Author’s response to reviews

Title: Qualitative Analysis of National Documents on Health Care Services and Pharmaceuticals’ Purchasing Challenges: Evidence from Iran

Authors:

Peivand Bastani (peivandbastani@hotmail.com)
Mahnaz Samadbeik (mahbeik@yahoo.com)
Rassoul Dinarvand (dinarvand@tums.ac.ir)
Sara Kashefian-Naeini (sarahkashefian@yahoo.com)
Soudabeh Vatankhah (vatankhah_s@yahoo.com)

Version: 1 Date: 07 Jan 2018

Author’s response to reviews:

Dear editor in chief

First and foremost, we are very thankful for careful revision of our manuscript entitled “Qualitative Analysis of National Documents on Health Care Services and Pharmaceuticals’ Purchasing Challenges: Evidence from Iran” in BMC journal of health service research. The followings are authors’ answers to the reviewers that are highlighted in the revised version of the manuscript point by point.

Reviewer 1

1. Abstract: need a clear objective and please refer to the main text - Research question.

In abstract section a clear objective is defined with refer to the main text and the research question. [See page 1 of the revised manuscript.]

2. Background - pg 3 - last para - line 51-59: if can make into 2 sentences

In the background section in pg 3–the last paragraph is paraphrased into 2 sentences and becomes shorter. [See page 3 of the revised manuscript.]
3. Method section - create subsections according to Qualitative Research Methodology - e.g. Design, Data collection, Validation method etc - this will help readers to follow through

Subsections are created in the method section according to Qualitative Research Methodology as follows: Design, Data collection, Validation method and data analysis. [See page 4-7 of the revised manuscript.]

4. The period of study 2007-2014 - why this period?

As we want to have a comprehensive overview to the topic, we chose the period of 2007-2014 because many health care problems such as increasing in out of pocket payments were occurred in this period in the country and also most of the laws and legislations and policymakers' attentions were focused on the problem of financing, resource allocation and purchasing by the insurance organizations in this piece of time. [See page 3 of the revised manuscript.]

In this area please see these references:

a) Health Sector Evolution Plan in Iran; Equity and Sustainability Concerns. Int J Health Policy Manag 2015, 4(10), 637–640.

b) Plan and road map for health reform in Iran. BMJ 2015;351:h4407 doi: 10.1136/bmj.h4407

5. Discussion - include study limitations and study recommendations

Study limitations are presented at the end of discussion. Study recommendations are presented in appropriate parts when we discuss the findings. [See page 13 AND 14 of the revised manuscript.]

Conclusions - move limitations into Discussion; ensure the conclusion section is just focusing on the concluding remark based on the study objective and research question.

Conclusions – we move limitations into discussion part. We try to re write the conclusion in order to ensure the conclusion section is just focusing on the concluding remark based on the study objective and research question. [See page 14 of the revised manuscript.]

6. References - check for consistency e.g. the use of capital vs small letters of article's title.
We check the references for consistency e.g. the use of capital vs small letters of article's title. [See page 15 of the revised manuscript.]

Reviewer 2

(Title and) abstract:

I wonder if the authors could find another verb than purchasing to cover the content and the analyses done - and rather use a range of terms: prioritizing, coordinating etc. to better illustrate for the reader the aim and the content of the paper. This issue goes for the entire article. Perhaps you could mention how many documents were included in the analysis.

As we clarify in the revise version of the manuscript (the initial sentence of the background), purchasing is a technical term that the World Health Organization and the World Bank was used for procurement of interventions by insurance organizations or resource allocation and purchasing agencies from different health care providers. So as you see it is completely different with the terms prioritizing, coordinating etc.

The number of documents were included in the analysis is mentioned in the method section. [See page 6 of the revised manuscript.]

Background:

Background: I find the first two sentences difficult to understand (line 75-78) - partly again because of the use 'purchase’ but also what does 'accumulated income in financial fund’ mean?

The first two sentences are rewritten and presented in a more technical format, as you know “purchasing” is the main mechanism that is done by RAP agencies. This technical concept is used by the World Bank and it means that insurance companies are responsible for collecting the resources, pooling them and then allocating them to health care providers for purchasing and procurement of related health services for their insurers. [See page 2 of the revised manuscript.]

