Author's response to reviews

Title: Improving health care quality for racial/ethnic minorities: A systematic review of the best evidence regarding provider and organization interventions

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To the editors:

Thank you so much for the opportunity to revise our manuscript. We appreciate the hard work of the reviewers, and have provided specific responses below.

Sincerely,

Mary Catherine Beach

RESPONSE TO REVIEWERS

Reviewer: Joseph R. Betancourt

Minor Essential Revisions

1. In discussion, would make sure all articles discussed are referenced (had trouble following which article was begin discussed; not a problem earlier in manuscript).

Authors’ response: We agree with the reviewer and have revised the manuscript to reference articles extensively in the discussion section.

Discretionary Revisions

1. In discussion, would make sure you mention that major limitation may be scope of articles and criteria chosen. There may be many "best practices" published in abstracts, government reports, etc. that might have been listed but didn't meet search criteria because they didn't make it to peer review. I have trouble believing these are ALL the major activities/studies done in this area; there may be other study designs,
approaches, case reports, etc. that would be helpful for people in the field. By the same token, it should be made clear this may not be all that is out there.

Authors’ response: We agree with the reviewer and have stated the following in the discussion: “Only randomized controlled trials and concurrent controlled trials were included. Although researchers have recommended the use of experimental designs with control groups to evaluate interventions to reduce disparities whenever possible,7 there have been other worthwhile interventions that have been evaluated with other study designs.39 Our review, which found a paucity of rigorous clinical trials, suggests that other types of studies should be considered by those interested in designing interventions to reduce disparities.”

2. Might also put in discussion a piece about benchmarking. Do all quality improvement initiatives have a rigorous evidence-base behind them? My guess is that that is not the case, and I would hope we are not holding QI efforts targeting disparities to a different standard.

Authors’ response: We agree with the reviewer and have added the following to our discussion section: “To the extent that other QI strategies are used without a sound evidence base, it may be unfair to hold interventions designed to reduce disparities to a different standard. On the other hand, it is a worthwhile goal that all QI interventions have demonstrated effectiveness.”

3. Tables were difficult to track and read. Any way to simplify and combine would surely assist the reader (I found myself spreading both tables out at my desk, along with the manuscript and references so I could see which particular article and intervention was being discussed).

Authors’ response: We agree with the reviewer and have added references to Table 3 so that readers can easily determine which studies evaluated which interventions.

Reviewer: L. B. Bolton

1. Commentary on the small number of publications included in their review. Several specialty journals (Journal of National Black Nurses Association, Journal of the National Medical Association, Journal of Hispanic Nurses Association International, Journal of the International Society for Study of Hypertension in Blacks, etc.) have published peer review research articles on improving health care quality for racial and ethnic minorities. The concern here is the methods used to conduct the systematic review and the credibility of the process.

Authors’ response: We agree with the reviewer that our systematic review uncovered a relatively small number of rigorous studies, and therefore we believe that one of the most important conclusions of our paper is that there a limited number of studies specifically designed to reduce disparities. Our concluding paragraph states the following: “In conclusion, there are several promising strategies that may improve health care quality for racial/ethnic minorities, but a lack of studies specifically targeting the disease areas and the processes of care for which disparities have been previously documented.”

Also, we limited our review to controlled trials and, therefore, as the reviewer suggests, other study designs ought to be considered by those wishing to reduce disparities. We state: “Only randomized controlled trials and concurrent controlled trials were included. Although researchers have recommended the use of experimental designs with control groups to evaluate interventions to reduce disparities whenever possible,7 there have been other worthwhile interventions that have been evaluated with other study designs.39 Our review, which found a paucity of rigorous clinical trials, suggests that other types of studies should be considered by those interested in designing interventions to reduce disparities.”

2. The author should include references to the Office of Minority Health reviews conducted regarding efficacy of interventions targeted at racial and ethnic populations.
Authors' response: We have referenced Evidence Report/Technology Assessment No. 90, which is a systematic review of strategies to improve minority healthcare quality prepared by members of our research team as part of the Evidence-Based Practice Center at Johns Hopkins. This was funded by the Agency for Healthcare Research and Quality and is referenced on the Office of Minority Health's website. We have contacted the Office of Minority Health to determine if there is another such review and cannot identify one.

3. The authors should speak to the need for programs of research with multiple interventions simultaneously executed to determine the best practices and what policy implications might arise from such programs.

Authors' response: We have added the following statement to our discussion section: "In addition, multifaceted interventions should be evaluated in such a way so as to distinguish which specific piece of the intervention was most effective."