Author's response to reviews

Title: The Resilience of Health Systems: A framework for assessment

Authors:

Steve Thomas (steve.thomas@tcd.ie)
Conor Keegan (keegancp@tcd.ie)
Sarah Barry (BARRYS6@tcd.ie)
Richard Layte (Richard.Layte@esri.ie)
Matt Jowett (MJO@euro.who.int)
Charles Normand (Charles.normand@tcd.ie)

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Author's response to reviews: see over
Response to reviewers

The authors extend their thanks to the reviewers for their thoughtful, constructive and acute comments. We are sure that these have helped the paper.

Our responses to each reviewer are outlined below.

Reviewer 1:

Essential Revisions

1. Employment and the economy

Your point on the importance of counter-cyclical employment in the public service sector is well made. The absence of this and related points in the paper are probably due to the focus more on the health system itself and less on the economic dynamics and multiplier effects of public sector employment.

Hence we have changed the paper in several ways:

- Clarity on scope of the paper

(Inserted page 4 para 2 after 1st sentence)

“The focus of the paper is health system performance under austerity rather than on how the health system impacts the economy. The latter is important as the health system is a major employer particularly in rural areas, but this concern lies largely outside the scope of the article.”

- Limitation on portraying the cost cutting (through salary reduction and/or reduction in staff numbers) as positive

(Inserted page 6, end first para)

“In addition preserving health sector spending and employment may provide economic benefits.”

(Inserted in Discussion section)

“A key limitation of the approach is that it ignores the economic impact of public sector employment and thus, for adaptive efficiency, portrays the reduction of numbers of staff or of public sector salary levels as a good example of adaptation to fewer resources. While this may be true in terms of preserving the functioning of the health system in the short run it does not consider the economic impact of lower employment levels. These in turn will have an impact on economic activity, future taxation and the availability of funds for the health system in the future.”

2. Scarcity
We agree with the point made that bad policies created the pronounced scarcity for the health system (though you could of course argue that scarcity is endemic to all situations to some degree, which is a fundamental tenet of economics). We have amended the text of the last sentence 2nd paragraph as follows:

“Nevertheless in a time of economic contraction, when past and present taxation and regulatory policies create conditions of scarcity, some additional factors assume more importance, such as sustainability.”

3. Outputs not outcomes

Agreed. Text inserted as follows as 5th sentence in final paragraph of the Methods Section page 11

“The analysis of adaptive resilience is framed in terms of output, rather than outcome, measures partly because of data availability in the published reports and that consequent changes in outcomes are not yet evident.”

4. Need to reorientate the system

The fundamental point here, as derived from the socio-ecological literature, is that at some stage a system is unable to function properly given a loss of resources. At this stage when further adaptation is not possible or unhelpful, then that system must change to one that does function. In this case there will be a number of options for a new system. This point then is regardless of whether a new system is contract-focussed or not. Clearly different institutions with different ideologies will have different answers. The point is that transformatory resilience will be evident if the same goals can be maintained and realistically delivered through evidence-based reform and this reform can be realistically implemented

So whether moving to a contracting approach can be considered a transformatory response is an empirical one about whether it can and will under these circumstances deliver health system goals. This is partly to do with evidence base and partly to do with capacity for change and implementation.

The text, p16 final para, is therefore adjusted as follows:

“The policy claims that there is much that needs to be done to reorientate the system, including moving to a contracting model for purchasing health care. The evidence base for the specific design of reform in the Irish context is questionable (Ryan et al 2009). Regardless, the extent of change requires strong governance capacity.”

5. P14 – endnote is incorporated into the text.

“This was prior to the implementation of the “Croke Park” Public Service Agreement 2010-2014 which guaranteed no further cuts in exchange for increased productivity.”
Discretionary revisions:

- P6 - Counter-cyclicality in Latin America – text changed as follows:

  “However, this counter-cyclical funding is rarely the case. Musgrove (1997) notes the absence of a ‘counter-cyclical commitment’ when analysing the policy response of several Latin American and Caribbean countries following the 1980’s debt crisis, which was partly related to the conditionalities associated with IMF/WB loans.”

- P13 – the word ‘admirably’ has been removed
- P18 – ‘troika’ is defined

Reviewer 2

Essential Revisions

1. **Title Change**

   Agreed. A suggested new title is:

   “A Framework for assessing Health System Resilience in an Economic Crisis: Ireland as a test case.”

2. **Relevance**

   Agreed – penultimate sentence page 4:

   “It has particular relevance for the current European context or where scarcity is pronounced and economic sovereignty threatened.”

3. **“Flab is not an asset”**

   This is a fair point and one that the authors have been reflecting on. We will put this as a further limitation in the Discussion session (P19 2nd paragraph):

   “A further limitation may be that health systems which have more room for cuts, in terms of carrying inefficiency, may appear to have more adaptive resilience. While deliberate inefficiency is not optimal, it may be that very efficient service delivery is not flexible to changing circumstances. This raises the question of what does it take for a health system to be prepared in advance for a time of austerity and this needs additional research.”

4. **Evidence-based justification of policies for transformatory resilience:**

   That is a good point.

   Additional bullet point under Transformatory resilience Page 11:
• “Evidence base for reforms”

See also response to Reviewer 1 point 4 for refined text on transformatory resilience in the results section

5. Results and Discussion – separation

This has now been done. A discussion section has been included (p18-19) with reflection on the categorisation of resilience, the experience of the Irish health system and acknowledgement of limitations of the approach.

6. Harm done through austerity

This is a fair point. We have partly dealt with this in terms of our response to Point 1 from reviewer 1.

Also we have added Page 4, para 1:

“Austerity easily leads to fewer services, poorer access and more financial burden on households at exactly the wrong time.”

Discretionary Revisions

• Structural resilience

This is a very interesting idea. We particularly like the emphasis on being able to counter the pressure from external forces. Being able to resist external pressure may be good but it could also lead to the protection of vested interests, in which case resilience becomes inflexibility.

We are also not sure how it fits into the largely socio-ecological approach that we have taken in the development of the conceptual classification. Nevertheless, we are interested in the idea for future research.

Reviewer 3

Discretionary revisions

More conventional definitions of efficiency

Text changed as follows:

“Nevertheless, the core features or values of these tend to overlap and relate to allocative efficiency (maximising the impact of health promoting interventions across a broad range of activities, McGuire et al, 1994), technical efficiency (optimal combination of resources in any one activity to produce maximum output at minimum cost, McGuire et al, 1994)), equity (fairness of financing and access, especially for the most vulnerable) and acceptability/responsiveness to stakeholders.”
Usefulness of GDP within Irish context

Endnote included:

“Some commentators question the usefulness of GDP in an Irish context as a measure of economic activity given the presence of multinationals and the repatriation of profits to non residents. Nevertheless, both GNP and GDP fell sharply over this period.”

Page 13 – increased spending on HSE

Text changed to:

“proportionately increasing the allocation to the HSE, the provider of front-line services”

Page 13 – medical cards

While the public opposition did lead to a softening of the policy to remove medical cards from older people, the principle of universality was still removed and around 40,000 older people lost their medical cards. In 2013 this loss is being broadened to include a further 20,000 older people.

Page 15 - Loss of institutional knowledge

Penultimate paragraph, additional sentence:

“This may compromise performance with respect to loss of institutional memory even where services are maintained.”

Page 15: Performance metrics

Final paragraph, changed first sentence:

“Analysis of key performance metrics shows overall improvements, albeit in the short run and generally below target.”

Representativeness of Data

More specification has been added around the methods and sources (p11-12)