Reviewer's report

Title: Setting priorities in primary health care - on whose conditions? A questionnaire study

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Reviewer: Thorsten Meyer

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This paper gives insight into priority setting in primary care based on the analysis of individual patient data from the perspective of three important stakeholder groups: GPs, nurses, and patients. Since primary care serves a fundamental role in health care, e.g. in gate-keeping for higher resource use hospital care, it is an important topic in the priority setting literature.

The study stands out because besides the individual level approach a high number of cases could be included and a comprehensive sampling of patients, i.e. contacting every patient in a defined period of time (consecutive sampling), has been applied. Also, heterogeneity of the primary health care centres regarding populations served were aimed at, although no data was provided whether this was successful. The weakness of the study appears to be a crude operationalization of the level of estimated severity of the health condition, estimated patient benefit of the planned intervention and its estimated cost effectiveness. Besides applying a very global 3-point rating scale, the thresholds from on point to the other should be expected to differ between the professional participants. However, the substantial amount of priority rating variance accounted for by these three ratings (40% and 54%) can be understood as an indicator of their validity. Unfortunately, the study design precludes the opportunity to make a direct comparison of priority setting ratings of individual patients between GPs and nurses, which would have been informative.

Minor Essential Revisions

1. Since the report of the parliamentary commission on priority setting from 1995 had been referred to in the international priority setting literature it would be helpful to a) explain how the criteria used in this paper relate to the criteria of the report (esp. why the criteria of human dignity was left out, e.g. prioritizing people with reduced autonomy) and how they were selected, and b) to add issues (and controversies) around the hierarchy of these criteria. This appears to be important because if the result of the study is that GPs put the main weight on cost-effectiveness, this goes against the original idea of the hierarchy of priority setting criteria as proclaimed by the parliamentary commission and should be commented in the discussion section.

2. Methods section, Questionnaires: Please add the lables of the 3-point rating scale to allow for better comprehensibility.

3. Data analysis: Please check for multicollinearity of predictors, which can be
expected from a substantive point, since patient benefit and cost-effectiveness should be positively related.

4. Data analysis: the 3-point-single-item-ratings appeared to have been introduced into the regression model as interval scale variables. This is a strong assumption. Dummy coding would have been more appropriate but makes the analysis of interaction more difficult. This should be discussed.

5. Data analysis: It should be noted whether the dependent variable of the model (priority rating) followed a normal distribution.

6. Data analysis and results: There is no reference to the analysis of possible interactions between the three criteria, i.e. at present the model is restricted to the analysis of simple linear effects of the three criteria. It might be expected, that certain interactions can explain additional variance, e.g. the interaction between severity of health condition and patient benefit (as was the case in the original "need" concept of the parliamentary report). E.g. estimation of patient benefit might be different with regard to priority rating of the patient by the level of severity of the health condition. These interactions are not yet represented in the present model.

Discretionary Revisions
1. 1st sentence of second paragraph of background needs revision.
2. In the abstract and in the conclusions it is read that preventive measures had a comparable lower priority. This might be misleading since this only relates to secondary of tertiary preventive measure in chronic conditions. This should be made more explicit.
3. 3rd line of acknowledgement needs revision.
4. Any idea why men are overrepresented in the patient sample?

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

Quality of written English: Acceptable

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:
I declare that I have no competing interests.