**Supplementary Table 1: Publications covering HTAs and small numbers of technologies**

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| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of**  **influence** | **Extent of influence** | **Quality**  **score** |
| Goeree [7], 2006  Drug-eluting stents | Canada, provincial health system | Coverage, Guideline | Data on introduction and use following HTA & decision maker action | Acceptance of recommendations re availability only for high-risk AAA patients | Major | 4 |
| Dunning [8], 2004  Skull X-ray, CT, (paediatric) | England, three hospitals | Guideline, Practice | Sub analysis of prospective cohort study, Monte-Carlo simulation | Guidelines do not increase workload, but move patient management from the observation ward to the radiology department | Some input to decisions | 3 |
| Schluessmann [9], 2009  disc arthroplasty | Switzerland, National | Coverage,  Program | Details of registry information following decision to use CED | Coverage provided by insurance program | Major | 5 |
| Brügger [10 ], 2014  Hand transplantation | Switzerland, National | Coverage,  Practice | Details of a recommendation from an appraisal of the HTA report and subsequent consideration by the national accident insurance committee’ | Decision not to fund hand transplantation for  ethical reasons, because of considerable side effects,  and relatively limited health gains, particularly for unilateral amputees | Major | 4 |
| White [11], 2012  peritoneal drainage catheter | England, NHS | Referral, Guideline | Formal decision process linked to HTA findings | Acceptance of recommendation in a Medical Technology Guidance | Some consideration | 4 |

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| Supplementary Table 1 (continued) | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of**  **influence** | **Extent of influence** | **Quality**  **score** |
| Ballini [12], 2010  Robotic surgery | Italy, Hospitals in the Emilia-Romagna Region and regional health authority | Program, Practice, Research | Review of decisions following evaluation by multidisciplinary panel that included systematic review, analysis of local context, and identification  of indications with promising clinical return. | Agreement on clinical indications for which the robot should not be used and suspension of these by hospitals and surgeons.  Agreement on a list of promising clinical indications and for evaluation locally  Proposal by local surgeons, for two multicentre clinical trials | Major | 3 |
| Demerdjian [13 ], 2015  18 HTAs | Argentina, national pediatric hospital | Capital funding,  Guideline,  Program,  Practice | Monitoring decisions taken by hospital administrators.  Review of administrative data | Acceptance of recommendations on:  \* albumin solutions - albumin consumption and associated costs reduced by 50%  \* cochlear implantation -  a suitable device substituted  for one with unacceptable performance  \* OCT - equipment was not incorporated  \* palivizumab – use in high risk patients  \* PCR – use in high risk patients  Not accepted on:  \* reiki techniques (continued use in pre-operative setting)  \* procedural sedation program | Major | 4 |
| Berrettini [14], 2011  Cochlear implantation (CI) | Italy, National Agency for Regional Healthcare Services, coordinated by Laszio Region | Guideline, Practice | Advice re acceptance of recommendations following systematic review on clinical & economic aspects of CI | Recommendations on criteria for treatment of several patient groups were approved with minimal suggestions by members of a coordinating committee that represented all stakeholders | Some consideration | 2 |

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| Supplementary Table 1 (continued) | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Kosherbayeva [15 ], 2014  Bilateral cochlear implantation for children | Kazakhstan, National | Coverage,  Practice | Review of decisions by the Ministry of Health following systematic review on clinical aspects of bilateral CI, and analysis of administrative data on hearing services in Kazakhstan. | Ministry of Health decided not to support provision of bilateral CI for deaf children. Action would be taken to procure  equipment for early detection of children with  hearing loss, and to strengthen rehabilitation services after unilateral CI. | Some input to decisions | 4 |
| Vermeulen [16], 2001  Screening – breast cancer, prostate cancer, ultrasound in pregnancy | Belgium, Flemish Preventive Service | Coverage, Capital funding | Interviews with stakeholders and experts, review of policy | Use of technologies did not follow advice from available assessments. Lack of a systematic approach to prevention policy and practice | Minimal | 5 |
| Banta [17], 2001  Screening –  a) breast cancer,  b) prostate cancer  c) ultrasound in pregnancy | Netherlands, National | Coverage, Program, Practice, Research | Appraisal of program implementation, data on use of screening tests | a) Mammography – CEA was followed by national screening program for breast cancer  b) Recommended against prostate cancer screening –, accepted by government but “quite a lot” of opportunistic screening. Recommendation re future research accepted by ministry & implemented  c) Selective use supported, for high risk groups. But 80 -90% pregnancies screened with US | a) & b) Major  c) Minimal | 5 |

