Reviewer's report

Title: Unlocking information for coordination of care in Australia: A qualitative study of information continuity in four primary health care models

Version: 1 Date: 17 November 2012

Reviewer: Sina Waibel

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Lack of coordination among providers is considered to be a common cause of poor quality of care (Bodenheimer 2008; Ovretveit 2009), producing duplications of diagnostic tests, perilous polypharmacy and conflicting care plans (Bodenheimer 2008). Hence, care coordination, embracing informational coordination, has become a priority in many countries. The paper “Unlocking information for coordination of care in Australia: A qualitative study of information continuity in four primary health care models” explores informational coordination in different Australian primary health care initiatives by using in-depth interviews or focus groups with health personnel and managers. Although the study objective and results are of interest for researchers and policy makers, the paper presents some major weaknesses regarding the used framework, selection of participants and sites, presentation of results and the discussion section, which need to be improved:

I use the following abbreviations:
A... Major Compulsory Revision
B... Minor Essential Revisions
C... Discretionary Revisions

Background

1) B: Although there might not be one overall accepted definition of care coordination, it would be important to know how you define care coordination in the context of your study. You could use the following definition: Care coordination can be defined as the harmonious connection of the different services needed to provide care to a patient throughout the care continuum in order to achieve a common objective without producing conflicts (Starfield 2002).

2) B: I would change the focus set on continuity of care to care coordination since, as you perfectly describe in the introduction, continuity of care reflects the patient’s perspective, however patient’s views are not sought in the study. You could describe two interrelated care coordination types as followed: i) informational coordination: the transfer and use of the patient clinical information and ii) managerial care coordination: the provision of care in a sequential and complementary way by the different services and care levels that participate; and cite Reid et al (2002).
3) A: If you still want to describe continuity of care then please use the references properly: use Haggerty et al. (2003) or Reid et al. (2002) for defining the continuity types and the definition of informational continuity and not Waibel et al. (2012).

4) B: E-health and chronic disease initiatives should be better described

Methods

5) A: Key questions do not coincide with the purpose of the research and are difficult to understand. Why do you distinguish between informational continuity (coordination) and care coordination in the second study aim, if informational coordination can be considered part of care coordination? The framework needs to be better defined.

6) B: Key questions are very, and maybe too specific for a qualitative analysis. I suggest formulating the research questions as followed: How is clinical information between providers used? What are the distracting factors of the proper use of information? What factors stimulate the use of information? Etc.

7) B: Do you want to analyse informational coordination across care levels within one organization or across organizations? This should be defined and justified.

8) B: Terms such as multidisciplinary care, care planning, etc. need to be defined also. Do quality improvement programs refer to chronic disease initiatives?

9) A: What were the inclusion criteria for the selection of the study participants? And for the sites?

10) A: If I have understood correctly, cases or sites refer to organizations/practices but also to initiatives, which makes a comparison between cases difficult. A better description is needed, maybe using a table.

11) B: Why was a group interview (focus group?) conducted for Case 2?

12) C: The topic guide should be annexed, if possible.

13) A: What is the initial framework?

14) A: The comparison across cases (four models) is not presented in the results.

15) A: If the analysis is segmented by cases, most probably saturation of data has not been reached. I suggest presenting results together for all cases.

16) B: Characteristics of the sample should be better presented (in a table) including sex, age and profession.

Findings

17) A: A more in-depth analysis is needed and results summarized (maybe by conducting an across-case analysis, and after having reformulated the research questions).

18) C: Instead of using “interviewee”, the profession should be mentioned if relevant.

19) B: Reader should be able to identify the origin of the quotation (which
profession).

20) B: Authors’ expectations should not be part of the results ("It was expected that financial incentives ...")

21) B: Results of the section “other themes” – which I assume are emergent topics (by using a mixed generation of categories) – should be just mentioned when considered relevant to the research questions.

22) B: Have decision makers been interviewed as stated in the methods section?

Discussion

23) C: I liked the summaries of the finding in the discussion section, and would consider amplifying these summaries and using them for the presentation of the result rather for the discussion.

24) B: Discussion of results should be done with literature on care coordination rather than continuity of care. Numerous articles have been published on that topic (including articles using qualitative research).

Limitations

25) B: Why were there just a small number of participants interviewed? If saturation of data has been reached, then the number of interviewed participants would not be a limitation.

26) B: Using semi-structured interviews, emerging topics are usually considered for the analysis and the protocol (do you refer to the interview/topic guide?) adapted to cover emerging topics, hence this would not be a limitation, either.

Conclusions

27) C: The first sentence refers to faced challenges, which does not respond to your overall research question. Nevertheless, I think it would be interesting to focus the analysis on hampering factors of informational coordination and give implications in the discussion section.

References:


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