Reviewer’s report

Title: The "Black Box" of Primary Care: What's behind the Code?

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Reviewer: Kees van Boven

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All are discretionary comments

1: The article deals with an important problem: how to describe the content of a primary care encounter and how to report it. So in my opinion there are 2 questions posed by the authors. It will be easier to read the article if you make a clear distinction between the two questions.

2: To describe the content the researchers used a simple form with some patient demographics, the primary reason for visit (written down by the physician), frequency of the encounters in one year, the topics discussed and the actions taken. My critique is that the used form only describes for a part the (the complexity) content in primary care although the results are more or less the same as in other studies. What’s missing is the reason for encounter (ICPC term): what did the patient say by entering the room, the comorbidity, patient preferences etc. This is for a part written down in the limitations section but should need a more prominent part. Patient centeredness is an important issue. And maybe we should report (as a GP) more "patient" language.

3: The GP’s filled in the ICD-9 code for billing purposes. To use an ICD code for billing is in principle incorrect. By doing this the prevalence and incidence of problems/diseases are biased to a billing system. I think it is important to make this more clear.

4. The section with data collection, data analysis and results is clearly written. The section ICD 9 coding makes it clear that one code even cannot describe the dominant topic of visit more serious is that only one code is used in one visit.

5. With this study the researchers made it very clear that it is impossible to use 1 ICD code to describe the content. Using in one visit more ICD 9 codes could make it more clear what happens in a consultation but only on the diagnosis level and not on the action level.

6. I support the conclusion that the data allowed a greater understanding than only using an ICD-9 or billing code.

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.