Author's response to reviews

Title: Institutional Public Private Partnerships for Core Health Services: Evidence from Italy.

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Author's response to reviews: see over
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Title

Institutional Public-Private Partnerships for Core Health Services: Evidence from Italy.

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Date

28th January 2011

Authors’ response to reviews

See over
Dear BMC Health Services Research Editor,

Thank you for giving us the opportunity to submit a revised version of our manuscript. We have thoroughly revised the paper in response to both the comments received from the reviewers and the editorial requests. We think the paper is definitely improved. We number herein each point raised by the reviewers and the editors and then respond. All changes made in the original manuscript have been reported in this revision note and highlighted using track changes in the resubmitted manuscript. Original inaccuracies related to English language, grammar, punctuation, and spelling have been corrected directly in the text of the revised manuscript.

**Reviewer 1**

1. The article is somewhat long for what it covers, and there is some repetition. It would be more effective if the first half of the article was reduced by 20-30%.

We have reduced the length of the first half of the paper. All changes can be tracked in the resubmitted manuscript. Specifically, we have taken the following actions:

- Elimination of the paragraph on Page 4, which read “Stated differently (…) implemented”.

- Elimination of the repetition of the research questions on Page 10, which read “What are (...) provision?”

- Elimination of the sentence on Page 9, which read “We were interested (...) evolved”.

Revision Note Ref.: Ms. MS: 1514825847440399
• Synthesis of the Data Analysis sub-section, with the inclusion of the ten sub-dimensions from the body text to the Table 1.

2. The authors should not use the word "chapter" to describe parts of the article - the words "section" or "part" would be better (e.g. top of p.16).

   We agree with the reviewer that the use of the word “chapter” was inappropriate in an article. Thus, we have revised the manuscript by replacing the word “chapter” with “section”, and the former “section” with “sub-section”. Specifically, we reworded the following:

   “Results from the comparative analysis are summarised in the current section. Each sub-section discusses a dimension of analysis.” (Page 11, Line 13)

   “As it will be discussed in the next section...” (Page 15, Line XX)

   “This section discusses the reported findings …” (Page 17, Line 10)

3. In the first line of the abstract the phrase "have come to the attention" is unclear. It should be written as the single word "are".

   We agree with the reviewer that the phrase was unclear. We have now amended the abstract by replacing the phrase “have come to the attention” with the word “are”. The sentence now reads as follows:

   “Public Private Partnerships (PPPs) are potential instruments to enable private collaboration in the health sector domain” (Abstract, Line 2)

4. The conclusions at the end of p.3 cannot be drawn from the evidence - to do so, the researchers would have also to study PPPs which are alternatives to the traditional public services provision.

   The reviewer is correct that the current analysis cannot support conclusions concerning PPPs that are alternatives to traditional public services – in our case, services delivered by acute hospitals.
Results from our analysis show that all of the PPPs included in the study originated from the transformation of a hospital that previously performed generalist functions (e.g., emergency care and long-term care) into a specialised hospital delivering niche services (e.g., rehabilitation). Hence, while we have abundant evidence to support the conclusion that PPPs can be effectively used to integrate traditional public service provision, the same cannot be affirmed regarding its replacement.

To take the reviewer’s comment explicitly into account, we deleted the passages in the discussion in which we referred to PPP as an alternative to public service provision, thus clarifying that the contribution of the research is to the study of institutional PPPs that complement it.

“Findings suggests that institutional PPPs enable national health services to reap great benefits when introduced as a complement to the traditional public-service provisions for a defined set of services and goals.” (Abstract: Page 3, Line 5)

“The overarching aim of this paper is to investigate the motivations for the adoption of institutional PPPs and the governance and managerial features that could make them effective” (Page 4, Line 16 and Page 23, Line 2)

“This section discusses the reported findings and provides the basis for answering the research questions, namely the reason for the adoption of institutional PPPs as complementary provision forms, and the governance and management features they need to be effective” (Page 17, Line 9)

5. The point at the end of the 2nd paragraph on p.4 about potentially exacerbating the differences between partners is not followed up subsequently.

As part of our response to Comment 1, the sentence was deleted.

6. P.7, bottom half. The fact that all the relevant organisations in a region were included in the study, does not alter the fact that there were only four organisations, nor does it ensure consistency.
We think that the point raised by the reviewer is of primary relevance and deserves further explanation. The research is epistemologically grounded in the qualitative interpretative tradition, for which quality criteria have been extensively debated in modern social science research[1]. In developing our research, we devoted particular attention to both consistency, defined as the correspondence between proposed contribution of the research and the research design [1, 2], and external validity, defined as the clear establishment of the domain to which a study’s findings can be generalised, provided a minimum study population of 3 cases [3].

