Author's response to reviews

Title: Asthma and COPD in primary health care, quality according to national guidelines: a cross-sectional and a retrospective study.

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Author's response to reviews: see over
To the Editor, BMC Family Practice,

We hereby submit our revised manuscript “Asthma and COPD in primary health care, quality according to national guidelines: a cross-sectional and a retrospective study”.

A professional copyediting service has been consulted to check the language in the paper.

Below is a point-by-point response to the concerns given by the reviewers:

**Reviewer: Onno P van Schayck**

1. It is useful to evaluate the effect of new guidelines with the help of Donobedian's theory. The interesting aspect of this theory is the linking between structure, process and outcome of the quality of care. Unfortunately only aspects of structure and process and no aspects of outcome have been investigated in this study (e.g. why was the number of still smoking COPD patients not related to the time spent per patient, that would have given the ultimate answer to the questions asked! It is a bit too simple to refer to Reference 21 to answer this specific question).

   *We totally agree with the Reviewer that it would be interesting to study aspects of outcome. However, this type of data cannot be found in medical records, which is why another study design would be needed in order to answer those questions. This is now discussed on p 10, second paragraph.*

2. It would be good to make the research question (or aim) at the end of the Background more specific.

   *We have made the research question more specific.*

3. At the end of the paper it turns out that only a very limited number of structure and process aspects have been investigated. It would be good to specify the aspects investigated in advance.

   *The aspects investigated are now illustrated in table 1, referred to in the first part of the Method section.*

4. Another point of serious concern is the retrospectively examining of medical records. Nowhere is reported what the quality of these data is. When the data are not registered in a standardized way it is likely that most of them are not suitable for the research purposes where they are used for in this study.

   *The quality of data retrospectively obtained from the medical records is now better described, see p 5, first line, under “Process quality – retrospective”.*

5. How accurate is the estimation of the time spent for ACNP?

   *This is better described in this revised manuscript, see p 9, end of paragraph 2.*
6. How likely is it that socially desirable answers were filled in by nurses reporting their own activities?

*This is now discussed on p 9, last paragraph.*

**Reviewer:** Ivo Smeele

General:

1. The article is too long for the message, I suggest maximum 1500 words.

*The article has been shortened. Word count is now 2042, (earlier 2748)*

Background:

2. A major study question (of interest) is the relation with time the nurse has, it should be described.

*The time Asthma/COPD nurses spend at each centre is described in figure 1. Time aspects are also related in the Background, p 4, first paragraph.*

Methods:

3. A table with the chosen items of structure and process of care would be valuable.

*The requested table is now added to the manuscript, table 1.*

4. Power calculation is done on which indicator?

*See extended description of power calculation on p 5, paragraph 2.*

5. Is it possible to test statistically the correlations between structure and process of care for all the (relevant) items and present the results?(negative or positive). Than the significant correlations can be further explored.

*Statistical tests of relevant structure and process indicators have been carried out. The only correlation found was between time and a number of process indicators. In the next step those were tested to investigate significant differences in process results according to the different time groups, which was considered sufficient. This is described in “Results”, in the text and in table 3. See p 7-8.*
Results:

6. Is it possible to first present the results on the quality of the given care and then in a separate section the results of the correlations between structure and process?

*Structure results and process results are now illustrated in separate sections, followed by a section with correlations between structure and process.*

7. Presentation of results in median, quartiles and min-maximum?

*This is not considered relevant due to the dichotomously registered data that were collected.*

8. The text is too much repeating what is presented in the tables.

*The text has been shortened, and repetitions have been deleted.*

9. Concerning the last paragraph of the results: "The number of contacts each patient had with the ACNP showed a linear association with time reserved for ACNP at each centre. Etc. "What does it say? More time gives more consultations? But does it lead to better process of care? The highest level of time didn't show better process of care on the chosen indicators?"

*Yes – this means that more time gives more consultations, but does not unambiguously lead to better process of care. However, at least one hour per week gives better process quality than less than one hour, which is our most interesting finding. This is discussed on p 9, paragraph 2.*

Discussion:

10. I miss page numbers

*Page numbers are added.*

11. First page The relevance of the indicators should be described in the methods.

*Relevance of indicators is now described in the Background, which was considered the most appropriate choice.*

12. Literature on quality of care on asthma and COPD in primary care should be discussed and also other studies tried to say something on the relation between structure and process. They should be discussed.

*More earlier studies are referred to and discussed in this version.*
13. What does these results add to our body of knowledge?

As mentioned in the Discussion, this is the first attempt to determine the level of time needed for ACNP in primary health care in order to obtain a good process quality.

14. Nothing is said about the level of care and if it is sufficient or not. Is there a benchmark concerning these indicators.

No, the guidelines do not provide any benchmarks. This is now discussed on p 10, paragraph 2.

15. In the PCRJ of october 2007 there is a short report on the issue of time a nurse has for asthma and COPD care. (page 319)

Thank you for informing us about this article.

We hope that this paper now will be considered suitable for publication in your journal.

Yours sincerely

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