Author's response to reviews

Title: Addressing the deficiencies in the evidence-base for primary practice in regional Australia - Sentinel Practices Data Sourcing (SPDS) Project: A Pilot Study

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Author's response to reviews: see over
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Natalie Pafitis
Executive Editor
Editorial team: BMC Public Health

Dear Natalie,

RESUMBISSION: ORIGINAL RESEARCH PAPER FOR PUBLICATION IN BMC Public Health:
Addressing the deficiencies in the evidence-base for primary practice in regional Australia - Sentinel Practices Data Sourcing (SPDS) Project: A Pilot Study

I am pleased to submit the revised manuscript of an original research paper for consideration in BMC Family Practice. The paper proposes a novel way to monitor chronic disease prevalence on a population level through data collected routinely during patient interactions in General Practice. To date, information gathered from primary care interactions, using sentinel sites, has not been investigated as a potentially valuable surveillance system in Australia.

The study assessed the feasibility of accessing data obtained through a computerised clinical reporting tool that has been designed for desktop application (Pen Computer Systems (PCS) Clinical Audit Tool:™ PCS CAT). Collated patient data included information on chronic disease management and prevention, prevalence of health risks such as overweight and obesity, mental health indicators, medication profiling, as well as uptake of preventive health services (immunisation, cervical cancer screening and health checks). The study has shown that higher than national average estimates were found for the age-adjusted prevalence of chronic diseases such as hypertension, anxiety disorders and obesity/overweight within the cohort of the population that consult General Practice.

This study has demonstrated that the scope of data collected by patient visits to their General Practitioners, facilitated through the Medicare-funded primary health care system in Australia, offers a feasible opportunity for surveillance of chronic disease prevalence and its associated risk factors. It hence illustrates the potential of using routine general practice data to inform evidence based primary practice in Australia.

In Australia, as in most other countries, general practitioners are the first source of referral within the larger health care system, and thereby provide an optimal opportunity for effective monitoring of morbidity data of the population. The findings of the paper propose a way to implement population-level surveillance. The paper fits within the scope of the BMC Public Health journal in that the findings are applicable to improved planning for health service delivery at a local level.
As per the comments from the reviewers that were sent to us through an email from Ms Eloisa Nolasco on behalf of Prof Tony Dowell (email received on 25/07/2013) I have amended the manuscript to best incorporate the suggested changes. These are detailed as follows:

**History of Changes:**

**COMMENTS from REVIEWER:**

1) The graph in figure 5 (which doesn't seem to be referred to in the text) is a major improvement from the original, but it is not straightforward to distinguish some of the lines, so a different colour and line type scheme could make it more accessible to the reader.

**Change:**

Figure 5 has been redrawn with a range of visually different colours ranging from lighter colours to darker ones and some more illuminating colours as well, so as to have a very different line colour for all 10 diseases being illustrated. A coloured chart background has also been introduced so that all 10 line colours can be easily appreciated. Additionally single-border lines have been used to eliminate any visual illegibility. Furthermore the reference to figure 5 has been checked within the text of the article and it is included in the Results section of the article where the sentence reads as follows:

*An illustration of age specific burden of disease (Figure 5) indicates that asthma and depression prevalence is much higher amongst younger age groups compared to older adults.*

2) The population counts graph (2a) and rates (figures five) are based on very small numbers in the older age groups, with a denominator of only 2 patients in the 90-94 group. It may be more meaningful to amalgamate the counts for patients aged 80+.

**Change:**

As per reviewer suggestions the population counts for older ages has been changed to 80 & Above. It is reflected both in Table 2a as well as in Figure 5.

I look forward to further correspondence regarding this article.

Yours sincerely

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