & behavioural disorders, care of chronically ill, clinical genetics, infectious diseases, PET, treatment of fertility disorders | Netherlands, various primary studies supported by the Dutch HTA program | | | Program,  Practice | Case studies using “payback framework”. | Authors comment that “it is too early to fully assess impact of the Dutch HTA program”  Details might provide a baseline for future appraisal of payback  Two examples of changes in practice  One example of informing policy for a local insurer | | Some consideration | | | | 3 | |

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| Supplementary Table 2 (continued) | | | | | | |
| **Author,**  **reports** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Hanney [57], 2007  9 primary studies, 4 secondary studies, 3 NICE technology assessment reviews (TARs) | UK – NHS England & Wales | Coverage,  Guideline,  Practice,  Research | Review of first 10 years of NHS HTA Programme, included questionnaire survey of lead investigators and 16 case studies. Analysis using payback framework | Concluded programme had perceived impact on policy and to some extent on practice. 73% of survey respondents claimed projects had impacted on policy and 56% on behaviour (96% for TARs)  11 of 16 case studies thought to have made some impact on policy | Major | 4 |
| Guthrie [58 ], 2015  Publications from studies funded by an HTA programme | UK – NHS England & Wales | Coverage,  Guideline,  Practice | Review of NHIS HTA Programme from 2003-2013. Interviews with 20 senior stakeholders  Electronic survey of HTA grant holders.  12 payback case studies  of HTA programme-funded research. | \*Interviews indicated the primary route to impact of programme-funded research on patients is through influence on guidelines.  \* Survey responses for 93 HTA program projects reported an impact on policy, including citation in guidelines and other documents.  \* 7 out of 12 case studies provided some evidence research had an impact on the NHS and patients, and 4  included limited evidence of changes in clinical practice. | Major | 3 |

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| Supplementary Table 2 (continued) | | | | | | |
| **Author,**  **reports** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Turner [59 ], 2015  122 NICE clinical guidelines,  issued between  April 2001 and  April 2012 | UK – NHS England & Wales | Guideline | Retrospective cohort study, proportion of NICE guidelines  which cited evidence from studies funded by the NIHR HTA Programme and the impact of  those studies on the guidelines | Of 122 guidelines, 3 (2%) were based on previous NIHR HTA reports and 90 (74%) cited evidence from NIHR HTA studies.  The impact of HTA evidence on the guidelines varied; the ways in which data was used by NICE was heterogeneous. There was extensive use of NIHR-HTA data in guidelines on Chest Pain of Recent Onset, The Epilepsies and Chronic Heart Failure. | Some input to decisions | 3 |
| Rosén [60], 2014  26 reports from 2006-10 | Sweden - National and regional (counties) | Program,  Guideline,  Practice,  Research | Measured the extent to which HTA reports had affected decisions, guidelines, research or clinical practice. Used documentation, before-after surveys and time series register data. | Decisions and actions of national and local government bodies, and of professional organizations. Changes in use of technologies and services.  HTA reports had a high impact on clinical guidelines, and a moderate or high impact on comprehensive decisions, initiation of research and changes in clinical practice. Impact was low in three cases. | Major | 4 |

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| Supplementary Table 2 (continued) | | | | | | |
| **Author,**  **reports** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Pichon-Riviere [61], 2012  HTAs from other jurisdictions | 19 Latin American & Caribbean (LAC) countries, 55% responses were from Argentina | Coverage,  Capital funding,  Guideline,  Practice,  Research | Survey of decision makers and researchers on HTA transferability experiences | Decision makers reported using HTAs from other jurisdictions to guide decisions in the majority of cases:  52.6 % HTAs from outside LAC 23.1 % from other LAC countries,  24.3 %HTAs from their own countries.  63 % of researchers reported using HTAs from other jurisdictions; information regarding safety and effectiveness was considered more applicable than that on social aspects, or economic evaluation | Some  consideration | 3 |

CI: Cochlear implantation

CED: Coverage with evidence development

HSR: Health services research

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

SMS: Scottish Medicines Consortium

US: Ultrasound

Xpert MTB/RIF: Mycobacterium tuberculosis and rifampicin resistance test