**Supplementary Table 3. General characteristics of disinvestment programmes.**

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| **Country, starting year, promoting institutions** | **Disinvestment programme** | **Disinvested Technology/ies** | **Objectives** | **Addressees** |
| Australia, 2009, AHTA and University of Adelaide  | ASTUTE - Assessing Service and Technology Use To Enhance Health academic research programme (16, 17) | - Assisted reproductive technologies in vitro fertilisation and intracytoplasmic sperm injection;- Vitamin B12 and folate pathology tests. | To trial and evaluate a model to refine the indications for resource allocation to ineffective or inappropriately applied health care practices. | Governments and private payers. |
| Australia, 2009, Department of Health and Ageing  | Pharmaceutical Benefits Advisory Committee – PBAC based programme (2, 18) | - Review of Statin Therapies (Rosuvastatin and Atorvastatin);- Anticoagulation Therapies in Atrial Fibrillation. | To provide to the Australian Department of Health a decision support in de-listing of existing ineffective drugs and vaccines from the Pharmaceutical Benefits Scheme (PBS). | Political decision makers. |
| Australia, 2010, Department of Health and Ageing  | Comprehensive Framework Management - CMF based programme (19, 20) | Examples of reviews:- Colonoscopy items;- Surgical treatment of obesity;- Pulmonary artery catheterisation;- Ophthalmology. | To maximise the health of patients and the sustainability of supply, through ongoing reviews of in-use MBS services potentially unsafe, ineffective and / or inappropriate. | Medical Services Advisory Committee (MSAC), policy makers and clinicians. |
| Canada, 2001, Calgary Region Health Authority  | Alberta: An Urban Health Region Macro Marginal Analysis - MMA based programme (21, 22) | Examples of efficiency items:- Staff utilisation;- Supply management / standardisation;- Lab and drug efficiencies;- Service / process improvements;- Health service administrative efficiencies. | - Application of the MMA framework in an integrated Health Authority in Alberta;- To facilitate new understanding among stakeholders in applying the priority-setting approach. | Decision makers. |
| Canada, 2010, Vancouver Coastal Health Authority  | Vancouver Coastal Health Authority - PBMA based programme (23) | Forty-four disinvestment initiatives (not specified). | To identify areas of improvement and assess possible expansion of PBMA to other areas within the Health Authority. | - Decision makers;- Health services researchers. |
| Canada, 2011, Ministry of Health and Long-Term Care  | Ontario province Project (24) | - Bare metal stents;- Vitamin D testing;- Bone mineral testing;- Knee arthroscopy with debridement and /or lavage;- Colposuspension for stress urinary incontinence;- Artificial disc replacement for cervical spine. | - To better inform policy;- To address uncertainty in evidence prior to committing to long-term funding. | Policy makers. |
| Italy, 2009, Regional Health Authority of Veneto | Veneto Region Disinvestment/Reallocation Programme (25) | Five diagnostic imaging technologies: CT, MRI, Angiography, Mammography, Gamma Camera. | To develop criteria and methods useful to redefine the decision and planning processes in the field of diagnostic imaging. | Policy makers. |
| Netherlands, 1989, Sickness Funds Council | Dutch Investigative Medicine Program (26-28) | Two existing technologies not specified. | To evaluate new and existing technologies as a decision support to policy makers. | Policy makers. |
| Spain, 2010, Osteba and Avalia-T | GUNFT guidelines based programmes (29-32) | Pilot project to implement GuNFT in Spain and UK hospitals. | To facilitate the establishment of a standardised, transparent, systematic and explicit process for assessing the potential for health technology disinvestment. | - Political and clinical decision makers;- Consumers and patients. |
| Sweden, 2010, The Swedish Council on Health Technology Assessment (SBU) | SBU Uncertainties and Disinvestment project (52) | - Arthroscopy in arthritis;- Corticosteroid for lateral epicondylitis;- Clinical indexed replacement versus routine replacement of peripheral venous catheters. | - To identify scientific uncertainties;- To realise a database containing identified uncertainties;- To inform and support decision makers in prioritising and allocating resources within the health services. | Decision makers. |
| UK, 2007, NICE | NICE recommendations based programmes (33-45) | Examples:- The use of admission cardiotocography in low-risk pregnancy;- Screening for gestational diabetes using fasting plasma glucose;- Antibiotics for the management of otitis media with effusion. | Financial aspect of resources utilisation, safety, effectiveness and health care quality process. | Policy and clinical decision makers, patients and consumers. |
| UK, 2009, English NHS – Sheffield PCT | Sheffield Primary Care Trust - PCT programme (46) | - To reduce the number of referrals to residential care of patients affected by eating disorders, by expanding capacity in primary care and increasing services offered in the community or as outpatient treatments at the local hospital. | To build a strategy that reconfigured services to produce more health gain at reduced total cost. | Policy makers. |
| UK, 2011, Nuffield Trust and the Health Services Management Centre at the University of Birmingham | 5 Primary Care Trusts-PCTs programme (47, 48) | Examples:- Decommissioning of an Accident and Emergency department and centralisation of non-elective acute hospital services on fewer sites; - Disinvestment in the following series: homeopathy or complementary medicine, and currently considering *in vitro* fertilisation; - Closure of an ineffective community hospital; - Policy to disinvest low-benefit procedures. | - To map the priority-setting activities of PCTs across England;- To explore the activities of a subset of case study PCTs in more depth;- To make recommendations for priority-setting and disinvestment in NHS. | - Government;- Other national agencies;- Local budget holders and decision-makers. |
| USA, 2012, American Board of Internal Medicine | Choosing Wisely initiative (49, 50) | Examples of implementation (November 2014):- WESTMED Medical Group Educates Patients about Antibiotic Overuse;- Rockwood Clinic Adds Choosing Wisely to its Quality Menu;- Washington Measures How Clinicians and Patients Are Choosing Wisely. | Helping patients to choose health care that is: - supported by evidence showing that it works for patients like them; - it is not duplicative of other tests or procedures already received; - won’t harm them; - it is truly necessary. | Physicians and patients. |
| Wales (UK), 1989, Welsh Health Planning Forum | Wales - Mid Glamorgan District Health Authority programme (51) | Four proposals for disinvestment in maternal and early child health:1. Antenatal care for women with low risk pregnancies; 2. Admission of children to hospital for reasons not based on clinical need; 3. Number of ear, nose, and throat operations of questionable benefit and length of stay; 4. Generic prescribing and development of joint formulary for both Health Authorities. | Applying Marginal Analysis to develop and implement investment and disinvestment strategies. | Health Authorities. |

List of abbreviations: ASTUTE, Assessing Service and Technology Use To Enhance Health project; AHTA, Adelaide Health Technology Assessment; PBAC, Pharmaceutical Benefits Advisory Committee; CMF, Comprehensive Framework Management; MBS, Medicare Benefits Schedule; MMA, Macro Marginal Analysis; PBMA, Program Budgeting and Marginal Analysis; CT, Computed tomography; MRI, Magnetic resonance imaging; OSTEBA, Basque Office for Health Technology Assessment; AVALIA-T, Galician Agency for Health Technology Assessment; GuNFT, Guideline for Not Funding existing health Technologies in health care systems; UK, United Kingdom; NICE, National Institute for Health and Care Excellence; PCT, Primary Care Trust; NHS, National Health Service; USA, United States of America.