Reviewer’s report

Title: The variability and predictors of quality in scaled up AIDS care services: an observational study in Brazil.

Version: 2 Date: 1 July 2008

Reviewer: Hector Rodriguez

Reviewer’s report:

The authors present very interesting data related to the variability of processes and service inputs of HIV service providers in Brazil. The data are unique, very interesting and the results have potential to be of substantial interest for policy makers around the country. The authors conclude that there is high variability in HIV care processes and inputs and that these differences are problematic for HIV-infected individuals in resource constrained environments and care sites with limited access to expertise. The authors also highlight that service inputs were more homogenous than processes of service delivery, suggesting that process improvements might be made by redesigning workflows and clinic procedures. The authors, however, should rework the manuscript to improve clarity, detail important research methods, justify analytic decisions, and draw stronger linkages with previous work.

Major Compulsory Revisions

It is not clear whether resources are centrally planned in Brazil and whether the findings truly have resource redistribution implications or not. Additional discussion about resource allocation decisions in Brazil will help contextualize this.

The authors draw a fairly strong conclusion- that “it could be better for quality improvement to keep only specialized services attending many patients”. While the statement is consistent with studies assessing specialization and HIV care quality in the United States (1, 2), this study did not assess technical aspects of care and I wonder what data support this conclusion. Clarifying some of the methods and a more elaborate discussion of the policy implications could significantly improve the “take away” messages from the article.

In addition, the service indicators were scored using K-means clustering. While the validation of this technique is referenced (their previous work), it would help to summarize the final items in a table with response continuums included. For example, “patient scheduling” is vague. Is this an assessment of pre-booking or follow-up appointment booking? In addition, a statement regarding the validity and reliability of the composites would be helpful. For example, how does classification differ if different scoring methods were employed (other articles that attempt to do the same thing)? Also, for criteria that are “yes” or “no” responses, how were these scored using the 3-level scoring system (negative, neutral,
positive)?

In addition, some discussion of social desirability response bias is critical here since there may be a tendency to report more desirable systems of care. How was this threat to validity minimized during the data collection phase or analysis phase?

Minor Essential Revisions

It is clear that national programme guidelines are not prescribed, but even the elements that are prescribed appear to be nebulous. For example, what does a multidisciplinary team entail? Is there variability of team composition across sites? How is this associated with quality or important outcomes of care? (3)

The description of multiple comparisons is unclear. Was a statistical procedure used to account for multiple comparisons? Not clear what method was used…

I wonder why values presented have so many significant figures, e.g., 1.128 vs. 1.1

The discussion related to patient non-adherence is unclear. Also, the connection with the current study is not clear.

There are 2 citations numbered 25.

Table 3 is confusing. You use the survey data to categorize groups. Of course they will differ with respect to the distribution of responses. They are completely related. These aren’t related to any outcome of care.

Discretionary Revisions

Consider making Table 4 and discussion surrounding this analysis as central. It is unclear where the municipality data come from.

Graph 1 doesn’t really add much. If this is merely a replication of the findings in Table 2, consider dropping.

Consider stratifying data for respondents and non-respondents in Table 2.

References


Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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