As for consistency, the choice of a qualitative case study approach was deemed appropriate to develop a middle-range theory of institutional PPPs in tax funded health systems. Furthermore, we explicitly selected an embedded case study design – one that is methodologically based on the comparison of several units in a given context [4] – to contextualise the boundaries of our study at the Regional level. External validity has been further reinforced by the achievement of full saturation of the population under study in the selected context. Finally, the adoption of Region as the context is consistent with the structure of the Italian health care system – where, following the decentralisation process described on Page 7 Line 12, each Region can be conceived of as an independent health care organisational field.

Thus, to take the reviewer’s comment explicitly into account, we have taken the following actions:

6.1) To ensure consistency of the research, we better specified the contribution of the research and the type of research design adopted in the Theoretical Framework section:

“To address these research questions, a multiple embedded case study analysis of a population of institutional partnerships that emerged in the Italian health care system (Sistema Sanitario Nazionale, SSN) is presented. By doing so, this analysis contributes to the construction of a middle-range theory of institutional PPPs in public tax-funded health systems.” (Page 6, Line 9)
“The research question is addressed through a contextual and comparative embedded case study design” (Abstract: Page 2 Line 13 and Page 8, Line 3)

6.2) To ensure the external validity of the research, we have revised the Methods section to clearly indicate the domain to which the study’s findings can be generalised, the context of the study and the appropriateness of the case sample:

“To ensure the external validity of the findings [20], the research assumed the Italian region as its context, which shall be studied as an independent health care organisational field due to recent health reforms that introduced decentralization principles in the Italian public sector field. Saturation was achieved by including, as the unit of analysis, the entire population of JPFE organisations established in the regional context. Specifically, the region under study is Veneto (ca 4.9 mil inhabitants and an annual public health expenditure of 8.5 billion €) where the JPFE population currently comprises four cases: (i) an intensive-rehabilitation hospital (Case A), (ii) an orthopaedic centre (Case B), (iii) a primary-care and outpatient facility (Case C), and (iv) a community-care facility (Case D).” (Page 8, Line 3)

7. More needs to be said at the top of p.12 about the origins of Case D.

We have now added a sentence detailing the nature of Case D:

“Specifically, the facility hosts an average of 40 day hospitals and 200 hospitalised patients, the majority of whom are not self-sufficient or are affected by degenerative diseases, such as Alzheimer disease.” (Page 13 Line 7)

8. P.22, 2nd paragraph. Is it perhaps premature to write of "PPP success" given the financial difficulties that appear to be emerging? Given the very wide critical literature about PPPs in general, and specific case studies, might it not be more prudent to qualify the conclusions, and write "apparent success" or "early years success", or "success at the time of writing", or "success
in developing new institutions”. Otherwise, if any of these PPPs fail within, say, the next 4-5 years, the authors will look foolish.

We agree with the reviewer that the use of the term “PPP success” might be misleading. Indeed, in the original manuscript, we employed this term in a conservative perspective to account for those cases that received a positive evaluation by the Regional Evaluation Committee (see Page 7, Line 8). However, the use of the phrase in absolute terms might appear inappropriate should the partnerships fail in the next few years.

To avoid any unwanted confusion, we have now replaced the term “PPP success” with a more circumscribed and tangible periphrasis, specifying the aforementioned source of the evaluation:

“In general terms, those PPPs that obtained a positive evaluation by the regional committee shared four governance and managerial features:…” (Page 23, Line 23)
Reviewer #2

I thought this was an interesting paper and certainly worth publication in order to gain a readership.

1. However, I'm not sure that both research questions were answered. There was a lack of theoretical discussion about why PPP and not just public and some of the issues surrounding the different agendas and drivers of private rather than public companies.

We agree with the reviewer that the original formulation of the research contribution was weak. As far as the first research question is concerned, as already stated in the response to Comment 4 of the first reviewer, the original formulation in terms of the “reasons for the adoption of PPPs as alternative forms of public service provision” (i.e., that would raise the question of why PPPs and not merely public) was not properly addressed by our findings, which instead considered cases of PPPs that were integrative forms of public services provision.

Thus, we have now clarified that that the contribution of the research is to the study of institutional PPPs that complement public services provision though the delivery of a specialised public health service.

“Findings suggest that institutional PPPs enable national health services to reap great benefits when introduced as a complement to the traditional public-service provisions for a defined set of services and goals.” (Abstract: Page 3, Line 5)

“The overarching aim of this paper is to investigate the motivations for the adoption of institutional PPPs and the governance and managerial features that could make them effective” (Page 4, Line 16 and Page 23, Line 2)

“This section discusses the reported findings and provides the basis for answering the research questions, namely the reason for the adoption of institutional PPPs as complementary provision forms, and the governance and management features they need to be effective” (Page 17, Line 9)
Elaborating on the previous point, our research contributes to the theoretical debate on the issue of different agendas by highlighting and discussing the tradeoffs that might emerge in the long term when integrating into a newly stabilised organisation (i.e., a joint stock company) the agendas of the public and private companies that participate in it.

To take the reviewer’s comment specifically into account, we revised the Conclusion section to explicitly discussing our contribution on this point.