Line 82 - could you provide an example of what strategic purchasing might be?

We present two different methods of healthcare purchasing (passive and strategic) and try to clarify each mechanism applying the World Bank references (reference 4). [See page 2 of the revised manuscript.]

Line 88-91 - could you explain in more basic language what this section means?

We try to explain the first third paragraphs in more basic language. [See page 2 of the revised manuscript.]
Line 92-94 - You write that in some countries providers are separated from other organizations such as governmental - what are the positive or negative effects of such a relationship?

We try to clarify the necessity of separation of providers from governmental purchasers or third party insurers for implementing strategic purchasing, otherwise supplier induced demand may raise and the power of insurer negotiation and purchasing may decrease. [See page 2 of the revised manuscript.]

Line 95-98 - can you re-write the paragraph - I simply don´t understand it

Can you provide some information about the basic organization of health services provision and funding behind it in Iran right now (including the system of health insurance and how many Iranians are covered by which type of health insurance) - otherwise it´s very difficult to understand the paper (there is a bit in line 99-100 - but more is needed).

We provide some information about the basic organization of health services provision and funding behind it in Iran right now (including the system of health insurance and how many Iranians are covered by which type of health insurance). [See page 2 of the revised manuscript.]

Line 102-105 - please rewrite the paragraph - I don´t understand it

It is rewritten as follows: “continuing this situation, may lead to decrease in resources and lower quality services procedured by insurance organizations and this faulty process will lead to the role of insurance causing a decline in the fair participation in providing financial resources for the health services

Line 107-110 - can you explicate what the exact problems are with insurance companies briefly mentioned in this paragraph

We try to explicate what the exact problems are with insurance companies briefly mentioned in the paragraph.

Line 113 - why is an increase of number of service providers based on training additional human sources a problem and what does training additional human sources mean?

The mentioned part is omitted and we clarify and shorten the whole paragraph as follows: “Rising in insurance organization costs, lack of appropriate referral system, lack of service integrity in different treatment levels, serious problems in payment system to service providers, the purchase of similar services with different tariffs, emphasis on the use of modern technology and expensive ineffective drugs, lack of clarity in the relationships among producers of health services, providers, policy makers, supervisors and service purchasers, attempts of service providers to change implicit needs to explicit demands and high out of pocket payment by the insurant are considered as the other Iranian insurance companies` challenges”.
115 - What does lack of service integrity in different treatment levels refer to? - and likewise line 121 what is the problem with the insurance coverage?

Line 115- Lack of service integrity in different treatment levels refer to the lack of comprehensive and acceptable guidelines for treatment. In Iran guidelines are not customized and applied for treatment and physicians are those who decide and choose the treatment for their patients and the insurance organizations just reimburse their payments after their prescription.

Line 121- Although Iranian statistics show about 90% of the population has insurance package because of overlapping the insurance companies and lack of integrated system, some people have insured by two organizations and many of them have no coverage.

Line 133-139 - could the sentence be shortened and content clarified - for example - what does 'drug section' refers to?

We try to shorten the last paragraph of the background and clarify the content. [See page 3 of the revised manuscript.]

Methods:

Line 161-169 - please specify how you think the selected types of formal documents can lead you to identify present challenges in the health care system? (a law for example may explain the system but does not say which challenges a certain system encounters in practice!)

As you considered, we did not include laws as the only document for extracting challenges in practice, we see all the laws, legislations, formal documents and reports retrieved from the mentioned websites and libraries and after passing 4 steps of Scott method analyzed them in an implicit and explicit manner to achieve the research question.

Line 182 - should it be 'insurance companies' instead of 'insurances'?

'Insurances' is replaced with “Insurance companies” Line 182. [See page 5 of the revised manuscript.]

Line 193-194 - what is meant by 'personal and organizational benefit' - and why could these types of documents not be included in the analysis?

Line 193-194–we use “personal and organizational conflict of interest” instead of 'personal and organizational benefit' to clarify our meaning. As you know conflict of interest is an important topic specially in qualitative research and in this way we try to eliminate it. [See page 5 of the revised manuscript.]

