Reviewer's report

Title: Family physician views about primary care reform in Ontario: a postal questionnaire

Version: 1 Date: 21 November 2003

Reviewer: Brian Hutchison

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General

Discretionary Revisions (which the author can choose to ignore)

1. Page 10, paragraph 2. "In a study of the pilot phase of Ontario primary care reform physicians in Ontario’s capitated HSOs were no more likely to join than fee-for-service physicians [8]." The authors may want to acknowledge the possibility that this finding was due to the similarity between HSO funding arrangements and those offered in the primary care reform pilots and the requirement in the pilots for the re-rostering of patients.

2. In discussing the implications of their findings in relation to the likely uptake of the Family Health Network model, the authors might consider placing them in the context of the diffusion of innovation literature.

3. Table 2 indicates a high proportion of non-response to the questions on age and years in practice (11.4% and 15.6% respectively). Some comment on this might be appropriate.

4. Responses to the statements “I expect to be part of the Ontario Family Health Network by 2004” and “I expect to be part of the Ontario Family Health Network at some time after 2004” are difficult to interpret because it is not clear how those who agreed with the first statement would respond to the second. As a consequence, responses to the two statements cannot confidently be added together to provide an estimate of the total proportion of respondents who expect to join the OHFN at some time. I would encourage the authors to compute the proportion of respondents who agree that they expect to be part of OHFN at any time (i.e., either before or after 2004).

Minor Compulsory Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

5. Page 2, last paragraph. “In Ontario, several models of reformed primary care have been initiated as pilot projects and evaluated [5].” Two models (reformed fee-for-service and global capitation) – which could be considered two variants of a single model – were evaluated in the publication cited.

6. Percentages in column 4 of table 2 are preceded by minus signs. These need to be deleted.

7. In examining the relationship between characteristics of family physicians and their level of agreement with the statements about primary care reform, the authors consider only bi-variable relationships. Multivariable analysis would be helpful in identifying which variables are independently associated with the dependent variable (e.g., expectation of joining the OHFN). The authors need to indicate why they did not undertake multivariable analysis.
8. Page 8, second paragraph. “The majority of physicians do not expect to join the Network, nor do they understand the Network enough to make an informed decision about participating.” According to Table 2, 54.9% agree that they understand reform about to make decisions about joining.

9. The spelling of my name should be corrected in reference 9.

10. Page 6, first paragraph. “Few practices had a patient population of less than 500 (4%); most practices had between 1001-1500 patients (21%) or 1501-2000 patients (26%), although 22% of practices had more than 2500 patients on their lists.” This statement is confusing. In fact, most practices (54%) did not have between 1001-1500 or 1501-2000 patients. Exclusion of two of the six practice size categories from the sentence further confuses the presentation.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

11. Assessment of sampling bias. The authors need to justify the appropriateness of using the National Family Physician Workforce Survey as a standard for assessing sampling bias, given the 53% response rate to that survey.

12. Number of respondents and response rate. In the first sentence of the results section, the authors indicate that 579 physicians responded to the questionnaire. However, this number does not follow from the numbers presented earlier in the sentence (1200 family physicians sent a questionnaire; 50 not in practice; 567 questionnaires not returned; 8 returned without a response). Further, the total number of respondents is given in Table 2 as 577. These numbers need clarification.

13. Agreement with statements about primary care reform. The presentation regarding agreement with these statements is confusing. At times slight agreement is considered as agreement and at other times it is excluded from the agreement category. In my view, computing the proportion who agree with the statement based on the sum of the “strongly agree” and “agree” responses is misleading because it implies that those who “slightly agree” disagree with the statement. When one includes the slightly agree responses, the picture that emerges is somewhat different from the one presented by the authors – a majority agree with all but three of the statements (two relating to expectation of joining the OHFN and the statement on capitation). More than 70% agree with 5 of the 11 statements.

14. Practice index. The authors created a practice index “to identify practices that were similar to those proposed by the Network”. The creation of the index is well described in the methods section. However, it is not clear how the results presented in the first paragraph of the results section - “Few practices (7%) resembled those proposed by the Network, while most (72%) did not resemble the proposed practices; a further 11% resemble neither one nor the other type” - were derived from the index.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No

Declaration of competing interests:
None declared