

02-Jan-2017

Dear Dr. Mulley

# BMJ.2016.035536 entitled "Building and Sustaining High Integrity Health Systems"

Thank you for sending us this paper and giving us the chance to consider your work.

We sent it out for external peer review again and discussed it at the Analysis manuscript committee meeting (present: Theo Bloom, Navjoyt Ladher, Steve Leeder).

We would like to work towards publication providing you are able to amend the paper in the light of our and reviewers' comments.

The reviewers' comments are at the end of this letter. Editors' comments are listed below:

1) We note that all three reviewers comment about theory versus practicality. We wonder if you can consider how this article might be better grounded in practice and expand on what some of the changes you discuss might look like to draw out the practical value - particularly bearing in mind the real world context, where people are often overworked and resource constrained.

2) We also wonder if the tone could be pitched towards readers who need to be convinced that this approach is worthwhile with the aim of bringing them on the journey with you. At the moment, the article seems pitched towards readers who already believe this is a good idea and might come across as 'sermonising' in tone.

When submitting your revised manuscript please provide a point by point response to our comments and those of any reviewers.

Please note that resubmitting your manuscript does not guarantee eventual acceptance, and that your resubmission may be sent again for review.

Once you have revised your manuscript, go to <https://mc.manuscriptcentral.com/bmj> and login to your Author Center. Click on "Manuscripts with Decisions," and then click on "Create a Resubmission" located next to the manuscript number. Then, follow the steps for resubmitting your manuscript.

You may also click the below link to start the resubmission process (or continue the process if you have already started your revision) for your manuscript. If you use the below link you will not be required to login to ScholarOne Manuscripts.

\*\*\* PLEASE NOTE: This is a two-step process. After clicking on the link, you will be directed to a webpage to confirm. \*\*\*

[https://mc.manuscriptcentral.com/bmj?URL\\_MASK=4bc7709714fa4d1397b8e08eee5944bc](https://mc.manuscriptcentral.com/bmj?URL_MASK=4bc7709714fa4d1397b8e08eee5944bc)

IMPORTANT: Your original files are available to you when you upload your revised manuscript. Please delete any redundant files before completing the submission.

I hope you will find the comments useful. Please don't hesitate to contact me if you wish to discuss this further.

Yours sincerely

Navjoyt Ladher  
nladher@bmj.com

**\*\*IMPORTANT INFORMATION TO INCLUDE IN A RESUBMISSION\*\***

Instead of returning a signed licence or competing interest form, we require all authors to insert the following statements into the text version of their manuscript:

**Licence for Publication**

The Corresponding Author has the right to grant on behalf of all authors and does grant on behalf of all authors, an exclusive licence (or non exclusive for government employees) on a worldwide basis to the BMJ Publishing Group Ltd to permit this article (if accepted) to be published in BMJ and any other BMJPG products and sublicences such use and exploit all subsidiary rights, as set out in our licence (<http://group.bmj.com/products/journals/instructions-for-authors/licence-forms>).

**Competing Interest**

Please see our policy and the unified Competing Interests form <http://resources.bmj.com/bmj/authors/editorial-policies/competing-interests>. Please state any competing interests if they exist, or make a no competing interests declaration.

Reviewer(s)' Comments to Author:

Reviewer: 1

Recommendation:

Comments:

I think this is a stimulating and neatly-framed paper that is likely to provoke thoughtful BMJ readers in a highly productive way.

The term 'high integrity' perhaps felt a little too clever to me on first reading but on reflection it helpfully encompasses an increasingly-recognised set of ideas which are both simple and highly complex in nature. The essence of the argument for me is captured in the reflection that we are seeing 'lowering aspirations of service providers at a time when the expectations of service users continues to rise'. This is a very real problem.

I like the way that the core components of a high integrity system (clarity of purpose, challenging the limitations of modern medicine, respect for patient preferences and a commitment to improvement through measurement and learning) are presented as challenges to front line practitioners and their patients, rather than being seen as the domain of system leaders and policy makers.

I have just two reflections which I hope a useful. First, the content of the case studies could be more explicitly aligned to the core components of integrity and it might be better to present fewer examples but in more detail. Second, I'm concerned that the paper - important as it is - might be dismissed by many readers as a good intellectual critique but insufficiently practical - I am aware that some judged the original editorial in this way. I hope that this will be addressed by the idea of commissioning more in-depth practical examples of service redesign which are clearly focused on delivering greater integrity than is seen at present.

Additional Questions:

Please enter your name: Martin Marshall

Job Title: Professor of Healthcare Improvement

Institution: UCL

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='\_new'> (please see BMJ policy) </a>please declare them here: None

Reviewer: 2

Recommendation:

Comments:

In general, papers that provide commentary and/or analyze a particular situation are less well-suited for discussion between patients and their providers. This is perhaps even more the case when the subject of the paper is removed from clinical management of a condition experienced by the patient, such as with health policy papers like this one. This review therefore will focus on how patients may react to the ideas presented in the paper and what additional information may be helpful for them in understanding how to more successfully work with their health care professionals.

Relevance and usefulness to patients and carers

In general, papers that provide commentary and/or analyze a particular situation are less well-suited for discussion between patients and their providers. This is perhaps even more the case when the subject of the paper is removed from clinical management of a condition experienced by the patient, such as with health policy papers like this one. This review therefore will focus on how patients may react to the ideas presented in the paper.