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| Supplementary Table 1 (continued) | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Jonsson [18], 2001  Screening –  a) breast cancer,  b) prostate cancer,  c) ultrasound in pregnancy | Swedish public hospital service | Coverage, Program | Decisions and practice patterns followed HTA recommendations | a) Strong influence on screening mammography, rapid increase after publication, all counties offered screening.  b) HTA recommendations followed by the county councils, none organised screening programs for prostate cancer. Opportunistic testing thought to be relatively common and increasing in rate.  c) Introduction of routine screening was recommended and became routine | Major | 4 |
| Britton [19], 2002  a) Preoperative examinations  b) Management of moderately elevated blood pressure,  c) Prostate cancer screening.  d. Bone density measurement  e. Neuroleptics as calming therapy for old persons  f. Proton pump inhibitors for functional dyspepsia | Sweden - National and local (counties) | Capital d,  Practice a, b,c,e,g,  Equipment sales d | Decisions/ trends in use of technologies, following HTA recommendations | a) Major decrease in pre- op exams  b) Levelling off in increase of ACE inhibitor, calcium channel blocker prescriptions  c) Huge increase in PSA test use  d) Increase in sales of BDM machines  e) Slow decrease in use of antipsychotic drugs, larger in Kronoberg County which made a concerted effort to reduce  f) National trend in prescriptions for PP inhibitors unclear, overall cost for anti- dyspepsia drugs 8% less.  Decrease in PPI use in Skellefteå County through local drug committee initiative | Minimal : c,d)  Some consideration: b)  Some input to decisions: e, g)  Major: a) | 4 |

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| Supplementary Table 1 (continued) | | | | | | | | | |
| **Author,**  **Technology** | | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | | **Extent of influence** | | **Quality**  **score** |
| Axelsson [20], 2006  Tobacco prevention | | Sweden, Dental hygienists & dentists in Stockholm County | Practice | Questionnaire survey, comparison with previous investigation, reference to SBU report and a guideline | Awareness of guideline reported by 90% hygienists, 66% dentists  Information in guideline used by 54% hygienists, 34% dentists  25% of dental professionals reported increased tobacco cessation consultation  However , no change in number of patients receiving cessation support or the mean time for these activities | | Some input to decisions | | 5 |
| Stemerding [21], 2001  Maternal screening | | Netherlands, national | Coverage, Capital funding, Program | Analysis of medical journals and government reports | Noted control and regulation of serum screening by the political decision-makers, allocation of funding. A counter influence was promotion by the medical community, | | Major | | 5 |
| Fischer [22], 2011 Newborn screening | | 11 EU countries | Coverage | Association between HTAs and coverage decisions in EU countries  7 decisions with HTA, 15 without | Association between HTA and coverage decision processes was more explicit,  inclusive, and transparent than non HTA- related decisions | | Some consideration | | 3 |
| Autti-Ramo [23], 2007  Fetal abnormalities screening | Finland, national | | Referral, Program, Practice,  Legisla-tion to regulate program | Relationship of decisions to HTA recommendations | | HTA provided information on options for optimum screening programs, identified major policy questions that required public discussion. National committee subsequently opened up this discussion | Major | 5 | |

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| Supplementary Table 1 (continued) | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Carlsson [24], 2001  a) Cardiac bypass surgery  b) Chiropractic care for back pain | Sweden, national and local HTA initiatives | Coverage, Practice | Review of administrative, policy developments | a). HTA, other reports linked to change in policy and expansion of open heart surgery services  b). Results of RCT, including costs, were input to decision by politicians at local level (no difference in cost-effectiveness) | Some input to decisions | a) = 2  b)= 4 |
| Gagnon [25], 2006  a. insulin pump  b. prioritization for cataract surgery  c. prioritization systems for hip or knee replacement | Spain, hospitals within Catalan Health Regions | Coverage,  Program,  Practice | Semi-structured interviews, transcripts classified according to theoretical dimensions and contextual factors | Adoption of HTA recommendations depends on a conjunction of factors (institutional, organizational, professional) that is unique to the specific technology assessed. | Some consideration | 3 |
| Bergh [26], 2010  a) Bariatric surgery  b) Screening for abdominal aortic aneurysm  c) Liquid-based cytology  d) Auricular acupuncture for drug addiction | Sweden, Västra Götaland County | Coverage b,d,  Program a,b,  Practice c | Review of HTA use by client organizations, implementation of recommendations | a) Use by local authorities & regions  b) Funded and implemented  c) Widely recommended for screening  d) Coverage denied | Some consideration:-a,c)  Some input to decisions: b,d) | 2 |

