

Author's response to reviews

Title: What are the roles involved in establishing and maintaining informational continuity of care within family practice? A systematic review

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Author's response to reviews: see over

What are the roles involved in establishing and maintaining informational continuity of care *within* family practice? A systematic review

Dear Editor,

Please consider our revised manuscript for publication in BMC Family Practice. We have carefully reviewed the reports from all 5 reviewers. Many important points were raised; addressing them, we believe, has strengthened the paper significantly. We are very thankful to the reviewers for having invested time into generating such thoughtful reports. Below we have outlined our responses to the specific comments raised by the reviewers. The comments are listed by reviewer in black font and our responses appear in red.

We look forward to learning of the outcome of this resubmission.

Reviewer 1

- The use of the theories chosen do not apply to all populations and I think that it is wise to suggest for what populations this process and the theories are most appropriate.
 - While the issues we discuss about informational continuity of care are relevant to information sharing between doctor and patient/caregiver in all contexts, we have indicated that there are particular benefits of having continuity of care in general to those with chronic conditions and also those at the palliative stage.

Reviewer 2

- The title is slightly misleading as the within family practice is not immediately obvious. It is better defined later in the article but perhaps between patients and doctors would be more explicit.
 - Referencing solely doctors and patients in the article title would negate our discussion of technology. In order to avoid creating an overly-lengthy title we have opted to keep it the same but clarify the specific focus in the abstract and also introductory section.
- This is a relatively novel aspect of continuity of care which to my knowledge has not been well defined previously. The relevance of it to outcomes could be more clearly stated.
 - We agree that there has been little attempt to synthesize what is known about informational continuity of care. We have clarified the relevance to practice-based outcomes in the discussion section.
- The methods are clear and the search strategy appropriate. the inclusion and exclusion criteria are not really stated fro this review. That is of course as it is a new area to define, but perhaps the authors would like to have a go at describing them more succinctly.
 - We have expanded upon our discussion of the inclusion and exclusion criteria for the systematic review in the methods section.

- The data extraction sheet intrigues me as to combine information from several types of articles is difficult. This would be a good form to present in an appendix.
 - We have included this as an appendix.
- It is also surprising that there is not much information about aspects of the roles related to success of family practice, or quality of care. This leaves this article with a mainly descriptive or conceptual focus, lacking a steer in any particular direction for the reader. Elements of the discussion, such as that about “Certain primary care arrangements may be detrimental to the natural flow of information between patients and doctors (e.g. over reliance on walk-in clinics). Finally, nurses and ancillary staff may be able to play a role in informational continuity of care also in which their more stable interpersonal relationships with patients facilitate information transfer both within and beyond family practice”. Are not clearly linked to the information found in the review and are perhaps extrapolation. It would be good to clearly link discussion points to findings from the review.
 - We believe that the best direction we can provide from the review findings relates to knowledge gaps. These have been identified in the discussion section.
 - We have carefully revised the discussion section to develop a stronger link with the findings we report.

Reviewer 3

- Crooks & Agarwal used the correct method for extracting research articles from the black literature. However, they might have tried to extract information from the grey literature – namely contact the key researchers found in their reviews, and contact various family practice / general practice / primary care organizations around the world that may have reports or raw data on informational continuity.
 - While this literature falls outside of the scope of the current review it could certainly be looked to for further information. We have noted this in the discussion section where we outline opportunities for further investigation of informational continuity of care.
- I suggest Crooks & Agarwal should at least stipulate what they take information to mean and point out that we need more research to create a definition that works for us all.
 - This is an important point. We have included a working definition of information.

Reviewer 4

- Implicit and probably not what the authors intended is that the informational and relational continuity between primary physician and patient family is continuity. It is of course much more complex with sectors health care, specialists, home care providers and many other elements involved. This is an important framing issue in presenting the results of this work.
 - Yes, our intent is not to suggest that informational continuity is the only form of continuity, nor that such continuity between doctor and patient/caregiver is the only form of informational continuity. Based on your comment we have clarified this in the background. We have also

noted in the discussion that synthesis of roles regarding these other provider groups is an avenue for further investigation.