“To conclude, the institutionalization of the collaboration between public and private actors by the establishment of a new independent company highlights two major tradeoffs deriving from bringing different public and private agendas into an organised setting. The first is private for-profit seeking versus public breakeven maintenance. Our research suggests that this trade-off might be overcome by considering returns in terms of intangible profits such as image and economies of experience deriving from the privileged position the private partner holds within the SSN. The second is public local budget containment versus private portfolio and scale increase. Recent trends for JPFEs suggest that this conflict can be resolved by rethinking about public shareholding, namely by diversifying the mix of public partners including multiple local authorities so that the PPP can increase the level and amount of commissioning.” (Page 24, Line 10)

2. I liked the idea of taking a self-contained region and looking at what was happening within it, but was not clear about the impact of national policies or regional political culture which might have affected the decisions taken around PPP.

The reviewer is correct that policies at the national or Regional level might have had an impact on the PPP organisational level. However, original national legislation on JPFE was left deliberately open and no more updates were approved, with the exception of those JPFEs established as stock companies - the main points of this latter legislation were summarised in the manuscript (Page 7,
Line 6). Furthermore, although the 2001 Constitutional Reform transferred jurisdiction over JPFEs to the individual Regions, the vast majority of them – including the Veneto Region – passively acknowledged the 1992 national legislation without further normative indications, thus leading to a legislative and normative vacuum within the territory of competence. The consequences of this lack of political guidance – which has indeed been deemed critical by all relevant stakeholders interviewed – are evident when looking the substantial heterogeneity of PPP’s responses to the four dimensions investigated by the analysis.

Sensitised by the results of the current study, we have recently started (January 2011) a new research project sponsored by Italian Ministry for Health to survey all of the JPFEs established in the national territory and to analyse what, in institutional theory terms, might be studied as the consequences of a “lack of theorising” on the institutional processes of the creation of JPFEs. However, this study is beyond the scope of the analysis conducted in the current manuscript.

To take reviewer’s comment explicitly into account, we have now included a sentence clarifying the “political vacuum” in which PPPs within the Veneto Region emerged:

“With the exception of a minor update regarding those JPFEs established as stock companies (Lgs.D.229/99), the national government has not provided any additional legislation on the matter. Further, in the 2001 Constitutional Reform, Italian regions were given jurisdiction over the authorization, adoption and monitoring of JPFEs within their jurisdiction. With the exception of Lombardy and Emilia-Romagna, however, most regions passively acknowledged the 1992 national legislation, thus leading to a legislative and normative vacuum on the issue. The consequences of this lack of political guidance on the evolution of PPPs is evident when looking at the heterogeneity of individual responses to the questions raised by this study, as reported in the Results section”

(Page 7 Line 10)

3. As the paper stands, I think it is interesting, easy to read (with a few minor corrections to the English) - it flows well and makes a useful contribution to debates and research in this area.

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We have now proofread the manuscript with the help of a native English-speaking editor. We have attached the editing certificate. All revisions can be tracked on the revised manuscript.

4. The authors are correct that organizational aspects of PPPs are certainly under reported, if not under researched. I think it could be improved by a broader or more in-depth discussion of existing literature and/or theory in this area to underpin it, but that may be outwith BMC article criteria. I would like to see a longer, more critical article emerging from the research, but this is a good 'taster'. It also raises interesting questions about further research that could be done in this area.

We agreed with the reviewer that a more critical analysis should be undertaken in the future in this area. Indeed, this is exactly the way we are proceeding, by expanding the analysis both longitudinally and cross-sectionally to the entire national population of JPFE. Concerning the request to expand the literature review, we feel that we have received two conflicting comments regarding the revision of the first part of the manuscript (see Comment 1, Reviewer 1). To satisfy both reviewers, we have reduced the first section and explicitly referred to a forthcoming article in Public Management Review, in which the first author critically discusses the intellectual roots of existing literature on PPPs [5]. Should the reviewer and editor deem it necessary, we would be more than willing to expand the literature review section and elaborate further on this issue.

5. I may be being ethno-centric, but, being from the UK, I found it distracting when the authors referred to the NHS, meaning the Italian health system. It would seem more logical to refer to it as SSN (Sistema Sanitario Nazionale) which they do on pg 6.

We agree with the reviewer in pointing out that the use of the acronym NHS might be misleading because it is usually associated with the UK National health care service. Elaborating on the reviewer's suggestion, we have amended the manuscript by substituting the term NHS with SSN. Specifically, the following sentences have been modified:
“Indeed, public professionals with a permanent employment contract maintain the employment relationship with the LHA and the SSN contract” (Page 16, Line 13)

“...through the development of profitable market segments that would increase the demand for both SSN inbound patient mobility and private out-of-pocket patients” (Page 18, Line 13)

Editorial requests

1. Further consideration of your manuscript is conditional on improvement of the English used. Please ensure particular attention is paid to the abstract.

The manuscript and the abstract have now been carefully edited by a professional copyediting service. We have attached the editing certificates of both the manuscript and the revision note.
**Additional Reference not included in the manuscript**


**Additional References included in the manuscript**
