Author’s response to reviews

Title: A systematic review on the use of healthcare services by undocumented migrants in Europe

Authors:

Marjolein Winters (mwawinters@gmail.com)

Bernd Rechel (bernd.rechel@lshtm.ac.uk)

Lea De Jong (lcb.dejong@student.maastrichtuniversity.nl)

Milena Pavlova (m.pavlova@maastricht.university)

Version: 1 Date: 06 Dec 2017

Author’s response to reviews:

Response letter

A systematic review on the use of healthcare services by undocumented migrants in Europe; Marjolein Winters, Bernd Rechel, Lea de Jong, Milena Pavlova

Dear editor,

We appreciate the helpful and constructive comments from the reviewers. We have revised the manuscript in line with their suggestions, as detailed below. We have also indicated the changes as Track Changes in the revised manuscript. We hope that the manuscript can now be acceptable for publication.

Yours sincerely,

The authors
Reviewer 1 – Allan Krasnik

Methods

1. The exclusion of studies only demonstrating barriers to access seems to reduce the potential of the review for identifying how best to improve access to and utilization of care.

Our focus on the use of healthcare services by undocumented migrants took into consideration the types of reviews available, as a number of reviews have explored barriers to access to healthcare services by undocumented migrants. We had established this when performing an early search, which did not yet focus on service utilization. This is explained in the background section. Nevertheless, we have cited studies on access to healthcare by undocumented migrants in the introduction and discussion sections of our manuscript (ref. nr. 3 – 5 – 6).

2. The method section is clear and the procedures transparent, but it might help to make it more clear when the text relates to quantitative studies and when it describes the qualitative studies (line 170-180).

We agree and have added the clarification ‘quantitative’ (lines 170 and 176).

Results

3. In the section on primary health utilization (and in table 3) expressions like low utilization (line 189) and underutilization (table 3) are used. However, it is not clear what is meant by these terms. Low in comparison to which groups? Low in relation to needs? "Low registration" with general practitioners (line 193) is presented in comparison to "the native population" - so here it is more clear, however the term "registration" can be misunderstood: meaning that the patients are registered on the list of patients of the GP or registered with one or more visits/consultations. Please, clarify.
Low utilization and underutilization:

We agree and have clarified that the studies use the comparator population of documented migrants. The studies refer to ‘higher healthcare demands’, ‘higher needs of healthcare services’ or ‘severe healthcare needs’ of undocumented migrants. Please find the revision in lines 189.

Low registration rate:

The studies use the following indicators:

Ref 16: “consultation of GP”
Ref 17: “GP contacts”
Ref 18: “contact with GP’s”
Ref 19: “UM contacted their GP significantly less often than DM”

We have revised the text in lines 192-193 and 303-304.

4. The following text (196-200) provides absolute numbers - but this is really not very informative without knowing the possible number of undocumented migrants in the uptake area - or even just the number of other types of patients in order to understand the proportion of undocumented migrant patients within the services.

We agree and have provided unofficial estimates of the number of undocumented migrants in Italy in lines 199-200.

5. The same could be said regarding the text on homeless undocumented migrants (line 207-210).

We agree and have added an estimate of the number of homeless people in Italy in lines 207-208.
6. The term "infrequent" prenatal care (line 215) is not defined (according to the norms or compared to other groups)?

We agree and have added the comparison group and a definition of infrequent prenatal care in lines 216-219.

7. Line 220 mentions differences between legislation and practice, however, nothing is explained regarding the kinds of differences and therefore not very informative.

The explanation for the differences between legislation and practice may be interesting (it can help designing solutions to ultimately improve access to healthcare for undocumented migrants), but this explanation is indeed more suitable for the discussion section (lines 326-343) than the results section and we have moved it there. We have instead added another finding (lines 224-226) referring to further mental healthcare.

8. One study has shown correlation between utilization and education. Which direction? We may guess, but a clear statement is better.

We agree and have added information on the direction of the correlation as well as other factors in lines 281-284.

9. The quality assessment (line 283-86) seems to cover all studies - however controlling for selection and information bias is probably only issues in the quantitative studies? Please, clarify.

We agree and have added information on the rating of qualitative or quantitative studies as ‘fair’ (lines 293-295).
Discussion

10. ‘more clear when the text relates to quantitative studies and when it describes the qualitative studies’. The same could be said about parts of the discussion which relates to the methodologies of the studies.

We agree and have added information on the type of studies in the discussion section (lines 301, 302, 304 and 306).

Reference number 14 (quantitative study), 23 (quantitative study), 24 (quantitative study) and 32 (qualitative study) (line 317) are mixed, so no adjustments have been made for this line.

11. A few issues are a bit unclear (similar to the results): "Low registration rate" (line 294), and "gap between entitlements and utilization" (line 311). Adjusting for confounders is obviously only relevant for quantitative studies (line 351).

We agree and have clarified the text. Low registration rate has been replaced by consultations and contacts (line 303).

With regard to the gap between entitlements and utilization, we revised the text in lines 327-328. An addition has been placed in lines 334-337, focussing on the perspective of the healthcare practitioner.

Reviewer 2 – Manfred Maier

Results

1. The statement by the authors that "the care received by migrants was (many times) inadequate" deserves more details in the methods and results. Was that the subjective opinion of
the participants in the respective publications? In what way was the care inadequate? Is this result representative? Etc...

We agree – a similar observation was made by Reviewer 1. Our responses to points 3, 6, 8 and 11 of Reviewer 1 explain our revisions to the manuscript to clarify in which way care was inadequate or not on par with care provided to other population groups.

Further revisions have been added in lines 252-255 to illustrate how care was inadequate. We have also added the word “cross-sectional” in lines 248-249 and “cohort” in lines 250 and 252, so that it becomes apparent to the reader that these were quantitative studies.

Methods

2. The statement by the authors that "the care received by migrants was (many times) inadequate" deserves more details in the methods and results. Was that the subjective opinion of the participants in the respective publications? In what way was the care inadequate? Is this result representative? Etc...

Please see our previous response.

Discussion

3. In some political statements in Europe the message is transported that migrants in general are overusing the systems of social and health care. I think the authors should comment in the discussion on this discrepancy between political opinion and scientific data.

We agree and have added some illustrative information from the United Kingdom on public misperceptions about migrants in lines 337-343.
4. May be the authors should consider referring to the results of the EURHUMAN project (http://eur-human.uoc.gr/wp-content/uploads/2017/05/D3_2_Final_synthesis.pdf)

We are grateful for this additional source and have added it in the discussion of the gap between entitlements to healthcare and utilization in lines 334-337. We have also provided further information on differences in legislation between countries in 2017 in lines 321-325.