Author’s response to reviews

Title: Quality of health care for refugees - a systematic review

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Author’s response to reviews:

Dear Editor Eva Szunyogova

Please find attached our revised manuscript: Quality of health care for refugees - a systematic review (IHHR-D-18-00129). We appreciate the opportunity to revise our manuscript; thereby the comments of the reviewers were very helpful in order to improve the clarity of the paper. Our responses to the comments are given below. We hope that this revised version can contribute to the contents of BMC International Health and Human Rights.

Sincerely

Katja Goetz on behalf of all authors

Reviewer reports:

Edward Ng (Reviewer 1): This paper highlighted results from a systematic review of international quality indicator (QI) databases on health care for refugees, supplemented by a search in reference lists and grey literature. Results showed that main topics identified pertained to reproductive health, health care services and health status, and most indicators related to outcome and structure, less so for process. This is an informative piece of work reviewing the QI developed for health care for refugees. The application of Donabedian dimensions of health care
indicators, in terms of structure, process and outcome quality is useful. This reviewer wants to highlight a few points for improvements.

First, the urgency of this topic for refugees in recent years relates to the tremendous increase of refugees internationally, due to crisis in Syria. This article can be contextualized more appropriate in this context.

[Response]

Thank you for this suggestion. In our review we did not concentrate us of one population.

We added following sentence within the Background.

“Most refugees were from Syria and over 6.3 million people fled from war [4].”

Second, international and national indicator databases were used, but in some circumstances, databases at the state or provincial levels could be more appropriate. In the case of Canada, Canadian Institute for Health Information (CIHI) is just beginning to examine health equity issue by selected characteristics, such as ethnicity, and immigrant status, that may include refugee status. Other institutes at the provincial level, such as the Institute of Clinical Evaluative Sciences in Ontario and other provincial research units have been doing pioneering work on refugee health care and health outcome research. It would be important not to miss their research work on refugee cares. Did the mentioned manual search of grey literature and the additional search through PubMed, and the Cochrane Library and Web of Science cover these valuable work at the provincial level in Canada? I imagine the same may occur in other countries.

[Response]

Within the Method section we listed different institutes which provide QI databases. We included the Canadian Institute for Health Information but with the search term no indicator was found. It could be that the search term should be adapted for searching in databases of institutes.

Therefore, we added within the Discussion especially the limitations following statement:

“Moreover, because of the clear defined search strategy it could be that some institutes on provincial level in different countries like the Institute of Clinical Evaluative Sciences in Ontario, Canada showed no QI for health care of refugees.”

Moreover, we added more information about the additional search of grey literature as follow.
“Furthermore, an additional manual search of grey literature with “Google Scholar” was conducted in June 2018. For this search the terms “quality indicator” AND “refugee” OR “asylum seeker” were used. Additionally, we scrutinized reference lists of included studies and relevant reviews identified through the search.”

Last but not least, the sentence on lines 225-228 may contain a typo. The last part re 'they immigrate to the host country' does not make sense in the context of this sentence. Can the authors clarify.

[Response]
Thank you for your advice. We clarified this sentence.

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS:

OBJECTIVE - Full research articles: is there a clear objective that addresses a testable research question(s) (brief or other article types: is there a clear objective)?

No - there are minor issues

DESIGN - Is the current approach (including controls and analysis protocols) appropriate for the objective?

No - there are minor issues

EXECUTION - Are the experiments and analyses performed with technical rigor to allow confidence in the results?

No - there are minor issues

Statistics - Is the use of statistics in the manuscript appropriate?

N/A - there are no statistics in this study

INTERPRETATION - Is the current interpretation/discussion of the results reasonable and not overstated?

No - there are minor issues
OVERALL MANUSCRIPT POTENTIAL - Is the current version of this work technically sound? If not, can revisions be made to make the work technically sound?

Probably - with minor revisions

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: This is a systematic review of the literature to identify quality indicators for healthcare for refugees. The authors found over 100 indicators but only from half a dozen sources. It looks like the methodology of this review is robust enough to merit publication, but I have highlighted a number of issues that require addressing in order to add further clarity to the review.

REQUESTED REVISIONS:

Introduction

- Stronger rationale is needed for why QIs are needed for refugees. Why can't existing healthcare QIs be used?

[Response]

We added following statement for a stronger rationale:

“It can be assumed that regular QIs are just as valid for refugees as they are for all other patients. However, there are specific refugee situations like health care in refugee camps for which there should be quality assurance too.”

