Author's response to reviews

Title: In search of attachment: a qualitative study of chronically ill women transitioning between family physicians in rural Ontario, Canada

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Version: 2 Date: 11 December 2012

Author's response to reviews: see over
Dear Dr. Koopman,

We would like to thank the reviewers for their thoughtful consideration of our paper, and for their suggestions for its refinement. We carefully considered each of their suggestions and have addressed these below, following our response to the request for formatting checks.

**Formatting Checks**

**Consent:** We have revised the copy to clearly stipulate that written informed consent was obtained in paragraph 2, on page 8:

Written informed consent for participation in the study was obtained at the outset of the interview. Interviews lasted roughly an hour.

**Competing Interests:** This section has been added, following the Conclusion section, on page 26.

**Figure Cropping:** The figure has been close cropped and a revised figure file uploaded as part of this submission.

**Reviewer One (Crouse)**

**Major/Minor Revisions:** With regard to the question of referrals and whether forward referral may have been related to the severity of a participant’s chronic condition, we concur that there is a spectrum of rheumatologic conditions – and patient response to those conditions – that affects relative need for direct physician care, at the primary care and specialist levels. However, the referrals in question were to new family physicians whose scope of service provision extends well beyond care for chronic conditions and, in Canada, having a primary care physician is essential for ongoing preventive and routine care, as well as referrals to all required specialists. We think it unlikely, therefore, that an outgoing family physician would make decisions about forward referral to a new family practice solely on the basis of the severity of one’s chronic condition. Nor was there any indication in the participants’ accounts that this sort of consideration was entered into by their physicians. In the words of one participant who did venture an opinion on why her physician did not refer her forward: “There was just nobody to refer to.” We did not, therefore, feel comfortable speculating on any relationship between likelihood of referral and severity of chronic condition given the absence of any data supporting this connection.

With regard to the suggestion that the patients who self-identify with a condition may be inaccurate in their attributions, we agree there is a risk that these representations may not be fully accurate. Accepting self-disclosure of a health condition in the absence of external confirmation from a physician is not, however, atypical in both qualitative and quantitative studies and we found no evidence in our interviews that the diagnoses were contrived. More
critically, all patients, regardless of their particular health conditions, require primary care and the focus of this paper is on that patient experience of transitioning between family physicians in a climate of scarcity, not on the nature and validity of their individual diagnoses. We did not, therefore, amend our Limitations section to incorporate this suggestion because we felt that even if a participant was inaccurate about aspects of her chronic condition, this wouldn’t affect her descriptions of the processes of transitioning.

**Discretionary:** We found the reviewer’s comment about the relative benefits of a Nurse Practitioner Clinic versus a Patient Centered Medical Home with a nurse practitioner an interesting observation and we agree there may be different benefits arising from different primary care models. We did not elect to alter our paper to incorporate a reference to the particular medical home model as we are not advocating for a particular alternative care model and a full discussion about the relative benefits of various primary care models falls outside the scope of this paper. We elected to cite Nurse Practitioner Clinics as they are a specific model that is being put forward in an effort to address the family physician shortage, and consequent population of unattached patients.

**Reviewer Two (Vijayan)**

**Major/Minor Revisions:** With regard to the request that we further clarify the reason for exclusion of one of the participants, we have made the following modification to paragraph 3 on page 8:

> After an initial transcript review it became apparent that one participant who had indicated that she met the inclusion criteria, did not. She had not experienced family physician turnover and did not anticipate doing so. This participant was excluded from the analysis, bringing the study sample size to 17 participants.

**Discretionary:** We elected not to provide a table outlining the disease profiles and utilization rates of participants. We feel this level of information holds potential for compromising participants’ anonymity and further, the nature of our interviews did not routinely gather those data. With regard to the elaboration of the medical home model, per our comments above, delineating and validating alternative primary care models lies beyond the scope of this paper which focuses on the patient experience of transitioning between family physicians, rather than their experience of particular care within particular provision models.

In closing we would like to thank the editor and the reviewers for their input. We hope our revisions and responses address all the points raised.

Sincerely,

Valorie Crooks on behalf of the authors.