Author’s response to reviews

Title: A framework for value-creating learning health systems

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Dear Dr. Gonzalez-Mcquire,

On behalf of my colleagues, I am pleased to resubmit our manuscript entitled "A framework for value-creating learning health systems".

Once again, we would like to extend our thanks to you and the reviewers for this helpful review process. Our previous submission addressed the concerns of Reviewer 1. Reviewer 2 suggested that we reconsider our association between values embraced by learning health systems in Canada and the public nature of the Canadian health system. Specifically, she made the following comments:

"My main suggestion to the authors is to please review their perspective as to why LHSs, particularly those in Canada, may be embracing values such as equity, solidarity, etc. I would caution the authors that their suggestion that such values are endemic to Canadian healthcare because it is a public health system may get them in a bit of hot water so to speak. There is a general trend for public, mixed and private health systems to expand the meaning of health care making a shift from performance to quality, and this general trend is not Canada specific (it may have been the case a while ago, in 80s and 90s, but not now anymore), and embraces notions of equity along with performance."

We agree with the reviewer that there is a larger trend internationally to promote values such as equity and fairness, and that these values can be found in countries with various types of health systems.

As such, we have removed references to this association in the text:

Abstract - Page 2
Our sentence initially read: "In addition, values such as equity and solidarity should also guide LHSs established in countries like Canada with publicly-funded health systems."
In addition, values such as equity and solidarity should also guide LHSs and are particularly relevant in countries like Canada.

Results - Core values section - Page 10:
Our sentence initially read: "However, in Canada and other countries with single-payer healthcare systems, LHS implementation may be challenged if these systems do not embody other core societal values, such as equity, fairness and solidarity (40-42)."

Our new sentence reads: "However, in Canada and other countries, implementation of LHSs may be challenged if these systems disregard other core societal values or health system objectives, such as equity, fairness and solidarity (40-42)."

Discussion:
One page 23, we also removed a reference to health systems with similar characteristics as the Canadian health system and shared values among these systems.

We feel that these changes address the concerns of Reviewer 2, and we hope that you will find them satisfactory.

Kindest regards,

Matthew Menear