Author's response to reviews

Title: Regulatory barriers to equity in a diversified health system: a qualitative study in Bulgaria

Authors:

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Version: 2 Date: 23 July 2011

Author's response to reviews: see over
Dear Editors

We are very grateful to the two reviewers for the helpful and constructive comments. Please see below and in the revised manuscript details of how we have taken account of the suggestions.

Yours sincerely

Boika Rechel

MS: 3444840535502233
Regulatory barriers to equity in a diversified health system: a qualitative study in Bulgaria
Boika Rechel, Clare Blackburn, Nick Spencer and Bernd Rechel

Dear Dr. Rechel:

Your manuscript has now been peer reviewed and the comments are accessible in PDF format from the link below. Do let us know if you have any problems opening the file.

Referee 1: [link]
Referee 2: [link]

Editor's comments to authors:

1. Please adhere to RATS guidelines for reporting qualitative studies.

RATS ? Qualitative Studies [link]

We have reviewed the RATS guidelines and made sure that the manuscript complies with them.

Other editorial requirements:

1. Tables

Please note that we are unable to display vertical lines or text within tables, no display merged cells: please re-layout your table without these elements. Tables should be formatted using the Table tool in your word processor. Please ensure the table title is above the table and the legend is below the table. For more information, see the instructions for authors on the journal website.
We have removed the vertical lines from the table.

We would be grateful if you could address the comments in a revised manuscript and provide a cover letter giving a point-by-point response to the concerns.

Please also highlight (with 'tracked changes'/coloured/underlines/highlighted text) all changes made when revising the manuscript to make it easier for the Editors to give you a prompt decision on your manuscript.

Please also ensure that your revised manuscript conforms to the journal style ([http://www.biomedcentral.com/info/ifora/medicine_journals](http://www.biomedcentral.com/info/ifora/medicine_journals)). It is important that your files are correctly formatted.

We look forward to receiving your revised manuscript by 23 July 2011. If you imagine that it will take longer to prepare please give us some estimate of when we can expect it.

You should upload your cover letter and revised manuscript through [http://www.biomedcentral.com/manuscript/login/man.asp?txt_nav=man&txt_man_id=3444840535502233](http://www.biomedcentral.com/manuscript/login/man.asp?txt_nav=man&txt_man_id=3444840535502233). You will find more detailed instructions at the base of this email.

Please don't hesitate to contact me if you have any problems or questions regarding your manuscript.

With best wishes,

Mae

Ms. Flory Mae Calumpita
on behalf of Dr. Judith de Jong

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To submit your revised manuscript
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When you have revised your manuscript in light of the reviewer's comments and made any required changes to the format of your paper, please upload the revised version by following these instructions:

2. With the 'Manuscript details' tab, please update the title, abstract and author details if they have changed since the previous version. It is very important that all changes
Review regulatory barriers to equity in a diversified health system: a qualitative study.

This is a well-written article on some experiences in Bulgaria with the consequences of health care reform. It is a qualitative study, based upon 50 interviews with various kinds of people involved in health care and with a focus on disadvantaged children and the Roma community.

It is an interesting article that gives much inside-information on how the Bulgarian health system 'really works'. However, in my opinion, the article does not contain much news to readers who are (reasonably) well-informed about this system. It is primarily of interest to readers who are not (very) familiar with the system.

An unanswered question is to what extent the results can be regarded as representative for the Bulgarian system. To my knowledge, however, it gives a fair overview.

We have clarified in the Discussion section that our study is not representative, but that we do believe that it points to a number of challenges relevant to other health systems in transition in Central and Eastern Europe.

I have a few problems with the analytical framework of regulatory barriers. My points are:

* The role of the classification of regulatory instruments (table 1) is not clear to me. What is done with it?

We have clarified that the given regulatory instruments are of particular importance to the Bulgarian situation and that we have included them in the manuscript for this reason.

* I do not know whether all problems discussed are caused by regular barriers. I would argue that in some cases, it seems that regulations are not the real problem, but the way they are complied with in the 'real world' and the way they are perceived by the participants. There seems to be a huge gap between two worlds: the world of regulations and the world of daily practice. In other cases regulations do constitute a problem, because they are not well designed or are based upon non-realistic assumptions (e.g. the overnight introduction of a GP system). More generally, I would
say that policymaking remains a fundamental problem in Bulgaria, because the stakeholders and population is not or only hardly involved in it. It is classical management by decree as also happened in the old communist times.

We fully concur with these comments. Our manuscript has sections detailing problems in implementing regulations in everyday practice, as well as the overall lack of consultation in health policy making in Bulgaria. We have now highlighted these two challenges in the abstract as well.

* The analysis is somewhat static. Is there any reason to believe that the situation in health care is improving or deteriorating?

While our manuscript is based on interviews conducted in 2005-2007 and can only claim to provide a snapshot of this period of time, we have described many changes that occurred since the end of communism. We have further strengthened the temporal dimension of the manuscript by indicating which changes have occurred in terms of population coverage with health insurance and the involvement of the population in health reforms. We have also pointed to the need for further investigations that capture developments over time.

Guidelines:
1. Question well defined. YES
2. Methods appropriate: REASONABLY
3. Data sound: YES
4. Does manuscript adhere to relevant standards: REASONABLY

As noted above, we have reviewed the RATS guidelines and made sure that the manuscript complies with them.