From the patient/carer perspective, many of the ideas in the paper have been demonstrated through experience, and thus do not represent new thinking. For example, patients are well aware that more health services don't necessarily result in better health, that clinical evidence is insufficient to determine best treatment and its delivery, and that stakeholders need to better understand sources of resistance to thinking and acting differently within the clinical setting, including sources of resistance within themselves. Similarly, patients and carers are well aware of the value of shared

decision making and self-management, and have sought team-based service delivery as a way to achieve improved outcomes. Many patients would welcome innovation at the front lines of provider-patient engagement, where patients' needs can most fully be described and addressed, and will be disappointed to find few specifics of how that can be accomplished in this paper. The "Examples of new approaches to discerning and meeting health needs" section attempts to address this point, but brief mentions of existing programs without noting their success measures and how success can be replicated elsewhere don't provide adequate detail for either provider or patient interests.

Patients and carers who have studied health care organization and/or health policy may find the paper quite similar in tone and content to publications describing the Learning Healthcare Systems approach now underway in various organizations within the United States. Those with a background in organizational management or experience in patient engagement activities such as patient-family councils are unlikely to find the Plan-Do-Study-Act approach mentioned in the paper to be innovative or efficient.

Suggestions to strengthen the paper

Reconsidering and reframing the ideas in the paper in a way that addresses the reality of health care organizations in a market-driven, for-profit system. The paper notes, "A health system exists to sustain or improve the health and wellbeing of those it serves by equitably meeting their health care needs and wants—no less but no more", but this is not the lived experience of both patients and providers in all environments. Acknowledging the influence of the profit generation goal on care delivery and patients' decision making and describing what high integrity health systems must do to succeed in such circumstances would lend credibility to the piece and provide a framework for implementation.

In addition, the statement "Radical redesign of front line care services linked to community assets in high and middle income countries should borrow heavily from success in low resource settings where community health workers are elected or otherwise chosen for their commitment to building upon the social capital that exists in the community." further development. Many high and middle income countries have within them low resource areas (e.g., inner-city, rural), but such areas have not emerged as models of care delivery for more highly resourced areas of these countries. Describing such models and their application to higher resourced communities and health care organizations would be of interest to patients and carers. This discussion also should reconcile achievement of this redesign with the fiduciary responsibilities of for-profit entities.

The paper also would be enhanced by discussion of how to improve care and outcomes among patients who prefer not to take an active role in shared decision making. Although some health care organizations have begun actively seeking to involve patients in decision making, not all patients wish to engage in this way, and it is important for health systems to improve care for and outcomes within these patients.

Thank you for the opportunity to review this work. I hope these comments are helpful as you consider how to further develop your ideas.

Additional Questions:

Please enter your name: Carolyn Petersen

Job Title: Senior Editor, mayoclinic.org

Institution: Mayo Clinic

Reimbursement for attending a symposium?: Yes

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='\_new'> (please see BMJ policy) </a>please declare them here: AcademyHealth (Washington, DC, USA) reimbursed my registration and travel expenses to attend (not present at) Concordium 2015 and Health Datapalooza 2016 as a patient attendee under the Patients Included approach.

Reviewer: 3

Recommendation:

Comments:

This is a timely and provocative position paper. The author advances the concept of the high integrity health system, identifies flaws that are pervasive in the current system, and outlines the key concepts underlying the high integrity system. There is a lot of appeal here, but there are ways I feel the manuscript could be strengthened.

First, the definition of "high integrity health system" could be more explicit. It is a little vague whether "high integrity health" is being used as a descriptor or as a defined characteristic. It seems that the author is striving for the latter, but the MS falls short of providing a definition and instead describes a number of associated qualities. The earlier Mulley article (reference 2) comes close to giving a definition; if the goal is in fact a definition, would restate it in this MS.

Would also be explicit in how to distinguish "High Integrity" from "Patient centered" as these seem to be closely related.

Second, the flaws in the current system are discussed on the basis of "prevailing assumptions" and "bias," without a lot of discussion on the forces within healthcare delivery and reimbursement that have led to the current system. Is this really a matter of changing assumptions and removing our biases? Are these really prevailing "assumptions" or are they prevailing "behaviors" based on models of training, professional organization, and reimbursement? The vision laid out by the author is very appealing but would seem to require a major redesign of the relationship between, for example, providers and public health entities, which will require more than shedding biases.

**Additional Questions:**

Please enter your name: kenneth sands

Job Title: Chief Quality Officer

Institution: Beth Israel Deaconess Medical Center

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this paper?: No

If you have any competing interests <A HREF='http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests'target='\_new'> (please see BMJ policy) </a>please declare them here:

Reviewer: 4

Recommendation:

Comments:

This seems to be and more of an opinion piece rather than an analysis.

The author raises a number of valid points; however, the article is difficult to read, it is rambling and disjointed. The data to support the author's conclusions is not concisely presented. Figure 1 is a useful construct and it might be more effective to present it earlier in the paper creating a cohesive element. Box 2 seems out of place, perhaps better positioned in the body of the manuscript.

**Additional Questions:**

Please enter your name: Angela L Scioscia, MD

Job Title: Chief Medical Officer

Institution: University of California San Diego

Reimbursement for attending a symposium?: No

A fee for speaking?: No

A fee for organising education?: No

Funds for research?: No

Funds for a member of staff?: No

Fees for consulting?: No

Have you in the past five years been employed by an organisation that may in any way gain or lose financially from the publication of this paper?: No

Do you hold any stocks or shares in an organisation that may in any way

gain or lose financially from the publication of this paper?: No

If you have any competing interests <http://www.bmj.com/about-bmj/resources-authors/forms-policies-and-checklists/declaration-competing-interests> (please see BMJ policy) please declare them here:

**Date Sent:** 02-Jan-2017