Author's response to reviews

Title: Cost-effective ways to decrease inequality in health care

Authors:

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Version: 2 Date: 20 December 2013

Author's response to reviews: see over
Dear Editor,

Thank you for the most helpful feedback concerning my paper.

Please find the responses to the reviewers below.

Yours sincerely,

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Reviewer's report

Title: Cost-effective ways to decrease inequality in health care
Version: 1 Date: 13 August 2013
Reviewer: Massimo Costantini

Reviewer's report:
The manuscript “Cost-effective ways to decrease inequality in health care” deals with a very important topic. In this area of health service research any contribute that may help to better define the complex framework of inequality in health care should be welcome.

Thank you for your appreciation of the relevance of the topic and the article’s potential for enhancing clearer definition of particular areas within this complex framework.

Please find the added sentences and major changes bolded on italics.

The author, after a brief introduction, presents and discusses four areas where there are evidence that advancing equality in a cost-effective manner could be promoted. In my opinion, there are a couple of points that should be considered for improving the quality of the article.

The author should define which is the target of the discussion, there are differences in the strategies targeted to developing countries and to developed ones.

Thank you for this most important point. The primary target of the discussion is to provide a framework for increasing equality in obtaining services considered effective in a most cost-effective way referring to a previous paper by the author (Malmivaara 2013). Taking into account the word limits for the current paper - and that going further into the four areas would take space from the core of the article - I hope that referencing would suffice. However, in the seventh paragraph of the discussion the following final sentence has been added:
“The differences in the strategies targeted to the developed and developing countries should be explored.”

The core of the article is the discussion of the four levels. In my opinion for each level, the author should clearly define the level, reporting evidence supporting (or not supporting) the single points and finally report the recommendations. In the article the distinction between the opinion of the author and the evidence are not always clear.

Thank you for this valuable suggestion. As noted above, the definitions of the four levels (medical expertise, current scientific evidence, assessment and improvement of quality and benchmarking) suggested are discussed in detail in a previous article (Malmivaara et al 2013).

Making a distinction between the opinion of the author and the evidence is a most important point. I think that major part of the problem lies in the scarcity of the current evidence. Therefore I have formulated the title of the paper anew:

“On decreasing inequality in health care in a cost-effectiveness way”.

In addition, the article has been rewritten based on the new title. The focus has shifted away from taking a stance on whether decreasing inequality in a most cost effective way for each particular intervention for each particular patient leads to an overall increase (or maintenance or decrease) of cost-effectiveness of the health care system on the whole, to a question on how to simultaneously promote the two goals in an effective way.

Level of interest: An article of limited interest
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

Reviewer’s report
Title: Cost-effective ways to decrease inequality in health care
Version: 1 Date: 3 December 2013
Reviewer: Rob Carter
Reviewer’s report:
This is a well written and coherent paper that offers some useful insights and recommendations to address the topic of ‘cost-effective ways to decrease inequality in health care’. Importantly, the concept of equity is clearly defined (focus on access), and although rather narrow for some readers, is nonetheless of interest to many.

Thank you for this positive feedback.
Please find the added sentences and major changes bolded on italics.

My key comments for the author’s attention are:
i) For a paper that uses 'cost-effectiveness' in its title, there is poor coverage of the relevant health economics literature on the efficiency/equity trade-off; the current approaches; and methodological developments in this space (e.g. broadening concept of benefit to include equity; supply-side equity weights; ACE 2nd stage filter analysis; PBMA; options appraisal; multiple criteria analysis; etc.). It would have been helpful to position the contribution in the context of this literature if seeing this as a contribution to economic analysis. There is similarly a literature on priority setting in addition to appraisals of single interventions.

I thank the reviewer for pointing out this limitation. I have added a new paragraph as the fourth paragraph in the background section of the article:

“The horizontal equity principle of providing equal treatment for equal medical need [11] is employed in this article, but within this framework the focus is in those interventions considered effective based on scientific evidence or wide consensus among medical experts. The access in this article refers particularly to opportunities and not to utilization itself, as the latter can differ between population groups also due to reasons beyond the influence of the health care system [12]. The question of distribution of health across different groups of society is not considered, because the potential of health care system is limited in this respect [13]. The conceptual categories of questions regarding measurement techniques including inequity indices are not covered.”

I have now shifted the focus of the paper away from the issue on whether effectively decreasing inequality would maintain or even increase overall cost-effectiveness of the health care system. I have done this because of scarcity of the data and because an unbiased assessment of this issue would require a systematic review of its own. While doing this, I have pointed out that I do not either consider the efficiency/equity trade-off by adding as the fifth paragraph in the background section:

"The question of whether decreasing of inequality would lower, maintain or increase overall cost-effectiveness of the health care system is not considered, and therefore neither the efficiency/equity trade-off [14]. An unbiased assessment of each particular patient-intervention context would require a systematic review of its own.”

The remark on the framework’s potential relevance to priority setting has been omitted from the conclusions, as this issue would need a separate and quite extensive treatment.

Three additional references have been added:


ii) The paper seems to take the referenced literature on trust to underpin some of the arguments, without any critical review of the methods adopted (e.g. how well was adherence/ deterioration of benefit modeled in the CBA's referenced).

Thank you for this critical but constructive comment which is well taken. I think that major part of the problem lies in the scarcity of the current evidence. Therefore I have formulated the title of the paper anew:

“On decreasing inequality in health care in a cost-effectiveness way”.

In addition, the article has been rewritten based on the new title. The focus has shifted from taking a stance on whether decreasing inequality in a most cost effective way for each particular intervention for each particular patient leads to an overall increase (or maintenance or decrease) of cost-effectiveness of the health care system on the whole to a question on how to simultaneously promote the two goals in an effective way. Also one sentence has been added in the first paragraph of the summary: “However, in some cases the additional cost of tailor-made interventions for the disadvantaged may be high in comparison to benefits.”

iii) While efficiency and equity are clearly very important policy objectives, there are also other important policy objectives that impinge on interventions for minority/disadvantaged groups - such as affordability; acceptability. The additional cost of tailor-made interventions for Indigenous Australians living in rural/remote locations is an obvious example.

Thank you for widening the scope of policy objectives to other impingements on interventions for the disadvantaged. I have added the following text in the Discussion section, the second paragraph:

“Moreover, acceptability of effective services provided by the health care system may differ across population groups, and should also be considered.”
Another sentence has been added in the third paragraph of the background section:

“However, in some cases the additional cost of tailor-made interventions for the disadvantaged may be high in comparison to benefits.”

In sum, to my mind a useful addition to the literature that would have been improved by locating itself more clearly within the health economics literature. Many economists will find this a useful but rather frustrating paper.

Thank you for the encouraging words, and most helpful comments. I do hope that the paper is now better located in the terrain of health economics.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Acceptable
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: No competing interests