Author's response to reviews

Title: Integration in primary community care networks (PCCNs): examination of governance, clinical, marketing, financial, and information infrastructures in a national demonstration project in Taiwan

Authors:

Blossom YJ Lin (yenju1115@hotmail.com)

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

This revised manuscript format has been revised as requested in the journal format listed in http://www.biomedcentral.com/info/ifora/medicine_journals. And the revised manuscript has been rewritten based on the two reviewers’ comments, including adding the short background introduction in Taiwan health care industry, clarifying the theoretical concepts and measurements, correcting the analytical technique, rewriting the results, and adding the limitation for this study. All revisions have been shown point-by-point responses to the reviewers’ comments in the following. Thank you for your help!

Sincerely,

Blossom Yen-Ju Lin
Revisions for Reviewer 1 (Runo Axelsson)’s comments:

1. The concepts derived from the literature review have to be better defined and there should be an explanation why they have been chosen at the expense of other possible concepts.

   **Answer:**
   The management of integrated networks has been discussed for one decade since the early 1900. Lots of practical administrators and theoretical professionals have proposed the concepts and their unique experiences in the field of management of multi-organizations. However, the complexity of structure of integrated organizations and data availability have limited the broad and thoroughly empirical researches to explore what have been done of multi-organizations and how their management mechanisms related to their effectiveness. Therefore, the author tried to conduct the study starting from the exploration of the structure of the integrated networks, that is, the integrated infrastructures to portrait what the network providers have done. The constructs (concepts) the author drew were based mainly on the points proposed on the managerial literatures about a success network management, for example, the paragraphs in the revised manuscript in Page 6-7 cited nine articles (reference 12-20) to induce the concepts of integration of governance, clinical, financial and information infrastructures. In addition, from the health policy and management perspectives, the unique concept “marketing infrastructure” in network management was also proposed in this study because of the needs for the network providers were encouraged to market their services as a new corporate identity and brand strategy (revised manuscript in Page 7, 9).

   In this study, the author examined the five constructs mentioned above from the macro organizational management perspective; however, as the reviewer mentioned, there are still some other concepts missing in this study which the author categorized as micro organizational behavior perspective such as formation of an integrated cultural atmosphere, human resources management, physician involvement, mission and commitment establishment, an so on. Because this study was focused on the issue of network management from the macro organization design perspective, the other important concepts attributed to micro organizational behavior field were expected to be explored in the future study (mentioned in the revised manuscripts in Page 17 – the last paragraph of the Conclusion section).

   The original literature part was reorganized and wordings into the questionnaire development in the Method section to lead to reach survey items under five concepts. And the survey items covering five constructs have been validated by the theoretical professionals (theoretical perspective) and experiencing network providers (practical perspective) to connect the relationship between the abstract constructs and measurable variables (i.e., survey items) [see the revised manuscript Page 6-11].

2. There is also a need to describe shortly the health care system of Taiwan, which may be a reason for choosing certain concepts like marketing infrastructure. For a European reader it is very difficult for example to understand why marketing should be an important area for coordination.

   **Answer:**
   The revised manuscript has added the extra paragraph to describe about the health care system of Taiwan (see the Background section in Page 3) and explained why the construct of marketing was emphasized in this study (see the Method section in Page 6, 7, 9) because of the unique characteristics of Taiwan health care industry including the people’s freedom of choosing health care providers and the big-hospital fallacy.

3. The description of the PCCN project on page 5 can be shortened, since most of the information is in Figure 1. The additional information on clinical specialties could be summarized in a table.

   **Answer:**
   The original description of the PCCN project has been rewritten and reorganized in the Background section (Page 3-5). The original text in page 5 (old manuscript) has been shortened in the revised manuscript (Page 5), and created a new table for summarizing the information of clinical specialties (see the revised manuscript Table 1).
4. Needs some language corrections before being publishing

Answer:
This revised manuscript has been sent to English professional for editing the language simultaneously when the reviewers are reviewing this revised paper.
Revisions for Reviewer 2 (Ingrid Mur-Veeman)’s comments:

1. The question posed by the authors should be more and better specified in the beginning. It is better to ask in what respects integration is achieved and to specify the aspects to be investigated. It is also necessary that the readers know what the authors are talking about, when they speak of integration and coordination. (in fact, they have to start with this).

Answer:
The revised manuscript has specified the aspect of integration of PCCNs in the title as “Integration in primary community care networks (PCCNs): examination of governance, clinical, marketing, financial, and information infrastructures in a national demonstration project in Taiwan”. In addition, the aim of the study was specified and clarified in the Background section (Page 5) and the Method section was following to explain what the five integration infrastructures were (Page 6–).

2. The authors should build a conceptual model, based on literature study and properly argued, so that it is clear what the research is about and why they focus on certain aspects.

