Author’s response to reviews

Title: National Health Insurance Accreditation pattern among private healthcare providers in Ghana

Authors:

Abena Agyeiwaa Lamptey (aaamoako79@yahoo.com)
Eric Nsiah-Boateng (nsiahboateng@yahoo.com)
Samuel Agyei Agyemang (sagyem85@gmail.com)
Moses Aikins (mksaikins@ug.edu.gh)

Version: 3 Date: 24 Apr 2017

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24 April 2017

Editorial Office

Archives of Public Health

Dear Editors:

Please find enclosed for review the revised manuscript entitled: “National health insurance accreditation pattern among private healthcare providers in Ghana”. The following are point-by-point responses to the reviewers/editorial comments:

1. “NHIS” is changed to “National Health Insurance Scheme”, page 2, line 25-26.
2. July 2009 and July 2012 under “Methods” in the Abstract section, page 2, line 26 is removed as suggested.
3. “Periods” is changed to “period”, page 2, line 27.
4. “Applicable-predetermined standards” is changed to “National Health Insurance Scheme applicable-predetermined standards”, page 2, line 38.
5. “The implication is that quality of care delivery may be comprised and eventually affect promotion of better health outcomes for the insured and the general public” under Abstract section, page 2, is taken off as suggested.

6. “This study is aimed at filling this gap by examining the pattern of accreditation outcomes among private healthcare providers” under Background section on page 4, line 77-78 is changed to “This study examines the pattern of accreditation outcomes among private healthcare providers”.

7. “Overview of NHIS healthcare provider accreditation system” on page 4 under Background section is moved to the Appendix section as suggested.

8. “secondary data” under Study Design is changed to “administrative data”, page 6, line 126.

9. “They” under study population is changed to “The”, page 6, line 130.

10. The inclusion of Analysis of Variance (ANOVA) generalised linear model to address the issue of basic statistical analysis raised under the Analysis section yielded no significant result due to the very limited samples or observations in the data set (8 observations under healthcare provider and 10 observations under regions). When ANOVA generalised linear model was run using “Region” as an outcome variable and “normal curve equivalence scores (nce)” for the accreditation pass marks as explanatory variable, the model produced no F statistic and Prob> F values. The same limitation was observed when “nce scores” for the accreditation pass marks” was regressed against “healthcare provider” as outcome variable. These limitations are captured under the limitation section, page 11, line 253-256.

11. “The regions with the largest number of inspected facilities were Ashanti region 259 406 (25%), Greater Accra region 352 (22%) and Brong- Ahafo region 187 (12%) (Figure 3)” under the subsection ”Healthcare provider performance score by region” is removed as suggested because it is not fundamentally different from those captured under the previous subsection, “Distribution of accreditation application and performance score by region”.

12. “provided” is changed to “provide” under the Discussion section, page 9, line 190.

13. The study could not ascertain significant differences in the grade or pass mark due to the limitation highlighted above (#10) and captured in the limitation section.

14. A statement “the study used a 5-year old data; hence, generalisation of the findings needs to take this into account” is added to the limitation section, page 11, line 224-225 to put the study in perspective, as suggested.

15. ‘average’ is changed to “low” under the conclusion section, page 12, line 261.
Thank you for considering this paper for publication. We look forward to your reply.

Sincerely,

----Signed.......... 

Moses Aikins, PhD

School of Public Health
College of Health Sciences
University of Ghana
Accra, Ghana