Line 210-230 - I understand you had a structured process developing codes of the included documents but what type of interpretation took place in order to understand occurring challenges
in the health care system - were documents compared? - and what sort of pre-understanding did you have of what defines a challenge in 'purchase' of health services in order to recognize one in the documents?

Line 210-230 – As we described in the explicit approach we only went through the frequency and repetition of the words and for the implicit one, we use 5 steps of framework analysis first reading the data and become familiar with it, then with the help of the mentioned key words we use in the search step and the researchers concept of the problems, we develop a framework for each document (One of the researchers had many articles and researches in this scope), then we find and highlight all the meaningful units in each document and choose the appropriate codes, then these codes are reviewed and we reach to the main categories and tabulate them and at the last step, the tables were integrated and merged and sub themes and themes like all other qualitative analysis were found. [See page 7 of the revised manuscript.]

Results:

Line 240-244 - what is the problem with this finding that insurance companies follow tradition supervision programs (and what does it mean to follow such programs?)?

Line 240-244 - The identification of the best providers/suppliers of services follows traditional supervision programs without any potentiality for ranking the best suppliers by the insurance organization and also no power for the organization to bargain, negotiate and contract with the best selected supplier. This correction is occurred in the body. [See page 7 of the revised manuscript.]

Line 249 - what is the meaning of this website in the middle of the sentence? - and why do these not include villagers and nomads? - What is the problem that it's not mass purchased?

Line 249 – we omit the website and now there is no website in the middle of the sentence!

We mentioned that according to the results, only the villagers and nomads insurance fund (it is a part of Iran Health Insurance Organization) use a mass purchase mechanism for procurement of services and the other insurance organization just reimburse the payments related to the prescriptions that occurred retrospectively.

Line 252-254 - please specify what is scattered - and what does it means that there is a lack of concentration in supervision system? and who carries out their evaluation and control?

Line 252-254 – we specify and change the paragraph as follows: These providers spread out all over the country and Ministry of Health and Medical education suffers an inefficient system for their evaluation and supervision, because of the lack of applied policies, inappropriate
mechanism for monitoring them and concentrating the duties of policy making, controlling and evaluating processes in the same units. [See page 8 of the revised manuscript.]

Table 2. Several of the findings in this table seem to be the exactly same ones as the challenges mentioned in the introduction - how can that be? (hence again - how did you carry out the analysis?)

As you know, we review the literature and pointed to some of their findings in the background section and obviously some of their findings are related to the challenges and problems in Iranian context of health care system and resource allocation and purchasing. As you considered, we analyze the documents, reports, laws, legislations and policies in this regard and the present results confirmed the results of the previous studies in some cases, furthermore it seems that the present qualitative document analysis method can triangulate the other studies which did not use the same method as ours.

Line 278 - you refer to the requirements of society - what are those?

Line 278 – we clarify the “requirements of society…” by pharmaceutical requirements of the poor and vulnerable people. [See page 10 of the revised manuscript.]

Line 280 - what kind of ethical risks are you thinking of?

Line 280 –282 we replace “ethical risks and reverse choice” with the technical term of moral hazard and adverse selection.

Line 280-282 - I don’t understand how reverse choice leads to favoring a few people - please rephrase?

We re-phrase the sentence and put the technical expression of health economics the same as moral hazard and adverse selection instead of ethical risk and reverse selection.

Line 290-291 - what type of pressure by providers do you refer to - and why is that a problem?

Line 290-291 – we clarify the sentence as follows: Exerting pressure by providers of services and pharmaceuticals is another principal challenge of this theme, in another words, because of the lack of accepted official guidelines, providers like physicians have the power to prescribe those pharmaceuticals and services that they prefer because of the brand loyalty or sometimes their personal benefits but without any confirmed cost-effectiveness indexes or approved evidences. [See page 10 and 11 of the revised manuscript.]

Line 291-294 - why is it a problem that a great amount of the costs are used for medicine - and how is that related to the Oil Company and ‘supplementary insurances’?

