Author’s response to reviews

Title: Developing a Framework for Performance Assessment of the Public Long-Term Care System in Korea: Methodological and Policy Lessons

Authors:

Hongsoo Kim (hk65@snu.ac.kr)

Boyoung Jeon (jeon.boyoung26@gmail.com)

Version: 1 Date: 01 Jan 2020

Author’s response to reviews:

December 29, 2019

RE: Revision of HRPS-D-19-00143 entitled “Developing a Framework for Performance Assessment of the Public Long-Term Care System in Korea: Methodological and Policy Lessons”

Dear Editor:

Thank you for your letter dated December 16, 2019. We are well aware that this is a somewhat atypical manuscript that must have taken time and energy for the associate editor to find a suitable reviewer. We sincerely thank you for giving us an opportunity to revise the manuscript. It would be a true honor to publish this manuscript in Health Research Policy and Systems.

We have revised the manuscript with consideration to the comments of the associate editor and the reviewer; the following provides the comments and our itemized, point-by-point responses. We have underlined the added/modified parts in the revised manuscript, but we did not do this for the parts revised for simple English editing to make the writing clear and concise.

Associate Editor’s Comments:
Dear Authors,

Firstly, please accept my apologies for the lengthy review process. It is an ongoing challenge to identify peer reviewers who can provide a timely and constructive review of manuscripts, and in this case the time taken has not been up to the standard that we aspire to. This manuscript has been my responsibility, and therefore I am ultimately responsible for this delay. There are some minor issues requiring attention, in addition to the comments of Reviewer 1 (see last sentence). Once these are addressed, I will accept this manuscript for publication:

AE1) - Introduction, paragraph 3: you have identified some frameworks in US, Canada and South Korea - did you look at the UK NHS? https://www.england.nhs.uk/ourwork/

We could not identify a clear LTCSPA framework in the UK NHS during our review. Rather, the NHS emphasizes an integrated model of health and care services (NHS, 2019). In the link provided above, we also found the NHS Long-Term Plan, under which we found the NHS Long Term Plan Implementation Framework, which is not an LTCSPA framework.

On the other hand, we mistakenly omitted our review of LTCSPA frameworks from Europe and Japan and also references related to the health systems of the U.K. and U.S., which we had reviewed. We have added them in the text and in the reference list.

AE2) - Methods, paragraph 1: Remove reference to ‘systematically’ reviewed, unless you can reference a full systematic review of the frameworks with database searches and a review protocol.

We have deleted the word. Thanks.

AE3) - Methods, Step 4: It would be helpful to list some of the academic disciplines, rather than the current description of ‘various fields’

We have specified the academic disciplines of the participants.
AE4) - Methods, Step 6: Similar to above, a little more detail on the types of providers and academics, and what organisations the administrators were from, would enhance the picture of who was involved.

We have added to the text the contents the associate editor suggested. Thanks.

AE5) - Re H2 (page 10) - why is this limited to ‘aggravation of conditions’ and not all conditions (including new ones)?

As the associate editor has indicated, the performance indicator reflects the proportion of all hospital admissions (nominator) among all LTCI users (denominator; see H2 in Table 2 on page 22). As H1 is a somewhat positive indicator (maintenance and improvement of care-need level), in order to make a contrast, we described H2 in that way; but it ended up being confusing. We have revised the sentence. Thanks.

Original: As for the health sub-domain, two performance measures were proposed: maintenance and improvement of care-need level (H1) and aggravation of conditions resulting in hospitalizations (H2).

Revised: As for the health sub-domain, two performance measures were proposed: maintenance and improvement of care-need level (H1) and hospitalizations (possibly due to aggravation of conditions; H2).

AE6) - Suggest re-word ‘limitations’ as ‘strengths and limitations’ as there are strengths mentioned in the text

We have revised it. Thanks.

AE7) - Figure 1 - please provide brief definitions of what the Y axis represents in each of the four graphs
We have revised the tables.

AE8) - Finally, in the interests of readers who may wish to replicate this excellent approach, it would be useful to indicate the timelines and resources required to complete this project.

The study reported in this manuscript was based on a five-month research contract (August 2014 - January 2015) with the Korean NHIS, and the amount of funding was USD 68,500 (1 USD = 1000 Korean Won). In fact, quite an amount of preparation and follow-up work was done before and after the contract period, and such work was done with various in-kind supports. Thus, it is difficult to provide the precise information that the reviewer has requested, and the research setting was too local context-specific to include in the text, we think.

AE9) For your information - my colleague John Lavis in Canada is leading some major health reforms that may be of interest - you can read more about these here: https://www.mcmasterforum.org/docs/default-source/rise-docs/rise-briefs/rb12_rapid-learning-improvement.pdf?sfvrsn=12 and here: https://www.mcmasterforum.org/rise

Thank you for the information.

We look forward to receiving your revised manuscript.

Best wishes,

Peter Bragge

Associate Editor
R1) Reviewer #1: Thank you for the opportunity to review this paper. The paper is in an important area of work - long-term care (LTC) for a growing elderly population in Korea (an indeed the world). The advantage that the authors have over many other places in the world, that they point out, is that the LTC insurance scheme in the Republic of Korea is a national scheme. They therefore have had the opportunity to develop and implement a system performance framework that will be important not only for Korea, but internationally. Overall, the paper is very well written and organised. I was impressed by the methodology used to generate a LTC system performance assessment framework - the use of international evidence, literature, and local expertise across a systematic, six-stage development process. In addition to their four domain, 28 indicator framework, the authors have also been able to respond to requests for subsets of indicators from the framework that meet the needs of policy, international comparisons, and equality. This follows on from their acknowledgement and understanding of the need for the framework to reflect both local and international contexts (p.5). They are also clear in their paper about where the data to populate the framework will come from, and where new data may be needed (i.e., quality of life and quality of care subdomains); alongside the limitations of their work. The only minor query I had was about the their description of the key considerations of indicator sets (p.5), and whether they took into consideration guidelines that indicators should not create perverse incentives within a system.

Our LTCSPA framework is not an organization-level but rather a national-/regional-level performance evaluation framework. The perverse incentive problem about which the reviewer is concerned is more likely to occur in the implementation of pay-for-performance schemes targeting LTC institutions, while the national- or regional-level performance indicators we developed would be less likely to provide such incentives. Rather, the validity and fairness of the indicators are more important in the comparison of LTCS within and between countries. This may be the reason why little existing literature also has addressed the issue of perverse incentives. Thanks.