Author's response to reviews

Title: Unlimited access to health care - impact of psychosomatic co-morbidity on utilisation in German general practices

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Author's response to reviews: see over
Response to review

We are grateful for your keen interest in our work and your helpful and critical comments. They helped us to improve our manuscript. We hope that the revision gives a clearer interpretation of the results and finds your approval. By carefully checking the data we realised a mistake in the categorisation of the permanent diagnoses (Table 2 and 3). We have calculated and corrected the data. This has led to discrete changes of the results (slightly more enhancement of the effects). The message remains completely unchanged. We are very sorry for this inconvenience. In detail, we revised the following points, accompanied by short comments (all changes are bold):

Major compulsory revisions

PHQ to estimate the validity of coded mental diagnoses
We agree that ‘validity’ might be misleading. Now we wrote ‘adequacy’ instead of ‘validity’.
We discuss the limitation of our procedure now.

Limitation due to non-participants
This was already discussed in the previous version (Last sentence in Discussion section: Nonresponder were significantly older than responder. This might lead to an underestimation of the frequency of practice contact, referrals and periods of disability. However, it is unlikely that this affects our findings on the role of psychosomatic comorbidity.)

Minor essential revisions

Mentioning PHQ in the abstract
We added in the abstract result section: Patients with mental diagnoses scored higher in depression, anxiety, panic and somatoform disorder scales of PHQ.

Information on type of practice
We are very sorry for our inability to describe these details. There is no deprivation scoring system in Germany on general practice level. Beside that, population age is not usually calculated in German general practices. Therefore there is often no statistical function included in the practice software. Finally, the GPs do not want to give detailed information about practice sizes, because such information is linked to personal income. On the average, 242 patients are seen from one GP within one week (Koch et al. 2011, see citation 9).
Discretionary Revisions

Free access to health care system in the UK
We deleted ´UK´ and added that the high contact frequency might also be a result of the German rewarding system.

Comparison with other studies
It was difficult to find more exact numbers with respect to number of practice visits. Now we compare our findings with the results of Barsky et al.

Title could make clear that health care access is unlimited in Germany
We have changed the title due to your suggestions and hope that this will find your approval. Beyond that, also the combination with the reimbursement system might contribute to such an effect. We explain this more in detail now (Background and Discussion).

Reference for typical German case-mix
We found no appropriate reference. We deleted this ´truism´.