Author's response to reviews

Title: How do small rural primary health care services sustain themselves in a constantly changing health system environment?

Authors:

Penny Buykx (penny.buykx@monash.edu)
John S Humphreys (john.humphreys@monash.edu)
Rachel Tham (rachel.tham@monash.edu)
Leigh Kinsman (leigh.kinsman@monash.edu)
John Wakerman (john.wakerman@flinders.edu.au)
Adel Asaid (adel@strathhealth.com.au)
Kathy Tuohey (kathy.tuohey@bchs.com.au)

Version: 3 Date: 7 December 2011

Author's response to reviews: see over
7th December 2011

To the Editors BMC Health Services Research,

**Title:** How do small rural primary health care services sustain themselves in a constantly changing health system environment? **Version:** 2 **Date:** 22 November 2011

Thank you for your feedback on our article and the opportunity to respond to the comments made by reviewers. Clearly the reviewers find significant merit in our article, and we believe that it has now been strengthened by our responses to the helpful comments provided by the peer-review process. The following provide details of our responses to specific issues raised by each of the reviewers.

**Reviewer:** Allan Goroll

“Overall, this is a very useful report of a creative and comprehensive set of strategies for ensuring and enhancing primary medical care to a small rural community in a time of great change and stress.”

**Comment 1:** “Major Compulsory Revision: The central component of the approach taken in this initiative was to partner with an academic center that enabled evaluation, monitoring, and attraction of resources for the community. I think this a very a creative and smart approach, but I am not sure how generalizable it is. Without the university-community partnership, I do not think this primary care revitalization effort would have succeeded. This is acknowledged briefly at the end of the report, but needs much more elaboration, discussion and emphasis if the report is going to be useful to others attempting similar rural health care revitalization.”

**Response 1:** Professor Goroll raises a valid point. Undoubtedly the partnership between EPHS and Monash University has contributed to the monitoring and evaluation capacity of the service. However, several other factors contributing to the sustainability of the service (such as strong community involvement and addressing threats to workforce supply) occurred independently of the partnership. To address the concern raised we have added additional text to the relevant paragraph (original page 10) acknowledging the importance of university-community partnerships in building local capacity to undertake monitoring and evaluation activities.

**Reviewer:** Bernd Rechel

“I enjoyed reading this manuscript and believe that it is potentially publishable in BMC Health Services Research, but also felt that it has some way to go to become a coherent piece of work. In particular, I found that the title, the abstract and the rest of the manuscript are not convincingly tied together and do not provide the level of details needed to understand the conclusions the authors draw. Please see below my suggested revisions.”

**Comment 1:** “The title refers to “a constantly changing health system environment”. However, the rest of the manuscript provides very little details about the changes to which the primary health services had to respond, so that it is virtually impossible to judge whether the factors identified by the authors are crucial or not. Table 1 talks more appropriately about “threats”. I would therefore suggest to change the title into something like “How can small rural primary health services react to threats and opportunities?” More details on both (threats and opportunities) would then be useful!”

**Response 1:** To address Dr Rechel’s concern we have included specific examples of the types of change encountered in the Background section (original page 3). We have also strengthened the link between the title, abstract and manuscript by adding a sentence to the abstract clearly identifying the purpose of the paper.

After serious reconsideration, we have chosen not to change the title as we believe that it accurately reflects the content of the paper. Firstly, we want to retain the term “sustain” because service sustainability is central to the paper. Further, as noted above, we have identified more clearly the relevant
“changes” experienced by EPHS, and prefer this term to “threats and opportunities” as the latter suggests discrete categories. Any change may be perceived as either a threat or an opportunity, depending on whether or not it was anticipated, how it is responded to, and the resources available to manage change. We prefer not to incorporate the word “react” into the title as it suggests reactive rather than proactive responses to change (or “threats and opportunities”) – our findings highlight how the Elmore Primary Health Service has managed change proactively rather than reacted to it (see original page 7).

