Author’s response to reviews

Title: Older multimorbid patients’ experiences on integration of services: A systematic review

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Older multimorbid patients’ experiences on integration of services: A systematic review

The authors thank the reviewers for their valuable and constructive comments. Revisions and changes have been undertaken to satisfy the reviewers’ comments. The points correspond with the comments made by the reviewers.

We hope that we have adequately dealt with the reviewers’ comments and that the manuscript can now be accepted for publication.

Best regards

Lilian Keene Boye
We thank the two reviewers for their valuable comments and input to a revision of the manuscript.

Reviewer reports:

Anders Beckman (Reviewer 1): This is a systematic review of (mostly) qualitative papers in an area of potentially great importance and as such interesting to read, although it is unclear how the quantitative paper is used in the review, please explain.

• We thank the reviewer for this comment and agree with him and we have now clarified how the quantitative study was used in the review. (Data Extraction section, page 7, line 149-150)

The authors describe their approach very good according to the PRISMA guidelines and their findings.

However, I do have a concern about their use of the concept "continuity of care" and the setting for the different papers:

The concept of continuity of care is, as the authors declare, subject to different definitions and terms. It is unclear to me which definition the authors use.

• We agree with the reviewer and thanks for the comments and we have now made it more specific how we define “continuity of care”. (Background section, page 3, line 64-65).

Regardless of definition, the more continuity, the better for patients. This aspect is not mentioned clearly in the background and therefore the heading in the results (Continuity of care) is not clear.

• We agree and we have added this aspect into the background section (Background section, page 4, line 69, 74, 87-90). We thereby hope that the heading Continuity of care in the result section is clear.

Further, as the authors themselves mention the importance of health care systems but do not give any information regarding the reviewed papers setting regarding the system settings for the papers, it is unclear whether this is a phenomena that applies to primary or secondary care or both or more.

• Thanks to the reviewer for this comment. The system settings of the papers are now included in table 1, and elaborated in the result section, page 8, line 184-186.
Lina Maria Ellegård, Ph.D. (Reviewer 2): The paper synthesizes results from a literature on multi-morbid patients' experience of integration of care. The topic is timely and important, the methods are well-described, and the authors provide a thorough discussion of the study limitations as well as of the policy implications of the results.

I have two main concerns about the paper.

First, I find the definitions of integration of care and continuity of care are unclear, which makes it hard to understand the main object under study: is it integration, continuity, or both? Do the authors view these concepts as interchangeable?

In the introduction (manuscript lines 66-87), the authors discuss the different interpretations given to the notion of "continuity of care", and end with noting that they are going to study a simple definition of continuity. However, it was not clear to me what definition of "continuity of care" the authors adopted.

- We agree with the reviewer and thank the reviewer for the comments and we have now made it more specific how we define “continuity of care”. (Background section, page 3, line 64-65).

Neither did I understand how the authors viewed the definition of "integration of care", or the relation between the two concepts. As these are central notions in the study, the authors need to revise the introduction to clarify their definitions of these concepts and how they view the relation between the two concepts.

- We agree and have elaborated the definitions and why and how we use integration of services, and how we view the relation between the two concepts. (Background section, page 4, line 69,74, 84-90)

Second, although I believe that the authors have made a reasonable synthesis of themes covered in the studies' interviews, I am left unsure whether the concerns raised by patients reflect their opinion on integration/transition in general, or whether patients were reflecting on their general care experience. For instance, on lines 221-222 it is stated that "patients experienced integrations of services as successful when they had convenient access to their health care providers". Given that "convenient access" appears as a determinant of general patient satisfaction with care, irrespective of integration and continuity, I would like the authors to clarify that this and other statements were expressed in a situation when the interviews actually concentrated on integration of care etc. (In a nutshell: were they really talking about integration?)

- We thank the reviewer for this comment and agree with her, we have elaborated the inclusion criteria, how we did the thematic synthesis and that the studies focus on the perspectives from the patients, within the health care system they navigating within. (Methods section, page 6, line 134-136 and page 7, line 154-156) (Results section, page 8, line 184-186)
More generally, given that the review only included 9 studies, it should be possible to describe more clearly what the study goals were and what themes the interviews covered. Were the interviews specifically centered on integration, continuity, and or general patient satisfaction? Did all studies look at transitions between hospitals and other providers? Apart from elaborating more in this in text, it might be possible to add an extra column in table 1 title "Study objective" or something similar.

• We agree in this comment. The study objectives of the included articles are now added in table 1 and elaborated in the text. (Methods section, page 7, line 154-156)

Minor comments:

* The authors should attach a list of the excluded articles.

• Thanks for this comment, we do believe it is not common to add at list of excluded articles, but we have added that a list of excluded articles can be provided, by a reasonable request, from the corresponding author. (Declarations section, page 16, line 357-358)

* In the section Literature search, it would be convenient if authors described the publication years of the included study, to give a sense of the period covered.

• We thank the reviewer for this comment. The publication years of the included studies are now added in the text. (Results section, page 8, line 183-184)

*A few small language errors:

** rows 25-26: reads "The objectives of this review were to synthesis", should read: "... were to synthesize"

** row 27 reads "and to identified barriers towards continuity", should read: "...to identify..."

**row 80 reads "quality of live", should read "quality of life"

• Thanks to the reviewer for pointing out the small language errors and we have now corrected them in the text.
Other changes:

• We have made Table 1 into a landscape letter table and thereby it is possible to have it in the article instead as an additional fil. (Result section, page 9, line 188-195)

• The references have been adjusted.

Sincerely

Lilian Keene G. Boye

PhD Student, MScPH, RN.