5. Discussion and conclusion well balanced: HARDLY ANY CONCLUSIONS
6. Limitations clearly stated: HARDLY

As noted above, we have clarified in the Discussion section that our study is not representative, but that we do believe that it points to a number of challenges relevant to other health systems in transition in Central and Eastern Europe.

7. Building upon others' work: YES
8. Title and abstract accurate: ONLY PARTLY

As noted above, we have improved the abstract by mentioning the challenge of implementation and the need for better involvement of the population.

9. Writing: EXCELLENT

Minor revisions required

Reviewer's report
Title: Regulatory barriers to equity in a diversified health system: a qualitative study in Bulgaria
Version: 1 Date: 28 June 2011
Reviewer: Ralf Götze
Reviewer's report:
Review on the manuscript »Regulatory Barriers to Equity in a Diversified Health System: A Qualitative Study in Bulgaria«

[1] Overall appearance

- Acceptance with minor essential revisions

The manuscript submitted by Rechel et al. sheds light on a very interesting healthcare system: Bulgaria. As a transformative country Bulgaria offers the opportunity to observe reasons for and effects of radical reforms within relatively short time periods. This high relevance does not correspond with the body of existing literature. Hence, the authors provide a well-written study to enhance the empirical knowledge of this case. I strongly suggest accepting this manuscript with minor essential revisions. I will address my remarks in three thematic sections dealing with the aim of the study, the term »diversified health system«, and the presentation of the results.

[2] Aim of the study

- Minor essential revision

The authors state the exploration of the »regulatory barriers to equity« (p. 5) to be the aim of their article. The following definition describes equity as absence of health inequalities systematically related to groups defined socially, economically, demographically, or geographically (p. 5). The subsequent phrase deals with equity as absence of inequalities in the delivery of health services. Although both stories belong to the same big picture, they are different. Inequalities in the delivery of healthcare are one source for health inequalities but not the sole reason and regarding to some scholars not even the dominant one. Hence, the authors have to be more precise about the kind of equity they focus on. From my perspective the topic seems to be equity in the delivery of health services.

We agree and have narrowed the focus on equity in access to health services.

Moreover, the regulatory barriers forming the second item of the proposed aim could be further developed. The submitted manuscript only includes few examples for regulatory functions derived from one (relatively old) piece of literature (p. 5f). I strongly suggest enhancing this part of the manuscript by taking a deductive, actor-centered concept for regulation into account (see Wendt et al. 2009). This also allows to derive a more systematic selection of possible regulatory barriers to equity in the delivery of health services from this model.

We have revised the table on regulatory instruments with recourse to the suggested article by Wendt et al. (2009) and the template we use for the analysis of health systems in Europe (Rechel et al. 2010).

[3] »Diversified health system«

- Discretionary revision

The authors use the term »diversified health system« twice at prominent places: the title and the introduction (p. 5). As the term is neither explained nor refereed it remains unclear its diversified means. In addition, it might be worth to elaborate the institutional features of the new Bulgarian healthcare system a bit more. An insurance based single-payer system is not part of the typologies relying on
traditional OECD countries (Freeman & Frisina 2010). Several Asian scholars (e.g. Lee et al. 2008) argue that their National Health Insurance system does not fit in the Social Health Insurance cluster.

We have removed the term “diversified health system” and replaced it with “health system in transition”. The latter term is commonly used and also the title of the flagship journal of the European Observatory on Health Systems and Policies. The basic parameters of the new health system in Bulgaria are described in the Introduction section.

[4] Presentation of the results

- Minor essential revision

The empirical work of this manuscript is strong. However, the results could be presented in a more systematic way. The authors could enhance the discussion if the categories are directly derived from a general concept concerning inequalities in the delivery of health services. The inductive approach lacks a bit of consistency as several categories are only loosely connected with the aim of the study. Even the first section, dealing with (informal) user fees indicates that the equity concept is not well defined as it concerns fair financing (which occurs when people with different income levels pay out-of-pocket for the same services) rather than inequalities in the delivery of health services (which obviously occurs when people cannot afford to pay out-of-pocket).

We believe that the issue of user fees is sufficiently connected to the focus of the paper on equity in access to health services to warrant its inclusion in the manuscript.

The sections dealing with »the magnitude and pace of change« as well as »lack of participation and sense of ownership of the reform« seem to have not much in common with the proposed aim of the study. These parts may belong to an overall evaluation of the reform process but not to the much more restrictive topic of this manuscript.

In concordance with the points made by the first reviewer, we believe that these issues are of major relevance to the topic of the paper, as they impact on compliance with regulations. We would therefore want to retain them in the manuscript.

Moreover, it would be very helpful to have a condensed table concluding the results. Maybe such a table could also quantify how often these items occur in the coded material. As this would obviously inflate the content I strongly recommend cutting down empirical parts not related to the proposed aim of the study.

We have included a table showing the key themes emerging from our study. However, having followed a qualitative research approach, we do not think that the interview material should be presented in quantified form. As noted above, we also strongly believe that the parts on informal payments, as well as magnitude an pace of change and lack of population involvement should remain in the manuscript.

Refereed literature

Lee, Sang-Yi; Chun, Chang-Bae; Lee, Yong-Gab & Seo, Nam Kyu (2008): The National Health Insurance System as One Type of New Typology: The Case of South Korea and Taiwan. In: Health Policy 85(1), 105-13.


**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**

I declare that I have no competing interests.