- Suggest a revision to provide background on continuity of care from a general, theoretical and conceptual vantage point followed by how the authors are interpreting this relative to primary care, family physician practice, and specific focus on one continuity element (informational continuity) and one aspect of informational continuity (FP/pt./caregiver not sector info transfer) for in-depth review. It is a matter of placing their approach in perspective of the larger field. 2nd paragraph in background does this essentially but again is not clear the focus has been narrowed down to specific elements (FP/informational/exchange with pt./caregivers).
 - We have revised the second paragraph to do this. This change is also in keeping with the previous point raised by Reviewer 4.
- I would also argue that the declarative statement (without citations) that continuity is typically characterized by 3 elements (pg. 3) is not necessarily “typical” as the authors so conclusively state but rather represents a viewpoint.
 - We have revised this sentence to indicate that one way to characterize continuity of care is by considering its dimensions. We have clarified that the three we list are examples. This point was referenced in the original submission. We have added an additional supportive reference.
- It is not clear why the empirical/research papers could not have been scrutinized more for quality.
 - As we explain in the methods section “Because of the nature of this review and the types of articles that were identified our focus was on systematically reviewing the *content* of included articles rather than the study design.” It is for this reason that a quality assessment was not undertaken. The breadth of methods used in the papers and the number of papers not presenting research findings would have posed as significant barriers to doing this as well in that we could not have consistently assessed quality across the articles accepted for review.
- A clear statement of the objectives or search question should begin the methods section.
 - This has been added.
- Unfortunately the results are “trust us” as written since there is little presented on their results except narrative conclusions. The ‘data’ to support conclusions is not transparent.
 - We believe that the additional details added to Table 2 assist with providing further context for the points raised in our findings section, thus reducing what you refer to as a ‘trust us’ reporting and providing more information to support what we discuss.
- Table 3 is an excellent summary of findings and should be strengthened by adding the ref numbers of the papers supporting these various results.
 - Because Table 3 is a summary of what’s reported in the findings section we believe this to be unnecessary. Further, the explicit roles summarized in this table are based on interpreting the extracted data and so linking references to specific roles is difficult.

- Figure 1 comes close and could be expanded upon to include a bit more of the actual methods at each step.
 - We have added further detail to Figure 1.
- If a reference management software was used this ought to be noted.
 - We have noted that Refworks was used.
- Abstracting Form: As the information was extracted and appraised on a standard form by the 2 authors (an important quality factor) could this template be added?
 - It has been added as an appendix.
- Table 2 pg. 22 is mainly a listing of the final set of 28 papers. Could this table be expanded to strengthen the paper.
 - We have extensively revised this table.
- Results synoptic tables - one is presented in the paper (Table 3) – are there others? This would greatly strengthen the results section.
 - No further tables were created.

Reviewer 5

- One of the challenges in doing systematic reviews is the selection of the key words. In this manuscript, the focus was on physicians and not other clinicians that do provide care in outpatient/family practice/primary care settings.
 - Yes, our review focused on a specific care provider. We do not see this as a limitation. Rather, it's an acknowledged focus. We do take your point that other provider groups play a role in informational continuity of care and have suggested that they could be focused on in further syntheses.
- In terms of background, it does not appear that the early work of Barbara Starfield and the Institute of Medicine on primary care as well as the impact of managed care/gatekeepers, and important component of which is continuity of care, were included to emphasize the history and scarcity of research in this area over the past 20 years.
 - Because we're presenting the findings of a systematic literature review in this article we did not want to have too extensive a background section as it could have become redundant with the review findings. Further, our goal was not to discuss the history of continuity of care in general. Readers interested in learning more about continuity of care can turn to the papers we cite in this section as they do provide some of the broader background points you mention here. We have, however, noted Starfield's important contribution through referencing Donaldson who has acknowledged her contribution in greater detail in her historical review of continuity of care.
 - We appreciate the point you raise about managed care/gatekeeping. We were attempting to get at this point in the second paragraph of the introduction but did not explicitly use the term 'gatekeeping'. We have changed the sentence to now specifically reference this practice.
- Another concept that was mentioned was patient-centered care – which is an inherent component of continuity of care, and where research that was most likely not included in this review (based on the selected key words used) can also be found to

add more evidence to the goal of this manuscript to focus on the interaction of the roles of clinicians and patients/families.

- We believe our keywords were broad enough that we would have picked up on the patient-centred care literature had there been a focus within it on informational continuity of care specifically. This was discussed by one of the reviewed articles (#24) in the ‘roles of technology’ subsection. We agree that this is an important part of creating a relationship of information-sharing and have added this to the discussion.
- “Future Research” section - While assessing family caregivers may have been the initial objective, it does not need to be stated in this manuscript. Review of the literature for family caregivers has been done elsewhere (see for example, www.ahrq.gov/qual/nurseshdbk/docs/ReinhardS_FCCA.pdf), while the essential thrust of this manuscript would need to focus on one (e.g., physicians/clinicians) or the other (e.g., patients and family caregivers) or the effectiveness of the relationship between the two. The main focus here is the incredible research gaps to inform clinicians in family practices (e.g., physicians, nurses, physician assistants, etc.) to improve patient outcomes or better chronic disease management through ensuring and fostering continuity of care.
 - We remain convinced that the lack of literature that discusses family caregiver roles is an important finding of the review and should be left in.
 - Thank you for sharing with us this reference. It provides important information about informal caregiving. It does not, however, specifically get at issues of information sharing, transfer, and management between the caregiver and doctor and as such does not replicate the focus of our systematic review.
 - We are in complete agreements that the ‘incredible research gaps’ are the most important findings of the review.