Answer:
The concept in this study was built from the managerial ideas of the success of integration. The constructs (concepts) the author drew were based mainly on the points proposed on the managerial literatures about a success network management, for example, the paragraphs in the revised manuscript in Page 6-7 cited nine articles (reference 12-20) to induce the concepts of integration of governance, clinical, financial and information infrastructures. In addition, from the health policy and management perspectives, the unique concept “marketing infrastructure” in network management was also proposed in this study because of the needs for the network providers were encouraged to market their services as a new corporate identity and brand strategy (revised manuscript in Page 9).

In this study, the author examined the five constructs mentioned above from the macro organizational management perspective; however, as the reviewer mentioned, there are still some other concepts missing in this study which the author categorized as micro organizational behavior perspective such as formation of an integrated cultural atmosphere, human resources management, physician involvement, mission and commitment establishment, an so on. Because this study was focused on the issue of network management from the macro organization design perspective, the other important concepts attributed to micro organizational behavior field were expected to be explored in the future study (mentioned in the revised manuscripts in Page 17 – the last paragraph of the Conclusion section).

3. In stead of calculated averages per question, they should use scales of relevant items to measure the “dimensions”. The items should be linked to the operationalised definitions of the dimensions. This also requires validity testing of the scales (e.g. with Cronbachs alpha), that will lead to more valid, reliable and precise conclusions. The authors have to explain in the paper how they carried out the validity and reliability testing.

Answer:
The data was revised first analyzed descriptively with frequency counts (percentage) for each survey item, instead of mean in the original paper, because of the variation among the respondents may not represent the normal distribution and it might ignore the extreme values for the respondents’ answers. It could be more readable and understandable for the readers. In addition, to compare how the respondents perceived about the strength of integration existing in clinic-clinic and clinic-hospital relationships, paired-t analyses were performed for individual survey items, using the original numerical scores. (Described in Page 11-12: Analytical technique)

The information of validity and reliability testing in this survey questionnaire has been added and described in the section of Method in Page 11 (top).
4. The authors should further adapt the data in order to present the data to the reader in an acceptable, clear and informative way. For each dimension of coordination and integration mechanisms, presented under a separate sub-heading, a table with the relevant results should be presented followed by their comments and interpretation. Again, to come to a sound presentation, it is also necessary to use other methods of statistical analysis (see point 2).

**Answer:**
The original long table for describing the network integration infrastructures is divided into five subtables, named as Table 2 to Table 6, representing governance, clinical, marketing, financial, and information infrastructures, respectively. And each integration infrastructure has been presented in the sub-headings in the section of Result (Page 12-16).

In addition, to avoid the extreme scores ranked by the respondents as non-normal distribution, the frequency counting was used to be the major statistical analyses, instead of the mean method used in the original paper. That will be more clearly to portrait what the network members have done in integration infrastructures with the least bias.

5. The authors should give more, and precise, relevant information about the PCCNs in a non-confusing way. Put the figures at page 5 in a table.

**Answer:**
The background information of Taiwan PCCNs has been added including “Who launched the health reforms? What is the political and internal context? How are the PCCNs financed? Who are the stakeholders? What about the internal structure of the PCCNs?” as requested and reorganized in the first part (Background) of this paper in Page 3-5. The original Figure 1 is now reformatted into table form and added information about the clinic specialties and hospital accreditation levels (the revised manuscript, Table 1).

6. The title should be changed in such a way that it more precisely reflects the content of the paper. Also the abstract and broad concepts that are used have to be specified, especially the concepts integration, coordination, dimensions of integration and coordination.

**Answer:**
As commented, the original title has been added the specified wordings for pointed out the tent of this paper, that is, the integrated mechanisms. The revised new title is proposed as “Integration in primary community care networks (PCCNs): examination of governance, clinical, marketing, financial, and information infrastructures in a national demonstration project in Taiwan”. And the abstract was also rewritten to specify the five dimensions of integration.

7. The authors have to specify their conclusions and make them more concrete, in stead of talking about broad subjects like “...the network partners could rethink and apply the internal governance and management activities to make their network processes more smooth and efficient.” What are they talking about? Who are the network managers? What is more smooth and efficient? How to apply in more concrete terms?

**Answer:**
The wordings in conclusion have been rewritten to be more concrete. The author clearly pointed out that the readers could understand the application of this paper through the thoroughly surveyed items, the potential network design contents, listed in Table 2-6. In addition to provide how the network members have done for their initials in the early stage of network forming in this study, the detailed surveyed items, the concepts proposed by the managerial and theoretical professionals, could be also a guide for those health care providers who have willingness to join the multi-organizations. It suggests that health care providers could take more detailed looks about those surveyed items and give some possible opportunities to create the potential actions. And the author also added some possible research and managerial opportunities like “empirically explore the relative influence of these integration mechanisms on the effectiveness of organizational partnerships” in the future (the revised manuscript, the Conclusion section: page 16-17).