Author’s response to reviews

Title: Assessment of primary care facilities for cardiovascular disease preparedness in Madhya Pradesh, India

Authors:

Abhijit P Pakhare (abhijit.cfm@aiimsbhopal.edu.in)
Sanjeev Kumar (sanjeev.cfm@aiimsbhopal.edu.in)
Rajnish Joshi (rajnish.genmed@aiimsbhopal.edu.in)

Version: 3 Date: 29 October 2014

Author’s response to reviews:

Reviewer 1:
This is an interesting and potentially important article. With NCD interventions being planned all over the country, a systematic facility assessment of primary care centres assessing their preparedness is very important. Although the method to collect information in this study is not very strong and does not involve physical verification, it highlights important gaps that exist in primary health care facilities.

We thank the reviewer for these encouraging comments, about the importance of NCD preparedness in India. We agree that physical verification is more robust as compared to questionnaire-based method, something we have already acknowledged in the limitations (discussion section).

However my comments are as follows:
Major Compulsory Revisions:
1. Methods: I observe that both the PHCs and CHCs are compared to a common comparator (key items evaluated). I wonder if the requirements by both these health care facilities are the same. CHC’s cater to a population of 100,000 and no doubt, would require a different number of human resources and equipments compared to PHCs which caters to a population of 30,000.

We agree that the infrastructural allocation to Primary health centers and community health centers is not similar. We have revised Table 2, and have removed the column that indicated comparison between the two. We have also removed from the text any direct comparisons between these two types of facilities. (Abstract, Results, and Discussion sections)

2. Methods: It is mentioned that medical officers of 5 districts where NPCDCS has been launched and other 19 districts where it is not yet launched were
included in the study. Was there a comparison done between the results of these two groups. Launching of the programme would definitely overcome a few of the factors like equipment, drug availability or point of care supplies. If the analysis has been done and no difference found (may be because the program has just been implemented), it would be useful to mention about it in discussion/results.

We have included this comparison in first paragraph of results section, and the distribution was similar.

Availability of various facilities amongst CHCs of NCD districts (n=14) and Non-NCD districts (n=25) was similar.

3. Methods: Procedure: A facility assessment questionnaire based on IPHS for a PHC and WHO PEN guidelines was developed. IPHS standards for a CHC was not considered. Can the authors provide any reasons for not doing so.

We thank the reviewer for pointing this out. Omission of word CHC from this sentence was in error. We have corrected this error.

Minor Essential Revisions:
1. Discussion: 2nd Paragraph - last but 2nd line - 'Manger' to be corrected to 'manager'

We have corrected this error.

2. Discussion: 3rd Paragraph - Reference for the last statement not provided (As it is expected that 70% of the health budget.......)

We have inserted this citation. Reference number 16

3. Discussion: 6th Paragraph - last but 3rd line - Reference 16 (font) needs to be corrected

We have corrected this error.

4. Discussion: 7th Paragraph - 12th line - 'ceratin' should be 'certain'; 17th line - 'way' should be 'away'

We have corrected these errors.

Discretionary Revisions:
1. Discussion: Wondering if the gaps in availability of the drugs could be discussed from the aspect of essential drug list for PHC and CHC. For proper implementation of the NCD program, would the authors suggest any changes to the essential drug list.

We have addressed this in the discussion section.
2. Methods: The total number of health care facilities or medical officers in the 24 districts are not mentioned. This might be important to understand the representativeness/coverage of the study.

We have included this information in the methods section.

Reviewer 2

I feel that authors have studied an important area in Indian context. It wold be very helpful to understand how well health services are prepared to respond to NCDs as India is gearing to reorient/strengthen health services for NCD care. While I find the paper of importance in the field, I feel it needs some revision.

We thank the reviewer for these encouraging comments

Here are my comments.

Major compulsory revisions

1. The use of term "primary care" creates some confusion in this paper. In Indian context, what are referred as "community health centers" are meant to be organizations where five specialists are available and there is provision for in-patient care. They are routinely considered as first level of referral care. Authors include primary and community health centers in their study. In that context, authors need to clarify and make consistent use of the term "primary care". what do they mean by that? Are CHCs, primary care facilities? In theory, they are not but in practice, often they do (along with some referral care). Accordingly, titles needs revision and so is the text that use this term.

Primary care needs in rural India are met through PHCs and CHCs. In a health-block, CHC is usually located in a large village for which it provides primary care, and referral care for villages covered by PHCs in the same block. Hence Primary care needs of rural India are met by these two facilities together. We agree that use of term “Primary care centers” is confusing in this regard.

We have inserted a sentence in the introduction section “CHC functions as a level 1 facility for the village it is located-in, and level 2 facility for the villages catered by PHCs in the health-block. Together, these facilities are designed to meet most primary care needs…” to make this function clearer.

