Reviewer's report

**Title:** Putting Prevention into Practice: Barriers and Facilitating Factors Perceived by General Practitioners: Qualitative Study

**Version:** 1  **Date:** 4 May 2009

**Reviewer:** Franz Piribauer

**Reviewer's report:**

In general an important paper in a difficult field of research.

The research methods are appropriate, the data of the qualitative work seem sound. However I am not an expert on qualitative research, so I cannot judge on the relevant reporting standards.

The limitations of the work are not really worked out, especially the limitations due to the kind of selection of GPs (see my Revision remark Rev 2).

The main weakness of the paper is, when the findings are put into the framework of barrier models published by others in the field, mainly in the discussion part of the paper.

Thus my following 8 recommendations.(please apologize my writing, I am on travel and work on a laptop on the backseat of my car)

- 4 Major Compulsory Revisions

Rev 1:
In the discussion part important previous research in exactly the same field should be accounted for. Authors in Canada [1,3] and the Netherlands [2] have developed barrier frameworks (models).

The findings among German physicians should be set into relation to the published frameworks.

Especially the authors should refute or agree on the statements and findings made by Hudon [3] when studying the implementation of the guidelines of the Canadian task force on preventive health care.

Rev 2:
page 4, (Methods section), 1st paragraph,
Is there a self selection of physicians. Is this bias discussed as limitation?

The sampling of GPs is not clearly stated. It looks like it is not random, a self selected group of 32 among 100.

How was the study base of 100 selected, how many of them consented, for how
many of them finally parts or complete interviews were available for the study?

What have been the characteristic of those declined in comparison to the 32 whose interviews were available?
The influence of the selection bias on the findings should be discussed in the limitations.

Rev 3:
Methods section, 2nd paragraph,

When describing the construction of the Interview guide the conceptual basis for the barriers and facilitating factors should be clarified. Which barrier framework (see Rev 1) was known, followed or declined? Or if none was applied, it should be stated explicitly.

Rev 4:
page 15, (Physician related facilitating factors), 1st paragraph:
An important finding is uncovered by one physician statement (GPH05). It seems not to be unusual that physicians see 100 patients a day in Germany. This would provide for a real substantial barrier. This "hard factor" should be discussed whether it is a subjective impression by one GP or highlights the real workload in Germany’s fee for service system.

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recommended literature for Rev 1 - 4


- 1 Minor Essential Revision

Rev 5:
This revision regards the reimbursement of preventive services in Germany. The impression arises that these services are not covered in Germany. However I think this is not completely correct and the following statements should be reviewed or put in perspective in the discussion:

Page 10, (Physician related factors)...
second paragraph, statement of GPB01 on money for CVD prevention, "... will receive all necessary treatments such as cardiac catheter costing four thousand marks. But we don’t earn anything before that"

Page 13, Health System factors, "....check ups not covered by health insurance"

To my knowledge it is regulated by law that in Germany every person over age 35 can attend regularly and free of charge the so called "Check ab 35". And cancer preventive (screening) services can be used, starting from age 18 free of charge.

(see: www.surfmed.de -> Vorsorge -> Früherkennung)

- 3 Discretionary Revisions

Rev 6:
The reasoning for selecting the example verbatim statements remains unclear. What overall trend or finding should be explained? E.g. how often was the topic of the example found, how prevalent was it among the physicians interviewed?, and so on.

Rev 7:
page 21, last sentence
page 22, first sentence (continued from previous page)

Unclear meaning:
"... education materials for patients and non-traditional preventive interventions ...

Whom is the educational material for? .. patients and interventions perhaps the authors mean material covering non-traditional preventive interventions?

If yes, what is a "non-traditional preventive intervention"? Perhaps an example would help.

Rev 8:
As Germany and Austria have a quite similar situations regarding health care financing and incentives for preventive services, both countries are nearly the only ones in the world which reimbursed periodice health examinations (PHE) since the 1970s despite a lack of evidence, a comment on some of the barriers which were overcome by a reform in Austria in 2005 could have improved the discussion part. A deliberation on the importance of guidelines and screening programme planning for the effectiveness of preventive service delivery in the field would put the paper even further into the center of the international discussion in the field.
(see also abstracts of the European Public Health Association conference 2005: "Overcoming barriers to change a 30 years lasting annual medical check up practice in Austria."

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http://www.eupha.org/)

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**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