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| Supplementary Table 1 (continued) | | | | | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | | **Approach used** | **Indication of influence** | | | **Extent of influence** | **Quality**  **score** | |
| Burns [27], 2007  clip appliers, staplers, trocars, suture and needle, endoscopic specimen retrieval device | USA – Surgical practices | Capital funding | | Evaluation by surgeons of comparable medical devices in standardized surgical procedures, and use of evaluation findings by a hospital purchasing organization | Products from 8 vendors evaluated and ranked for ergonomics, functionality, performance, clinical acceptability.  1 vendor received consistently higher ratings than the others across all product categories; 2 received consistently low ratings for several product categories. Findings were used by the purchasing organization to select the vendor(s) they wished to contract with | | | Major | 2 | |
| BCBS [28], 2008 Pharmacogenomics | USA, National | Coverage, Referral | Review of policy response to assessment | | | Policy statement that genotyping to determine cytochrome p450 (CYP2C19) genetic polymorphisms is considered investigational for managing the treatment of H. pylori infection. No change in 2011 | Major | | | 2 |
| Chen [29], 2009  a) Assisted reproductive technology  b) Prenatal diagnosis | PRC, National | Guideline,  Practice | Responses to contracted assessments, action by the Ministry of Health | | | Guidelines issued by the Ministry of Health, based on HTA material | Major | | | 2 |

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| Supplementary Table 1 (continued) | | | | | | | | | |
| **Author,**  **Technology** | | **Country/setting** | | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** | |
| Borowski [30], 2007; IHE [31 ], 2015  a) Laparoscopic adjustable gastric banding  b) Fetal fibronectin assay  c) Gastric electrical stimulation  d) Newborn cystic fibrosis screening  e) Newborn metabolic screening | Canada, Alberta health ministry & health care system | | Coverage (b-d),  Program (a,b,d,e),  Practice (d,e) | | Formal decision process linked to HTA findings, review of health ministry decisions | a) To be publicly funded; regions to determine whether they will offer bariatric surgery  b) Regions to introduce service and determine best service delivery model. All adopted the service. Expected health system savings were not achieved (reliance on false-positive test results).  c) Not funded because of investigational nature  d) Introduction of province-wide screening, funding provided  e) Expansion of list from 3 to 16 conditions, funding provided | Major | | 4 |
| Buxton [32], 2006  Interferons and glatiramer acetate for multiple sclerosis | UK – England and Wales | | Coverage,  Practice | | Example from review of development of economic evaluation of health technologies in the UK and its impact on decision making | NICE deemed none of the drugs to be cost effective at incremental cost per QALY of £35 000–104 000. Department of Health intervened with scheme that accepted a  maximum threshold cost per QALY of £36 000. If the patient’s progress failed to equate with an ICER of £36000 or less the cost of the drug to the NHS would be rebated. | Some input to decisions | | 2 |

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| Supplementary Table 1 (continued) | | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** | |
| Solans-Domènech [33], 2013  a. Exacerbation of COPD, - prognostic factors  b) Risk factors predisposing to acute exacerbation of COPD  c) Validation of a diagnostic procedure in sleep apnea-hypopnea syndrome,  d) Cost-effectiveness of home care in exacerbation episodes of COPD using a respiratory- function unit  e) Management of bacterial resistance in the ICU  f) Phenotypic characterization of COPD | Spain – Catalan health system | Program  Practice | Qualitative study of six projects on respiratory diseases funded between 1996 and 2004. Semi-structured interviews with 15 researchers and 8 healthcare decision-makers | Most participants indicated changes in health services or clinical practice had resulted from research.  “The barriers and facilitators identified were mostly organizational (in research management, and clinical and healthcare practice)…. Both the  expected and achieved impacts enabled the identification of the gaps between what is expected and what is truly achieved.”  No specific recommendations for policy makers; | Some input to decisions | | 3 |

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| Supplementary Table 1 (continued) | | | | | | |
| **Author,**  **Technology** | **Country/setting** | **Types of decision** | **Approach used** | **Indication of influence** | **Extent of influence** | **Quality**  **score** |
| Bowen 2007 [34], Opinion Leader Research [35], 2003  Draft Economic Development, Waste, Energy, London Plan strategies | UK – City: strategies from the Greater London Authority (GLA) | Guideline,  Strategy planning process | Qualitative strategy to evaluate 4 health impact assessments (HIAs) of draft mayoral strategies. Included group discussions, in depth interviews, questionnaires | Increased consultation with public health staff by GLA  Wider consultation during development of a strategy  Strategies were revised as a result of outputs from HIAs  Strategy team reported few barriers to incorporating recommendations into the final strategy document. | Some input to decisions | 3 |

AAA: Abdominal aortic aneurysm

ACE: Angiotensin-converting enzyme

BCBS: Blue Cross and Blue Shield

BDM: Bone density measurement

CI: Cochlear implantation

CED: Coverage with evidence development

COPD: Chronic obstructive pulmonary disease

EU: European Community

ICER: Incremental cost-effectiveness ratio

ICU: Intensive care unit

NHS: National Health Service

NICE: National Institute for Health and Care Excellence

OCT: Optical coherence tomography

PCR: Polymerase chain reaction

PPI: Proton - pump inhibitor

PSA: Prostate serum antigen

QALY: Quality–adjusted life year

SBU: Swedish Council on Technology Assessment in Health Care

US: Ultrasound