Reviewer's report

Title: The effort to stay in charge of the medical treatment of patients with home care provided by district nurses. A grounded theory study of family physicians’ experience.

Version: 2 Date: 31 March 2009

Reviewer: Els Inghelbrecht

Reviewer’s report:

This paper covers an interesting part of the experiences of family physicians with the delivery of good care for their patients. However, I have some reservations before recommending publication.

Major compulsory revisions

The aim of the study seems to be to study the FP’s experience of providing treatment for patients receiving home care from DNs. However, this was not always an inclusion criteria for FPs to be interviewed. They did not always know that home care was provided. Furthermore, it involved three categories of patients. It seems that physicians have difficulties in staying in charge because it involves patients with complex medical conditions or because the FPs experience a lack of time, not because home care by DNs was provided. The problem of staying in charge seems to be inherent to the delivery of care in the home (and especially with patient with complex conditions).

Different lines of thoughts are mingled and therefore very confusing. I recommend that the focus is made more clear. It should also be made more consistently throughout the manuscript.

Discretionary revisions [DR] & Minor essential revisions [MER]

Title & Abstract:
- The title can be more concise. [DR]
- Results section: do you mean complex ‘medical’ conditions? The four strategies: it seems there are only three strategies (by removing one ‘and’ this can be adjusted). [DR]
- Conclusion section: The beginning: ‘These patients…’ Who are ‘these’ patients? Furthermore, the conclusions can not be derived from the presented results. The discussion is not adequately supported by the data. In the result section the DN is not mentioned, while in the discussion part it is a core finding. [MER]

Background:
- First paragraph: ‘... other patients of comparable age’: Are that patients who also have home care or just stay at home, or patients of comparable age whose
residence is elsewhere, or without home care provided by district nurses? Not clear. [DR]

- First paragraph: I think that ‘elderly persons with complex problems including a mixture of … and reduced functional ability’ are also typically patients in a care home for the elderly, not only persons with home care. [MER]

- Second paragraph: usually the aim of the study is presented at the end of the background section. [MER]

- It is not clear how home care is organized in Sweden. Are the FP or general practitioner the primary healthcare provider (is there a difference between a general practitioner and a family physician?)? Are they in charge of the medical record of the patient and remain the actors when the patient is referred to a hospital? FPs work mostly in a group practice or are they generally working alone? The FP does not regularly make house calls? Does a patient have sometimes different physicians, as it is given that sometimes a FP is responsible for patients receiving home care provided by DNs. When a patient at one point receives home care, he also gets another physician responsible for his/her medical care? [MER]

Method:

- A memorable patient, 65 years of age or older: home care provided by a district nurse was not an inclusion criteria? See also the major compulsory revisions. [MER]

- Page 8, last paragraph: discussed in a focus group with 7 FPs: are that other physicians or the same as in the interviews? [DR]

- Has the transcript been coded by two or more independent researchers? That would contribute to the trustworthiness of the data. [MER]

- Was saturation reached after 13 interviews? This is a relative small sample size… [MER]

- Was ethical approval granted for the study (required and/or received?). Was informed consent given (is mentioned in table 3, but not in the text)? [MER]

- The data analysis section is very informative, but perhaps it is better to be slightly more concise. [DR]

Results:

- Patients with abuse: in table 4, I find one patient who has a co-morbidity of alcohol abuse and one patient who overuse (or misuse) painkillers. Are findings related to patients with abuse determined based on those two patients? Is it not necessary to include more patients with a co-morbidity of abuse, to make statements about patients with abuse? [MER]

- Page 14, first paragraph: … it is difficult to stay in charge when they had to rely on information from others. This was considered a strategy, but is now posed as a problem? [MER]

- Self-willed patients: are that patients with particular medical and functional problems? Not clear, is also not mentioned in the table. [DR]
Discussion:
- It is hard to discern how this study adds to the international literature. [MER]
- Page 19: first paragraph: sentences instead of bullet points. [DR]
- It is a weakness that the data can not be generalized. [MER]
- There is some interesting literature about the continuity of care by general practitioners that would be well-suited in the discussion. [DR]

Conclusions:
- These patient: what patients? Patients with home care delivered by DNs? With complex pathologies? [MER]
- Practical implications for future research: there are indications for further research but what are the practical implications of this study? [MER]

Table 1: the N should be given in the title of the table; in footnote 2: several: how many? The bottom part of the table: arrange the last three variables as one variable with three options. Special housing: what is that? [DR]

Table 2: definitions and descriptions of the setting are given, but there exist much overlapping. Sometimes the definition, for example that of home help, is somewhat odd. I suggest that the authors insert a short part in the introduction about how home care is organized, and delete the table. [DR]

Table 3: first sentence: sentence structure?? [DR]

Table 4: death in 17m: is this a medical or functional problem? [DR]

Table 5: Title: English writing: Patients where: not correct.

Figures: figure 2 to 5 are redundant as they are repetitions of figure 1. [MER]
The number of tables and figures should be reduced. [MER]

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
'I declare that I have no competing interests'