Reviewer's report

Title: Heart failure patients’ experiences with continuity of care and its relation to medication adherence

Version: 1 Date: 20 July 2011

Reviewer: Kathleen Bennett

Reviewer's report:

The paper examines patients experiences of their heart failure in terms of continuity of care and adherence to treatment through questionnaires and medical chart review.

Major revision

1) The style of writing (English) was sometimes difficult to follow. This could be improved on significantly throughout.

2) Potential bias in the selection of participating practices/patients was not provided. It was not certain whether the practices came from one region or nationally. This limits the generalisability of the findings outside of these practices/patients.

3) Clarification on how the health care system in the Netherlands works in terms of relationships between primary and secondary care. ‘Care providers’ referred to throughout but is this primary or secondary health care? Some distinction between these would have been useful.

4) Methods was poorly written. More information on the questionnaires chosen, why were these specific ones chosen? Have they been validated for the Netherlands population? Self-reported questionnaires are limited by their subjective nature. The description of the data collection and statistical methods was very vague.

5) Results are presented in the discussion again where more discussion of the results was required. Limitations may also need to include lack of generalisability if relevant.

Minor comments

Abstract

Continuity introduced but not explained.

Not clear from the methods how the patients with heart failure were selected from what setting? Some of the wording in the abstract could be clarified.

Background

Third paragraph – what is meant by ‘reality drifts into another direction’? There is a big jump from possible ‘discontinuity and fragmentation’ in care to poorer medication adherence. More reference to evidence on this is required. Who are
the ‘providers’ referred to in the last sentence. This needs to be more obvious.

Aim – this needs rewording for clarity.

Methods
Participants
The method of sampling of the primary care practices and patients from these needs to be explained much further. Were they randomly selected? Are they representative of the population in the Netherlands? If not, why not? This limits to generalisability of the findings, and understanding of any potential biases in the sample.

How many patients were recruited, and how many were eligible?

Measurements
The first questionnaire referred to needs to be referenced properly with full explanation of any validation.

Please define care providers – are these doctors, nurses, etc? medical home and GP practice are referred to – are these the same? Needs to be clearer.

How were the initial three dimensions derived? The second and third domains were subject to principal factor analysis, but this was not explained fully. Results of the factor analysis are presented in the methods, perhaps better to move to results.

Were the questionnaires anonymised? Did you obtain ethical permission for the study?

Medication adherence.

Why was this questionnaire chosen over others?

Analysis
This section was not clear.

The exclusion of cases with missing data may have biased the results – what number of cases were excluded? Missing data could also have been imputed using worst or best case scenario.

Last sentence of first paragraph confusing to read. Please clarify.

Medication adherence scale better described in previous section.

The description of the statistics used was inadequate. No reference to the chi-square test used in the results etc. last sentence needs rewording.

No sample size (power) calculations are provided for the study. What was the original sample size based on?

Results
‘care provider’ referred to but unclear who this is?
‘of which 54%...’ not clear what this is referring to. 54% of who?
Not clear what is meant by ‘..highest by 50% or more.’

Discussion.
Needs to be discussion of the results, not repeating results again as in the first paragraph.

Second paragraph – explain why the finding?

Limitations section very long in relation to other sections.

No background to health services in Netherlands provided, so difficult to know how the health care system works for heart failure patients. It would have been useful to have some knowledge on this earlier. Much of this section is poorly written. Other limitations might have included the representativeness of the study population but we have no information on this to comment.

Comparison with other studies – is this complete for all studies?

Implications

It is not obvious that the first statement holds based on just 42 practices, out of how many in the Netherlands?

The last paragraph on interventions for better communication could have been expanded further, referencing other studies.

Conclusions

First sentence needs further substantiation.

Authors information – spelling and grammar needs checking.

Table 4- what statistic was used here? Not described in methods. The numbers in some cells is small so probably not sufficient for a chi-square test.

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

**Quality of written English:** Needs some language corrections before being published

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

**Declaration of competing interests:**

I declare that I have no competing interests