Comment 2: “The abstract maintains that the Elmore Primary Health Service has ensured “ongoing viability”. I wonder whether this is not too early to judge after only 4 years of implementation? The authors should exercise a bit more caution in drawing conclusions on success or failure. I also found the 6-year longitudinal evaluation mentioned in the abstract to be misleading, as the manuscript only draws on the first 4 years. Finally, “change” (in the first sentence of the abstract) is a very broad and abstract category. Do the authors really consider primarily “change”, or do they look at threats and opportunities?”

Response 2: The abstract indicates that the 6-year evaluation is “currently underway” suggesting that it is not yet complete. However, to avoid any potential misunderstanding, the abstract has been amended to specifically state that the results are reported after 4 years and we have removed the word “ongoing”. We have also indicated in the text that the current model of service delivery was established in 2004 to indicate how long the EPHS has been sustained. This 4 year evaluation period is exceptional compared to other PHC service evaluations (for example, P Lorraine, 1999: The development of a sustainable health service in a small rural community: Every cloud has a silver lining. Proceedings of the 5th National Rural Health Conference, 14th-17th March, Adelaide) and, given the dearth of evidence in the topic of PHC service sustainability, publication of evaluation results at this point is warranted.

In regard to Dr Rechel’s concerns regarding the breadth of the term “change”, please see our response to Comment 1 regarding “change” versus “threats and opportunities”.

Comment 3: “Regarding the manuscript itself, it is not only about change per se. The factors mentioned in the beginning of para 3 on p. 3 apply to primary health services in rural areas in general and are not related to “change”.”

Response 3: Change is the process brought about by factors which alter their role and significance to a structure or organisation. It is true that the factors listed at the beginning of the paragraph may be stable rather than changing at any point in time, but these are the main service components around which significant changes occur and impact. The paragraph goes on to argue that threats to service provision are exacerbated by a number of change factors. So while some conditions are common in rural communities – and even some outer metropolitan areas (e.g. workforce shortages relative to inner metropolitan areas), other factors may improve or inadvertently aggravate the situation (e.g. government policies aimed at improving recruitment and retention, eligibility requirements for overseas trained doctors). We have made no amendment to the article in relation to this comment.

Comment 4: “More details on the changing context (or rather the threats and opportunities) would be very useful. Examples are the changes in the rural classification system (mentioned, but not elaborated on on p. 3) and the public-private financing model (p. 6).”

Response 4: We have added text to the manuscript to further elaborate on these points (original page 3 and page 6).

Comment 5: “What is a “systems approach” (p. 4)”

Response 5: We have added text to explain what we mean by systems approach at the relevant point (original page 4).
Comment 6: “Why do the authors believe that Elmore has a successful PHC service (p. 5 and p. 7)? More details on this would help to substantiate the conclusions the authors draw.”

Response 6: Table 1 highlights the way in which EPHS has addressed important changes that could threaten its sustainability. In both the Discussion and Conclusion we summarise the key factors that together contribute to the service’s success.

Comment 7: “How can 2760 patients attend the service at least once during the year (p. 5), if Elmore has a population of only 700 (p. 4)?”

Response 7: The text has been amended to clarify that patients are not only drawn from the Elmore township, but also the surrounding catchment area (original page 5).

Comment 8: “‘how long will this success last?’ – this question is not answered in the text.”

Response 8: The question posed is a rhetorical, rather than a research question. We would prefer to leave it in the text, but could amend pending editorial advice.

Comment 9: “Lessons (p. 8-11) – I would prefer to have those integrated into the Discussion/Results.”

Response 9: We have integrated the ‘lessons’ into the Discussion/Results as suggested.

Reviewer: Joachim Sturmberg

“This paper addresses important issues for the sustainability of primary community care in rural Australia. The author’s state that they present a system approach to the problem. The paper unfortunately does not match the expectations of this reader.”