We have modified the title to “Assessment of primary care facilities for non-communicable disease preparedness in Madhya Pradesh, India” to make the terminology less confusing.

2. Introduction: Refer to debate in International Journal of Epidemiology triggered
by a paper by Subramanian et al about distribution of CVDs among rich and poor in India. While poor are certainly more vulnerable, you need to be careful in passing statement regarding actual distribution of diseases/burden across socioeconomic groups.

We thank the reviewer, and acknowledge that socio-economic determinants in CVD are still debatable. We have modified the introduction section to include the following sentence

“Except for smoking and low vegetable and fruit diet, most of the risk factors for CVD are more prevalent in high socioeconomic groups. However considering large proportion of population in lower socioeconomic group, It has been suggested that most of the burden of risk factors is contributed by poor and underprivileged, which puts a higher onus on public health delivery system for NCD care in India.”

We have referenced the study by Subramanian et al.

3. Methods (Participants): It is better to provide total number of PHCs and CHCs in state, of which how many were invited for workshops/training, of which how many actually came, of which how many actually responded to assessments.

We have included this information in the methods section of the manuscript.

4. Methods: While assessing preparedness of PHCs and CHCs in delivering CVD care is very important at this stage in India, I do not understand why authors are comparing the two? As they describe, these are two different levels of healthcare facilities meant to have service provisions that are different and that assure continuum of care. In general, both not being adequately prepared is an important insight but what is the logic of comparing PHCs to CHCs? Need to clarify this.

We agree with the reviewer. This was also suggested by the reviewer 1. We agree that the infrastructural allocation to Primary health centers and community health centers is not similar. We have revised Table 2, and have removed the column that indicated comparison between the two. We have also removed from the text any direct comparisons between these two types of facilities. (Abstract, Results, and Discussion sections)

5. There are too many figures. While Figure 1 is needed to give overall picture, others are either committed or moved to additional materials on journal site.

We will accept if the journal editors decide to move some figures as additional materials.

6. While authors mention that for reasons approved, ethics committee gave
waiver for the "consent". However, it would be appropriate and fair for authors to
describe what ethical concerns they anticipated and what measures that took to
protect respondents.

In order to ensure a correct reporting, and to protect participants from potential
administrative repercussions on reporting of deficiencies in the system, we
decided not to collect any personal identifiers (Name of respondent, or the
facility) for this study. Hence we requested ethics committee for a waiver of
consent. This request and the study design was approved by the ethics
committee of the Institute.

We have included the above statement in the methods section of the paper.

7. Discussion: there is repetitions of results in this section that shall be avoided. It
is advisable to limit the discussion sections around the findings: what are
implications (in this case, on healthcare services and their future
planning/strengthening). That would bring focus in this section. For example,
data does not say anything about refferel system so why to make
recommendations on that in this paper (5th para), general statements on how
disease-condition specific initiatives improves health services (3rd para) - this
indeed is important to discuss but authors' stand is debatable. There is a lot of
literature demonstrating how disease-condition specific initiatives could harm
general health services by drawing resources, creating vertical administrative
structures and further fragmenting services. At the same time, these could be
entry points to strengthen routine health services. So good to reflect on how
CVD/NCD programs might impact routine health services. This section needs
overhaul - minimise repeteting results, develop focus by limiting and linking with
findings, avoid generic statements, discuss limitations.

We thank the reviewer for these critical inputs. We have revised the discussion to
make it more focused, and relevant.

8. Some issues need to be mentioned in limitations part. Importantly, mere
availability of medical equipments do not assure functionality. For example,
glucometers need strips and both need to be available at same facility that in tun
needs trained health worker at that place. The assessment (at least data
provided in paper) does not necessarily reflect functionality for most parameters.

We agree that functionality is more complex as compared to availability. We were
able to capture availability, and not being able to capture functionality remains a
limitation of this study, which we have acknowledged. Functionality assessment
can be performed by site-visits, which are part of an ongoing work.

Minor essential revisions
1. The study is about assessing preparedness of health facilities largely for CVDs and also including some of its risk factors. Consider whether you would like to be specific in your title rather than saying NCDs. While care demands are same, the way authors have assessed preparedness (in terms of medical equipments, diagnostics, medications etc.), preparedness for NCDs becomes a larger scope than that of CVDs.

We have revised the title to increase focus on CVDs, which are a key component of NCDs.

Discretionary revisions.
2. There needs to be careful editing of the manuscript (especially look for unnecessary capitalization, use of unnecessary short forms or short forms without expansion at its first use, use of different terms to mean the same thing, long sentences affecting clarity and readability, repetitions in text, inconsistency in citations (esp. in-text ones) etc.

We have improved upon the language, grammar, readability; we thank the reviewers as their suggestions have significantly improved this revised version of the manuscript.