Author's response to reviews

Title: Optimizing patient-centeredness in the transitions of healthcare systems in low- and middle-income countries

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Responses to reviewers

We would like to thank the reviewers for their comments, which have been useful to improve our manuscript. The following are our responses to specific comments of the reviewers with references to the changes that have been made in the manuscript.

Reviewer Bart Criel

Comment

“There is however one rather fundamental "malaise" I have with the vision presented in this paper. It more or less explicitely takes the stand that patient-centred care (PCC) would be less or even not relevant in situations facing mainly/only acute health problems; and, as corollary, that PCC becomes increasingly relevant with increasing chronic cases facing multi-morbidity“

Response

We are in agreement with the reviewer’s comment. We have made changes in line with this stance as follows:

1. The title has now been revised to “Optimizing patient-centeredness in the transitions of healthcare systems in low- and middle-income countries”
2. The aim of the paper has been changed to “to formulate a framework for policymakers and health service managers to comprehend and anticipate challenges ahead of time for optimizing patient-centered care” (Page 4, paragraph 1)
3. Efforts for patient centeredness in context of acute health problems have been included: “In the meanwhile, health service managers should ensure that care is provided in a manner that is respectful to patients and their families” (Page 6, paragraph 1)
4. Sentence previously implying that patient-centeredness is only relevant for multimorbidity has been revised: “Fundamentally, people with multimorbidity need diverse care which are more coordinated” (Page 8, paragraph 2)

Reviewer Katrien Bombeke

Comment 1: “operationalize clearly described definitions“

Response to comment 1: We have now provided a more elaborated definition of patient-centered care by presenting its dimensions: “... describes it as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions [1].” IoM has also elaborated the dimensions of patient-centered care as: (1) respect for patients’ values, preferences and needs; (2) coordination and integration of care; (3) information, communication, and education; (4) physical comfort; (5) emotional support; and (6) involvement of family and friends.” (Page3, paragraph 1)

Comment 2: “more explanation of the theories that informed the framework (e.g. omran’s epidemiologic transitions, life cycle of societies, Rayner & Lang, ...)”
Response to comment 2: We have now provided further elaboration of the theories: “Societies have a life cycle [12]. Omran depicted how disease patterns evolve over time in societies, in response to, among other factors, demographic transition and economic development, resulting in an epidemiological transition [13]. Accordingly, infectious diseases and nutritional deficiencies dominate in a society which the majority of the population is young; although chronic noncommunicable diseases (NCDs) become more prevalent as the population becomes more mature, infectious diseases still prevail; NCDs predominate in an aging population. Rayner and Lang [14] more recently proposed a longer list of macro-transitions to establish a framework for ecological public health. Some of these transitions are relatively familiar to the global health community (e.g. urban, nutrition, biological), others are less familiar (e.g. cultural, democratic, energy). They assert that all of those transitions shape health and that none of the transitions should be viewed in isolation as it is their totality that is significant. This inevitably leads to complexity, but need not paralyse public health thinking and action [14].” (Page 4, Paragraph 2)

Comment 3: “review the goal of this paper: the phases as such are sufficient if only a general description is aimed for, but should be made more concrete if the goal is a 'strategic framework to navigate towards patient-centred care’”

Response to comment 3: We have now modified the goal: “to formulate a framework for policymakers and health service managers to comprehend and anticipate challenges ahead of time for optimizing patient-centered care” (Page 4, paragraph 1)

We have also added Table 2 to make the phases more concrete

Comment 4: “disentangle the concepts patient-centredness and quality health care“

Response to comment 4: We have now clarified the relation between patient centeredness and quality: “Patient-centered care is a universal necessity. The Institute of Medicine (IoM) – the health arm of the United States National Academy of Sciences - considers it as one of the key elements of high quality care” (Page 3, Paragraph 1)

Comment 5: “It should be outlined in detail what is meant by ‘patient-centredness’, and references used to support the good effects of it should also be dealing with a similar concept. (eg for ‘outcomes’ the studies referenced to, focus on doctor-patient communication in the individual interview)”

Response to comment 5: We have now provided a more elaborated definition of patient-centered care by presenting its dimensions: “... describes it as “ providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions [1].” IoM has further elaborated the dimensions of patient-centered care as: (1) respect for patients’ values, preferences and needs; (2) coordination and integration of care; (3) information, communication, and education; (4) physical comfort; (5) emotional support; and (6) involvement of family and friends. Patient centeredness has been shown to lead to better patient satisfaction; outcomes; quality of life and improved care utilization [2-5].” (Page 3, paragraph 1)

The reference on communication remains relevant as it is part of the dimension mentioned in the elaboration above.

Comment 6: “Ref 6-8 deals with ‘quality' is this the same as ‘patient-centred’?“

Response to comment 6: The references deal with quality which encompass dimensions of
patient centeredness. We subscribe to the view of the Institute of Medicine (IoM) that patient centeredness is a key element in quality care.

**Comment 7:** “Box 1: implies that ‘patient-centred care’ is ‘coordinated care’ – from this it can be inferred that interdisciplinary teamwork is accepted by the authors as a substantial part of patient-centred care? These different aspects are never clearly addressed“

Response: We have now clarified that coordinated care, hence interdisciplinary teamwork, is part of patient centeredness: “... describes it as “providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensures that patient values guide all clinical decisions [1].” IoM has further elaborated the dimensions of patient-centered care as: (1) respect for patients’ values, preferences and needs; (2) coordination and integration of care; (3) information, communication, and education; (4) physical comfort; (5) emotional support; and (6) involvement of family and friends. Patient centeredness has been shown to lead to better patient satisfaction; outcomes; quality of life and improved care utilization [2-5].” (Page 3, paragraph 1)

**Comment 8:** “Minor essential revisions: □ - some spelling mistakes, eg wawes (waves), sometimes a word is missing - source of figure 1?“

Response to comment 8: We have conducted further spell check. Figure one is original, formulated by the authors and at this stage hypothetical thus there is no external source

**Comment 9:** “Needs some language corrections before being published“

Response to comment 9: An English editor has now performed editing of the revised manuscript