Line 291-294 - A great amount of costs of basic insurance organizations is spent on pharmaceuticals and medical equipment. It can be a problem when we consider that a great
portion of this amount is allocated to antimicrobial medicines. Some of them are prescribed with no indications the same as those are used as prophylaxis and those prescribed irrationally. Biopharmaceuticals and OTCs that are usually considered as brand medicines are the other costing center in this area. [See page 11 of the revised manuscript.]

Line 291-294 We clarify in the body that Oil company is a minor insurance company in the country that insured its own clerks and staffs. Also we clarify the mechanism of the 'supplementary insurances' and what supplementary insurances covers.

Line 317-319 - If discussing purposefulness of subsidies then this result should also be described in the result section. How can subsidies bring about more appropriate preparation?

Purposefulness of subsidies is presented in table 2 and also in the related part we discuss it in the body. In another words, “purposefulness of subsidies” is considered as the fourth sub theme of policy making challenges. It is considered in table 2 in result section. We describe that for a developing country as well as Iran subsidiaries must be allocated to purchasers instead of the health care providers or patients to achieve the maximum level of access and equity. [See page 12 of the revised manuscript.]

Line 295-296 - what does 'lack of ranking of pharmaceutical supplies' stand for?

We clarify 'lack of ranking of pharmaceutical supplies' and the consequence of this challenge.

Discussion:

I think the discussion is too long - rather than discussing practically every finding from the result section, I think the authors should select and prioritize the most important of these and then discuss them more in depth

We try to make the discussion section shorter (from 1730 words to 1457) also we try to discuss the main findings in depth in five main aspect of Policy-making, executive, intersectional, natural, legal and informational challenges. [See page 11 of the revised manuscript.]

Line 317-319 - If discussing purposefulness of subsidies then this result should also be described in the result section. How can subsidies bring about more appropriate preparation?

Line 317-319 – “purposefulness of subsidies” is considered as the fourth sub theme of policy making challenges. It is considered in table 2 in result section. We describe that for a developing country as well as Iran subsidiaries must be allocated to purchasers instead of the health care providers or patients to achieve the maximum level of access and equity. [See page 12 of the revised manuscript.]

Line 341 - what is 'openness of demand section'? 
Line 341 – We clarify 'openness of demand section' as “…. has mentioned that the demand of the patients and induced demand toward suppliers are determinant factors for purchasing services instead of the community real needs and evidence-based guidelines. [See page 12 of the revised manuscript.]

Line 344-347 - what is the 'rural family physician proposal' - and what has that to do with the previously stated challenges?

As we told lack of referral system is an executive problem, rural and urban family physician plan would be a solution in decreasing the problem but in this regard evidence shows these plans do not have enough efficacy. [See page 12 of the revised manuscript.]. We clarify as following:

Line 344-347- "Lack of appropriate referral mechanism is another challenges in insurance system in the country 2. Although from the year 2005 the rural family physician proposal for all villages and from 2011 the urban family physician proposal were piloted for Fars and Mazandaran provinces as a referral system, evidences show that not much success has been achieved in solving executive problems of insurance organizations."

Line 366-367 - what is 'reversed selection outbreak', and 'radar syndrome’?

Line 366-367 We replace 'reversed selection outbreak' with the technical word of “adverse selection” and we explain 'radar syndrome' as follows: lack of following people by a referral system and just providing services at the time of illness. [See page 12 of the revised manuscript.]

Line 395 - what is meant by the 'drug service packages are superficial’?

Line 395 - 'drug service packages are superficial' is clarified as follows: drug service packages do not have enough coverage. [See page 14 of the revised manuscript.]

Conclusions:

Line 430-435 - introducing recent health policies in the conclusion I think it’s misplaced - please transfer to discussion.

Line 430-435 – We rewrite the conclusion part according to the main results and objectives. [See page 14 of the revised manuscript.]

Line 442-446 - limits should be moved to the discussion section

Line 442-446 - limits moved to the last paragraph of Discussion section in . [See page 14 of the revised manuscript.]
At the end, we try to re-phrase the paragraphs and sentences with a semi-native approach, and try to edit the manuscript technically and grammatically. If the journal publication center and the editor think that it needs further revision and edit, we welcome the BMC editing facilities.

Regards