Author's response to reviews

Title: Evaluation and Mechanism for Outcomes Exploration of Providing Public Health Care in Contract Service in Rural China: a Multiple-Case Study with Complex Adaptive Systems Design

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

We appreciate your prompt reply and the comments from the reviewers about the manuscript submitted to *BMC Public Health* (Manuscript ID 1217939435149428).

All the comments were fair and instructive, which have significantly improved the manuscript! We have modified the manuscript accordingly with the help of a native English speaking-scientist. The detailed corrections are listed below point by point.

**Responses to Reviewer 1**

1. Provide references to avoid expressing “opinions/ views” or personal experience of the authors. Examples: Page 4, lines 64-65: Page 5, lines 101-104:

   Many thanks for your important suggestions. We have complemented references to the statements concerned in the background section not limited to your examples.

2. RESULTS: avoid “opinions/ views” or personal experience of the authors.

   Provide evidence from the data / information gathered. Examples: Page 18, lines
According to your suggestion, we have added the quotes of interviewees among the statements concerned in the results section not limited to your examples.

3. DEFINITIONS (DESCRIPTION OF RULES) ARE MISSING:
The terms of the multiple actor contract (1: Local Government X providers; 2: Providers X users) are not fully and systematically described anywhere in the text. The contract between Local Government X providers is quoted on page 13, lines 357-358, but there is no description of what was being paid, for which performance of the providers. Another example is the “40%” mentioned on page 18, lines 371-374. Similarly, it is also difficult to perceive the difference between County A and the others: county A also distributes money among local providers and controls performance (according to Page 13, lines 270-273.

We are sorry for this ill-defined statement. The public health services and funding allocation should be carried out regardless of the contract service implementation. We have complemented some introduction to policies, marshaled the relationship between public health and contract service, and illustrated the meaning of contract service in the background section.

4. PRECISION OF CONCEPTS USED:
Out-of-Pocket: Page 20, lines 422-425. Needs better description: looks like a pre-paid package, or voluntary insurance, rather than OOP payment, per visit. It would be
useful for the non-specialized reader, to be precise about the meaning (and quote the reference for the chosen definition).

Page 25, line 525: Village clinics became state-owned health organizations? Or “state-contracted”?

We are aware of the ambiguity of the statements. We have added the explanation of the OOP payment in the results section. It is a pre-paid package including fee for certain kinds of drugs and some fixed service items. The statement that “village clinics have already become the state-owned health organizations” is not accurate, because village doctors are not civil servants as doctors in public hospitals. Thus, we have modified the statements concerned in background, results and discussion section to village doctors’ coming back to government management.

5. DISCUSSION

The “Discussion” should be organized around the concepts – themes that were the theoretical framework for the case-studies. Most of the context described on page 31 should be sent to the “Background”. Discussion should be based on the “Results”. The paragraph containing the lines 673-696, pages 31-32, should make it clearer that only County B has undertaken the adaptation of higher level instructions in order to provide incentives to both providers and users, and consequent improvements in the terms of the local contracts and the performance of the providers.

According to your suggestion, we have sent the statements on page 31 to the background section. Meanwhile, we have merged the results and discussion section,
which is permitted by the request of *BMC Public Health*. In this section, based on your suggestions, we discussed the results by CASs framework in three themes: agents’ interactions, contexts and its influencing mechanism, and lessons learnt.

6. ENGLISH LANGUAGE EDITING:

Various long paragraphs become dull to read as the grammatical construction is not perfect.

Many thanks for your suggestion. The structure of the long paragraphs has been rearranged.

7. TYPING MISTAKES: Page 4, line 68:

We are sorry for this mistake and have corrected it.

**Responses to Reviewer 2**

1. The paper has too many language errors to be easily read and needs to be edited by someone with better English language skills before acceptance.

   Based on the suggestions from editor and reviewers, we had made large efforts to improve the quality of written English, and the manuscript was edited by a native English speaking-scientist, and the errors throughout the text have been corrected.

2. The paper needs to be better structured with better delineation of method, results and discussion.
According to your suggestion, we have modified the structure of these sections. The introduction to complex adaptive systems has been sent to the background section. The results and discussion have been merged together with a better description.

3. The concept of a complex adaptive system is a potentially helpful framework for assessing change but it is not a method. The method was a qualitative case-study using a mixture of informant interviews and focus groups. The sampling strategy (e.g. in what sense was the choice of study centres purposive?) and analysis (how were emergent issues triangulated?) needs to better described.

We agree with your suggestion and have restructured the methods section. The sampling method of county and town level is purposive sampling, which is one of nonprobability sampling methods and is widely applied in qualitative study. We selected them based on their heterogeneity of backgrounds, such as health service quality and economic status. The reasons why we selected the four sites have been complemented, and the three sources of data collection and how to triangulate them in the analysis have been recounted in the methods section.

4. Although the first section of the results is titled pathways and outcomes, the manuscript gives a very desultory account of public health outcomes in the study areas, consisting primarily of comments by managers on the implementation of the proposed process changes. It would be much easier to be interested in the case-study
results if it was clearer what had and had not been achieved in public health terms.

This is a fair point. We have marshaled the outcomes in the results section, and deleted some concepts which had little relationship with the aim of public health services.

Discretionary revisions

The manuscript is a potentially interesting case-study of the process of implementation of health service reform in China. However, it is too long and rambling to be read by many. It could much improved by editing to reduce the length of the text by 50%

Thanks for your suggestion! We have condensed the manuscript to about 9000 words. The text body is about 7000 words which is proper for a qualitative study.

We would appreciate your consideration of this manuscript for publication in the

*BMC Public Health.*

With best regards,

Sincerely,

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