Methods:

- How exactly was the grey literature search conducted? Were any grey lit databases used?

[Response]

We added more information about the additional search of grey literature as follow.

“Furthermore, an additional manual search of grey literature with “Google Scholar” was conducted in June 2018. For this search the terms “quality indicator” AND “refugee” OR “asylum seeker” were used. Additionally, we scrutinized reference lists of included studies and relevant reviews identified through the search.”
- I have some reservations about the PubMed search strategy. Why was the word "refugees" not searched as "refugee*" and "asyl* seek*" as per the Web of Science search?

[Response]

We added following sentence:

“The Mesh term refugee included following terms: Refugee, Asylum Seekers; Asylum Seeker; Seekers, Asylum.”

- Was the search strategy consulted on by a medical librarian?

[Response]

Thank you for this advice. We added following statement within the Discussion section:

“The search strategy was defined by the principles of a systematic search and implied free-text keywords and Mesh terms by two reviewers who were well experienced in conducting Systematic Reviews. No medical librarian was consulted.”

- "This systematic review was independently performed by two screeners" - do the authors mean, certain stages of the review were conducted independently, such as title/abstract screening, full text screening, and data abstraction?

[Response]

For detail information please see Method section:

“These two independent reviewers screened titles and abstracts initially for potential relevance. If the abstract matched the inclusion criteria, the full article was obtained and reviewed. After selection of potentially relevant articles, full reports were obtained and assessed for inclusion and exclusion criteria. Any disagreement on the eligibility of studies was resolved through discussion to reach consensus or, if required, by involving a third experienced review author.”

- Why were publications limited to Eng/Ger/Fre? How many studies in other languages could have been included in this review without this restriction?

[Response]

We mentioned this point of language within the limitations. Furthermore, we described in the Results section how many studies in other languages were found:
“The removal of duplicates left 474 papers of which 9 publications were excluded because of publication language […].”

- What does "Primary source of QI?" mean. Presumably this is something about primary/secondary research papers? Can the authors give an example of what might be excluded?

[Response]
Thank you for your question. Primary source means exactly what you wrote, we included the primary research paper and excluded secondary research papers. We described it in within the Method section:

“Moreover, we cross checked the reference lists of the publications. If publications contained QIs from other indicator sets, we included the original publication of the mentioned indicator set and excluded the secondary source.”

- "The described indicators had to be specific and measurable" - how was this defined by the authors?

[Response]
We added following information. The definition was based on Mainz [9].

“According to the key characteristics of an ideal indicator by Mainz [9] the described indicators had to be specific and measurable with the numerator and denominator principles.”

- It's not clear what the following statement means: "In a second step, all publications were excluded that identified QIs regarding health care for refugees but did not have a reference to health care."

[Response]
Thank you for this advice. This was a mistake. We clarified this sentence as follow:

“In a second step, all publications were excluded that identified QIs for refugees but did not have a reference to health care.”
Results

- It is not too conventional to cite the full texts that were screened but not included in the review. Can the authors justify why this was done?

[Response]

Thank you for this notice, you're right, that's not common. In the first step of this review, we wanted to find out which QIs were developed for refugees in general and in the second step we identified the QIs regarding health care. Therefore, it was important for us to show which other topics are covered by QIs.

- What is meant by "indicator evaluations" and "whole indicator sets"? These should be defined in the methods.

[Response]

This seems too confusing. Therefore, we decided to delete this sentence.

- What is the difference between indicators of integration and of acculturation? How was this categorisation decided upon?

[Response]

The categorisation was based on the publications. Integration and acculturation are important terms in migration research. Integration means the retention of own cultural and acculturation means the adaption to the 'strange' culture. Both could have implications on perceived quality of health care.

- Did the authors consider the frequency of indicators from different sources if there was more than one of the same?

[Response]

Yes, we considered the frequency of indicators and found that some indicators are similar or contained the same topic but there were not exactly the same indicators in two different source.
Discussion

- There appears to be a lack of insightful discussion as to the findings of the review - do the authors think these 155 indicators are useful? Are they too many? Or too little? Is the focus on reproductive health appropriate for the current health burden of refugees?

[Response]

Thank you for this suggestion. We added following statement within the discussion:

“Moreover, it can be assumed that a smaller number of indicators can be better implemented in health care of refugees. Therefore, the next step would be the reduction and prioritisation of these 115 indicators e.g. based on the RAND / UCLA Method [38].”