Author's response to reviews

Title: Public involvement in the priority setting activities of a wait time management initiative: a qualitative case study and evaluation

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Author's response to reviews: see over
This is to re-submit a revised version of our paper (#1379717633131687): Public involvement in the priority setting activities of a wait time management initiative: a qualitative case study and evaluation.

We appreciate your interest in considering our paper for publication in BioMed Central, and herewith re-submit the revised version.

We are grateful to the two reviewers. Their comments have been very instructive in revising and improving the manuscript.

Please find herewith attached a detailed response to reviewer #2 comments’.

Thank you again for the opportunity to publish this paper in BMC.
Response to Reviewers' comments

Reviewer's Comment 1:
I still maintain that confusion exists about the purpose or goal of the study and what they report here as the data collected, then go on to discuss. The purpose is stated on p.5, “to describe priority setting in the Ontario Wait Time Strategy (Ontatio, Canada) and evaluate it with particular attention to public involvement.” I think they have managed to do both; however the discussion section addresses and assumes much more. We are told that “new lessons can be gleaned from this study, such as to how to enhance the legitimacy and fairness of priority setting and where and how the public can be engaged in the decision-making”. I cannot find the data pertaining to either of these points. I cannot find in the paper anything to help me understand how or where to involve the public.

Response:
Yes. We did what we said we were going to do. Moreover, data derived from participants in our study pertains directly to legitimacy and fairness AND where and how the public can be engaged. For example: see pages 18-19, and page 21 par c.

It is not clear to us where the confusion lies.

Reviewer's Comment 2:
The data do reinforce the perceived value of public inclusion, but there is no data supporting the assumption that decisions would have been different or “better”.

Response:
Public inclusion directly addresses the key issues of legitimacy and fairness, as outlined clearly in the Introduction and Discussion.

Reviewer's Comment 3:
I do not see how this study fills the gap in knowledge of “how to practically involve the public in a wait time management strategy” (p. 30).

Response:
That is exactly what Table 4 provides.

Reviewer's Comment 4:
Next, Figure 1 does not describe the “overall schematic of the entire wait time effort in Canada” – there is a brief schematic of the Federal and one provincial initiative.
Response:
Thank you for identifying the confusion around Figure 1. We have now clarified that our intent is only to provide a schematic overview of the national wait time initiative and the OWTS as it pertains to our study – not the remaining provincial initiatives. Please see page 9 paragraph 2. This Figure was not intended to be a detailed point-by-point examination of the entire initiative, but an overall schematic as it relates to our study. As we note, when shown to leaders within the wait time strategy, they had no problem with the schematic and endorsed its accuracy.

Reviewer's Comment 5:
The statement is made, “As discussed in the introduction public engagement will bolster the priority setting of the OWTS.” Once again, where is the evidence? Is this a strongly held principle or is there data?

Response:
We have provided data to support the assumption that decisions based on public involvement would be “better” by being more legitimate and fair. Please see page 4 paragraph 2.

Reviewer's Comment 6:
The suggestions in Table 4 are generic and hard to relate to the OWTS described here. The OWTS reported here has a mixture of support for public involvement and decisions have already been made, now “public members” are going to be added to the expert panels. How will the timing affect the perception of this move? Why an “Advisory Panel” as opposed to a Citizens Panel or a panel with more than advisory power? Why is it only “citizens” that need to be educated about their responsibilities and mandate? Are focus groups the best method for ascertaining public views on benchmarks? If these and many more questions are to be answered a much more thorough referencing of the reported literature used to develop this table is needed. Perhaps that is a second paper regarding the team’s work – how they arrived at these recommendations based on their case study, knowledge exchange activities with the OWTS, the literature and how the recommendations were received. Who provided the accolades? Was the reception uniformly positive as there are people quoted in this study who are not sure that public involvement would be helpful or needed. What does that mean in terms of potential implementation of the proposed strategy?

Response:
Thank you for your comments on Table 4. Here we have given generic public engagement strategies that are tailored specifically for the OWTS. We have chosen to recommend public members on the expert panels because the OWTS currently uses
expert panels as an advisory means for priority setting; in doing so we will bring the public directly into the OWTS decision making structure. We chose the term “advisory panel” as all panels, including the existing expert panels, are advisory only. They do not have any binding decision-making power. The public panel would be no different than any of the expert panels. In order to clarify this confusion we have renamed the suggestion “citizens’ panel”. Please see Table 4. Thank you for drawing our attention to the need for education of experts, not only public. This has been put forth in our work with the MoHLTC. However, we did not make that explicit in the paper. This has been corrected. Please see revision in Table 4. We chose to suggest focus groups because the OWTS used focus groups in the past (e.g. to determine the usability of the website). They are comfortable with this method. In keeping with your helpful comments we have softened our recommendations, referenced existing examples which successfully employ similar public engagement methods, and agree that a second paper may be necessary to fully explain our operational plan. Please see modifications on page 31. We do not profess that our recommendations and lessons are appropriate for all settings. As we have stated on page 30, “The concrete steps for involving the public can be applied to most wait time initiatives.” We have provided practical suggestions for how to involve the public as outlined in table 4. The suggestions are appropriate for a strategy like the OWTS, as the strategy exists over several years and continually sets priorities.

In addition, we note that many of these are interesting, even provocative questions but, as the reviewer mentions, they may be fodder to future papers.

Reviewer’s Comment 7:
The discussion represents over interpretation of the data reported here and is not congruent with the paper. This does not mean that the whole paper is ‘bad’. This paper provides a good example of using the Accountability for Reasonableness framework to assess or evaluate public participation in the OWTS.

Response:
The Discussion is not a rehashing of Results. We believe that the Discussion identifies and comments on some of the key theoretical and strategic points raised by the Results. This criticism is vague.

Reviewer’s Comment 8:
It suggests that people implementing WTS under pressure to meet deadlines will have difficulty involving the public in a meaningful way and it suggests that this may be detrimental to the strategy in the long run. It suggests that governments were not concerned enough about public involvement to allow time and other resources for the process. It suggests that government and health sector decision makers would benefit from exposure to the Accountability for Reasonableness framework. Perhaps timing of
public involvement and certain goals for and processes of are more relevant to WTSs. It suggests that despite the research and writing about public engagement or participation or consultation and promotion of these as highly principled ways of making important decisions that the age old concerns and biases about the public (see p. 41) are still common. This may suggest that different research is needed in the future to assess interventions and learn how to overcome the barriers. All of this seems important to report in the published literature.

Response:
We note that although the public were not involved in priority setting at the outset of the strategy, the OWTS is an ongoing initiative and continues to make priority setting decisions. Thus it is appropriate to involve the public at this point. It is better late than never. Priority setting will occur throughout the longevity of the strategy. Strategies under tight time frames from governments who may not be able to involve the public at the inception of the strategy can involve the public in the remaining priority setting decisions. This viewpoint has been clarified on page 31-32.

It is unclear what the reviewer is recommending here, beyond ‘there is more that could be written in future papers’. While that may be true, this paper should stand or fall on what it does, not what it doesn’t. For your information, we have prepared another paper which identifies and addresses the barriers of public involvement.