**Supplementary Table 1.**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Characteristic** | **ANHTA** | **UCSC** | **OUH** | **HCB** | **HUS** | **CHUV** | **ACH** |
| Year established | 2012 | 2001 | 2002 | 2009 | 2012 | 2002 | 2005 |
| Personnel dedicated fully to HTA activities | Leader: No  Personnel: Yes | Leader: No  Personnel: Yes | Leader: No  Personnel: Yes | Leader: Yes  Personnel: Yes | Leader: No  Personnel: No | Leader: Yes  Personnel: No | Leader : No  Personnel: No |
| Clear definition in organizational hierarchy | Staff to medical Directorate | Staff to medical directorate | No | Staff to medical directorate in innovation directorate | No | In medical directorate | Independent group under Chief Medical Officer |
| Formal alignment to further HTA strategies | Hospital | European, hospital | Hospital | European, national, hospital | European, national, hospital | Hospital | Hospital |
| Personnel (*n*) | 12 | 9 | 6 | 3 | 7 | 2 | 14 |
| Personnel  (Leader) | (Medical doctor)  1 health economist  5 medical doctors  3 managers  1 nurse  1 pharmacist | (Medical doctor)  2 health economists  1 biostatistician  1 information specialist  2 biomedical engineers  1 pharmacist  1 ethicist | (Health economist)  2 health economists  1 biomedical engineer  3 public health specialists | (Medical doctor)  1 health economist  1 public health specialist | (Medical doctor)  5 medical doctors  1 hospital manager | (Health economist)  1 health economist | (Surgeon, public health specialist)  1 health economist  12 Medical doctors |
| Part-time competencies | 2 Full-Time Equivalent (FTE) + 9 Part-Time Equivalent (PTE) +leader PTE | 1 ethicist consultant | 6 PTE + leader PTE | No PTE | 7 PTE | 1 PTE | 3 PTE + leader PTE, 10 consultants |
| Selection and recruitment | Voluntary | Unit-specific | Hospital process | Hospital process | Unit-specific | Hospital process | Unit-specific |
| Career development programs/initiatives | No | Yes | Yes | Yes | No | No | Yes |
| Formalised Personnel performance evaluation | Hospital tool, production | Scorecard | No | No | No | No | Performance appraisal and absenteeism |
| Formalized procedures for HT adoption | Mainly yes | Mainly yes | Yes | Yes | Yes | Yes | Mainly no |
| Mandate of HTA unit in HT adoption | Mandatory | Mandatory | Mandatory (not systematic) | Not Mandatory, but strongly recommended | Mandatory | Mandatory | Mandatory |
| Recommendation | Yes (advisory) | Yes (advisory) | No | Yes (advisory) | Yes (advisory) | No | Yes (advisory) |
| Involvement in HT implementation | Not systematic | Not systematic | No | No | No | No | No |
| Follow-up of implementation results | Yes | Yes | No | No | No | No | Yes |
| Actors involved in HTA | Physicians, nurses, pharmacists, financial office, HTA unit | Pharmacy, financial department, purchase committee, clinical directorates | HTA unit, clinical department librarian | HTA unit, applicant clinicians, head of economics of clinical departments, infrastructure personnel, personnel from organization, nurses | Physicians | Applicant physician, HTA unit, head of financial department, head of clinical departments, medical directors, financial department, CEO | HTA unit |
| Formalization of involvement | No | No | Yes | Yes | Yes | Yes | Yes |
| Application form (used to submit HTA request to the HB-HTA units) | Yes (main applicant: Chief Executive Officer) | Yes | No | Yes (but rarely used) | Yes | Yes | Yes |
| Review of processes and activities | Not systematic | Not systematic | NA | Not systematic | Not systematic | Not systematic | Systematic |
| Use of PICO model  (Population-Intervention-Comparator-Outcome) | Yes | Yes | Yes | Yes | Yes | Yes (but not formally described as PICO model) | Yes |
| Comparator | Standard of care, current technology available at the hospital | Standard of care, indirect comparison | Standard of care | Current technology available at the hospital | Current Technology available at the hospital, Standard of Care, Alternative scenario, Indirect comparison | Standard of care, indirect comparison, alternative scenario | Current technology available at the hospital |
| Perspective | Hospital | Hospital, patient, third-party payer | Hospital | Hospital | Hospital | Hospital | Hospital, patient, third-party payer |
| Number of HTAs/year (average) | 3.0 | 30.0 | 8.3 | 5.0 | 2 (20 embedded in the MUMM Joint Program – Managed Uptake of Medical Methods) | 4.8 | 8.3 |
| Average no. of reports/person, May 2013–May 2014 | 0.31 | 9.00 | 2.86 | 1.67 | 2.00 | 5.33 | 1.00 |
| Specific budget for operational costs | No | No | No | No | No | No | Yes |
| Specific budget for personnel payment | No | Yes | No | No | No | No | Yes |
| Strategy for external additional funds | No | Yes | Yes | Yes | No | No | No |
| Prioritization criteria | No | Yes | No | Yes | No | No | Yes |
| Links with key allies | Informal | Formal, mainly temporary | Mainly formal | Informal, mainly temporary | Mainly informal, all permanent | Mainly formal, permanent | Informal, mainly temporary |
| Participation in training activity | Yes | Yes | Yes | Yes | Yes | Yes | Yes |
| Organization of training activity | Yes | Yes | Yes | Yes | No | No | Yes |
| Evaluation of dissemination impact | Yes, not systematic | Yes, not systematic | Yes, not systematic | Yes, not systematic | Yes (for the MUMM Joint Program – Managed Uptake of Medical Methods) | Yes, occasionally | Yes, not systematic |
| Formal Performance indicators for the function | No | No | No | No | No | No | No |
| Evaluation Impact on customers | Not systematic | Not systematic | No | Not systematic | Yes | Not systematic | Not systematic |