Reviewer's report

Title: Design choices made by target users for a pay-for-performance program in primary care: an action research approach

Version: 2 Date: 17 February 2012

Reviewer: Evangelos Kontopantelis

Reviewer's report:

Thank you, I think the paper is much clearer now.
In reply to your reply to my comments (same numbering)

Minor Essential Revisions

1) You now discuss the non-incentivised aspects of care issue and possible approaches to tackling it (retiring re-introducing in cycles, blinded etc) but it wasn’t clear to me which approach you will follow. Has it been decided? Please clarify.

I accept the authors’ response regarding this but I would expect them to expand the limitations sections to include the two issues (possible decline in non-incentivised aspects and no improvement of P4P in hard outcomes). In general, I provided quite a few criticisms in my review and it would make sense to expand the limitations section to include them.

2) It is still unclear what the seven levels of care are. How will they be calculated? What is the annual estimate for all the participants? Someone could argue that the 25th centile is pretty low and you are rewarding practices for good quality of care that are achieving worse than the average practice. This has not been commented at all in the discussion or the limitations section. I don’t think box 1 is very clear in the current format. I would prefer a single table for three successive years with all the variables there (and nil for improvement in the first year)

A major issue is the remuneration levels for improvement. A practice at level 6 of clinical care (after the first year) will be receiving 1.50 euros per patients. A practice that is at 6, back to 5 and then back to 6 will receive 1.50 pp for year 2, 1.25 for year 2 and 1.50+0.42=1.92 for year two! Overall, the practice is better off by fluctuating its care levels. Surely that’s not fair and it’s an invitation to practice gaming. The improvement bonus can never be higher that the difference in base bonuses for the respective levels.

3) Fair enough, but still no mention of the problem in the limitations section.

4) a) I accept that but the QOF is a good example of (lots of) money and sustainability (add to limitations section).

b) Yes, but remuneration is not linked to these better proxies of health (add to limitations section).
c) much clearer

**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