Comment 1: “the paper does not delineate the structure and function of the local system”

Response 1: By “local system” we assume Associate Professor Sturmberg is referring to the EPHS itself, rather than the health system more broadly. We have not described the structure and function of the EPHS in detail in this manuscript as another published paper to which we already refer to in the text (Asaid & Riley, 2007) has done so. However, we have amended the text (original page 5) to make it clear that this information is already available elsewhere.

Comment 2: “the paper brushes over the vast number of potential problems encountered - for that matter they appear to be applicable to locations in the country”

Response 2: Without further information, we are not sure which “potential problems” Sturmberg is referring to, and we were unable to understand the second half of the comment. We have therefore made no amendment to the paper regarding this comment.

Comment 3: “what are the strategies used to make this a success, how can others learn from this? The paper does not allude to how this community approached the challenges”

Response 3: We have already emphasised the importance of community involvement in PHC service sustainability in our paper and have identified specific strategies in this regard. For example, in the Results section “community engagement” was named as a key success factor in the development of the service and this was exemplified by the formation of a working group who were involved in developing a feasible and acceptable model of practice (original page 5). Further, strong community involvement is listed as a requirement for health service sustainability (Table 1). Finally, the importance of community participation is reiterated in the section concerning lessons for policy, practice and research (original page 9). In particular, the importance of community leadership succession planning to ensure ongoing advocacy is noted.
Comment 4: “what specific aspects have been learnt, how does the ongoing evaluation specifically influence adaptation to changing environments - federal, state, local”

Response 4: Published research highlighting the outcomes of pro-active planning undertaken by rural health services (itself the result of rigorous evaluation and ongoing monitoring), provides organisations and governments at all levels with evidence to inform their decision-making with respect to policies and programs. This paper provides a succinct summary of the main lessons learned from rigorous service evaluation, showing how they impact to produce excellent, sustainable service provision appropriate to the community. Its publication is one of several means of translating this knowledge to a relevant audience.

Comment 5: “what have been the mistakes, how could they have been avoided?”

“The table is not particularly helpful delineating these issues, much of it is potentially hypothetical, and there is nothing that informs me of interconnections between various aspects - this point is particularly important for a system’s based analysis.”

Response 5: We are not aware of any specific “mistakes” that have been made in the development and ongoing operation of the EPHS insofar as they impact upon the sustainability of the health service. From the evidence we have gathered, EPHS have avoided “mistakes” by careful forward planning and taking advantage of service development and expansion opportunities as they arise. We have therefore not made any amendment in response to this comment.

We consider Table 1 central to the paper as it summarises the core requirements for PHC service sustainability, actual threats encountered, their impact on sustainability and how EPHS has actually responded to counter these. The contents of the Table are not hypothetical, but rather summarise the evidence we have gathered throughout the evaluation period via annual auditing of sentinel service indicators, community surveys, key informant interviews and focus groups, as described in the Methods. We believe we have made the evidence-based nature of the Table clear, but to avoid misunderstanding we have added the word “Elmore” to the relevant column heading to show that these were the actual responses of EPHS to threats, rather than a generic list of possible responses. We have added text following the cross reference to the Table to indicate that the material in the table is organised according to the broad sustainability requirements for PHC services and referred the reader to an article which discusses these (original page 7).

Other changes not detailed above:

Table 1 “...Commonwealth-State responsibilities...” has been changed to “...Federal-State responsibilities...” to be consistent with other text and also to be more readily understood by the international readership of BMC HSR.

Table 1 To ensure consistent terminology, we have removed the term “risks” from the table headings and replaced with “threats”.

Table 1 Minor amendments have been made to the text of the table to improve readability

Two other documents accompany this letter: a ‘track changes’ version of the manuscript allowing the changes to be seen and a ‘track changes accepted’ version, which also includes an updated reference list. We hope that you find our amendments to be satisfactory and look forward to your response.

Yours sincerely,

Penny Buykx