

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

Title (Provisional)

Ecuadorian health care professionals' perspectives on attributes of asthma care coordination: a qualitative study

Authors

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VERSION 1 - REVIEW

Reviewer	1
Name	Mroueh, Salman
Affiliation Medicine	American University of Beirut, Pediatrics and Adolescent
Date	17-May-2024
COI	None

The paper is well written. The context is well defined. The methods and results are well described and the discussion and conclusion appropriate.

Reviewer	2
Name	Sharpe, Heather
Affiliation	University of Alberta, Medicine
Date	28-May-2024
COI	None

Thank you for the opportunity to review the paper 'Ecuadorian health workers' qualitative perspectives on attributes of asthma care coordination', a qualitative research study aimed at exploring the perspectives of various health care professionals related to asthma care coordination in three cities in Ecuador. I very much appreciated the opportunity to read

about the experiences of health care professionals in Ecuador related to asthma care coordination, and in particular to explore some of the challenges experienced. The authors were able to overcome challenges associated with data collection related to the COVID-19 pandemic by conducting interviews online. I have a few major comments for the authors to consider.

1. Overall, there were some challenges with clarity and English writing. I would suggest where possible, simplify language and use consistent terminology to foster understanding (such as health care worker, health care professional).
2. The quotes from study participants are somewhat difficult to understand. It is unclear if this is a translation issue, or that the quotes require further context.
3. The description of the Ecuadorian health care system is really interesting, and could be further demonstrated perhaps through a figure. It would be helpful to have a figure that depicts the various levels of the system and how patients and information move through the system, as several of the issues relate to information sharing and patient movement through the system, as well as the public and private components of the system. A figure may assist the reader in understanding the complexity of the system.
4. The study objective is to explore attributes of asthma care coordination, however the paper focuses only on barriers or challenges experienced. As a reader, I was left wondering if there were any positive attributes that were mentioned?
5. I would be interested to know if the challenges raised through this research are really unique to asthma care, or if it is consistent with chronic disease management overall? I would be interested to know more about the asthma-specific care coordination attributes.

Overall, I feel this paper is of interest to health care professionals working in asthma care coordination, international health, or comparing health care structures across regions.

VERSION 1 - AUTHOR RESPONSE

Reviewer: 1

Dr. Salman Mroueh, American University of Beirut

Comments to the Author:

The paper is well written. The context is well defined. The methods and results are well described and the discussion and conclusion appropriate.

Response: Thank you for your comments.

Reviewer: 2

Dr. Heather Sharpe, University of Alberta

Comments to the Author:

Thank you for the opportunity to review the paper 'Ecuadorian health workers' qualitative perspectives on attributes of asthma care coordination', a qualitative research study aimed at exploring the perspectives of various health care professionals related to asthma care coordination in three cities in Ecuador. I very much appreciated the opportunity to read about the experiences of health care professionals in Ecuador related to asthma care coordination, and in particular to explore some of the challenges experienced. The authors were able to overcome challenges associated with data collection related to the COVID-19 pandemic by conducting interviews online. I have a few major comments for

the authors to consider.

Response: Thank you for your comments.

1. Overall, there were some challenges with clarity and English writing. I would suggest where possible, simplify language and use consistent terminology to foster understanding (such as health care worker, health care professional).

Response 1 – Reviewer 2: Thank you for your comment. In the new version we have reviewed and revised the terms in the example to present consistent terminology.

2. The quotes from study participants are somewhat difficult to understand. It is unclear if this is a translation issue, or that the quotes require further context.

Response 2– Reviewer 2: Thank you for your comments. We have revised the text in response to these comments and corrections have been provided as requested.

3. The description of the Ecuadorian health care system is really interesting, and could be further demonstrated perhaps through a figure. It would be helpful to have a figure that depicts the various levels of the system and how patients and information move through the system, as several of the issues relate to information sharing and patient movement through the system, as well as the public and private components of the system. A figure may assist the reader in understanding the complexity of the system.

Response 3 – Reviewer 2: To clarify, we have included a figure [Figure 1. A diagram of Ecuadorian health care system (2019); page 23].

4. The study objective is to explore attributes of asthma care coordination, however the paper focuses only on barriers or challenges experienced. As a reader, I was left wondering if there were any positive attributes that were mentioned?

Response 4 – Reviewer 2: Thank you for highlighting this aspect. In the new version, we have included some sentences with positive characteristics. [Discussion section, page 15, lines 325-327; page 16, lines 342-344].

5. I would be interested to know if the challenges raised through this research are really unique to asthma care, or if it is consistent with chronic disease management overall? I would be interested to know more about the asthma-specific care coordination attributes.

Response 5 – Reviewer 2: Thank you for your comments. Studies on the topic of interest conducted in Ecuador are not available in the usual bibliographic search databases, whether for asthma or other chronic diseases. However, in a quick review of the relevant literature, we found a study conducted in six Latin American countries—excluding Ecuador—that analysed the factors influencing the implementation of participatory action research interventions to improve clinical coordination from the perspective of actors within public health networks. Focus groups and semi-structured individual interviews were conducted with a sample comprising community leaders, health professionals, and managers. The results indicate that time constraints due to work overload and inadequate working conditions, along with mutual ignorance and mistrust, are limiting factors in care coordination. On the other hand, institutional support and the motivation of professionals through participation, flexibility, consensus-based decision-making, and leadership contribute to an effective process for care coordination. DOI: 10.1093/heapol/czaa066

While the results of our study appear to be quite similar, we provide a more detailed account of the characteristics of the attributes of care coordination.

Overall, I feel this paper is of interest to health care professionals working in asthma care coordination, international health, or comparing health care structures across regions.

Response: Thank you very much for your positive and encouraging comments on the manuscript. Your feedback is greatly appreciated and will contribute to further refining the work.