Reviewer’s report

Title: General practitioners’ experience and benefits from patient evaluations

Version: 1 Date: 4 March 2011

Reviewer: Ulrika Winblad

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Reviewer’s comments on the article “General practitioners’ experience and benefits from patient evaluations”

This is an interesting study on an important topic. Patient evaluations are broadly used but we know little about how they are used in practice to change and improve health care services. The article is easy to follow and gives a clear insight into the effects of doctors’ use of patient evaluations.

Major Compulsory Revisions:

I would, however, suggest the following improvements:

1. The article would benefit from the introduction being more clearly problematised. As it is written now it is hard to understand what the “gap” is that the authors want to fill. In order to find “the gap” the authors need to do a more thorough literature review than what has been done now. What have earlier studies shown concerning which factors influence use of evaluations? As the article is structured the literature review is on page 11, i.e. in the end of the discussion. My suggestion is to extend and move this part to the beginning of the article.

A suggestion is that the author should focus more explicitly on the general discourse of “use of evaluations” and not only on GPs use of evaluations. The former is a lively theoretical discourse that includes, for example, potential barriers for use of evaluations. In this way the article would contribute in a more direct way to the theoretical discussion within this field.

2. The article has some methodological problems. One is the selection of doctors in the study. Of the doctors invited in the study (2361) only 25 percent (597) choose to participate. There are reasons to believe that the GPs that were most prone to use patient evaluations were the one participating in the study. This is mentioned in the “limitation” section. However, the biased selection needs to be discussed further in relation to the results. For instance, what does this mean for the generalisation of the results? Also, we know very little about the patient response to the surveys. Where any reminders handed out? If not, why? Also, it is difficult to understand why the doctors in the 11th county were evaluated through a postal survey and not the others.

3. In my opinion, the authors are a bit too positive towards the effects of the evaluation. For instance, it is shown in the article that job satisfaction had
improved 26 percent and that one fifth of the GPs had adopted a more positive attitude towards patient evaluations. What is not mentioned though, is that 70 percent versus 64 percent were indifferent ("unchanged") regarding these matters (see table 4 and 5). Maybe this is the more interesting result?

4. Due to the large number of hypotheses-tests done there is a substantial risk of type-1 errors. This ought to be critically discussed in relation to the result or in the limitation part. With a more explicit theoretical approach this could have been avoided.

5. The discussion needs to be developed further. As it is written now, it is mainly a summary of the results. The authors ought to show more clearly what the practical, as well as theoretical, contribution of the article is and how the results can be connected to the international literature of the field. The discussion should also include a part about generalization of the results, for example, is it possible to generalize the results to other types of professions or policy fields?

Discretionary Revisions

6. An international reader needs to know more about the Danish health care context. For example, how many are the counties in Denmark and what is the role of the GP in this specific system? For instance, are they mostly working solo or in group practices? This might play a role for their capacity to make changes in accordance to the evaluations.

7. A methodological problem is that there is no T-0 measurement or a control group (which is discussed in limitation part but is still a problem). This makes it difficult to judge if the willingness to make changes is an effect of the feedback of the evaluations or of other factors in the organization. This could be discussed more thoroughly in the limitation part.

8. With the quite low response-rate or the GPs (25%), a non-respondent analysis is needed. Is there any specific group of doctors that did not answer the questionnaire?

9. I would also have liked a critical discussion about the instrument chosen, i.e. EUROPREP. What are the drawbacks of this instrument, could other results have been reached with another instrument?

10. The aim in the abstract is not formulated in the same way as in the paper.

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

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