Reviewer's report

Title: The British Columbia Nephrologists' Access Study (BCNAS) - A Prospective, Health Services Interventional Study to Develop Waiting Time Benchmarks and Reduce Wait Times for Out-Patient Nephrology Consultations

Version: 1 Date: 20 March 2013

Reviewer: Delphine Tuot

Reviewer's report:

Comments to the Editor and Authors

Schachter et al describe and evaluate an intervention aimed at standardizing and decreasing wait times for new outpatient nephrology clinic appointments. Given the recent push for patient-centered and accountable care, this project is timely and important. The authors need to address a few methodological concerns. The manuscript would also benefit from some careful editing. Specific comments listed below.

Major Compulsory Revisions:

1. Abstract: Analytic methods are not specified. The last sentence of the introduction addresses
2. Figure 1: This is introduced a little too early in the Methods section, since MOAs are not defined until later. Also, the figure refers to surveys that have not yet been introduced in the text. This figure might provide more insight into the process/intervention if it were constructed as a timeline. Could the authors be clearer about the contents of the boxes? Does the middle box represent the intervention?
3. Methods: Can the authors make more clear how many providers participated in the intervention? What was the response rate among nephrologists and PCPs? Was there overlap in the nephrologists whose offices were audited and those who participated in the intervention? And, how many nephrologists are there in BC?
4. Methods: A Delphi process implies a formal consensus-building process that incorporates data/opinions from multiple stakeholders. Can the authors explain how their process allowed for consensus building? It seems as though expert opinions about appropriate wait times were sought from PCPs and specialists separately but that neither group was told about the other group’s opinions.
5. Methods and Table 4: Change in wait time is impacted by demand in addition to supply of nephrologists (as the authors point out in Figure 2). Can the authors present data on referral rate to nephrology over time? Can the number of new patients seen by each Health Authority be added to Table 4? Currently, there is a mention of a 22% reduction in referral rate in the discussion, but these data belong in the results section.
6. Results: Of the 43 respondents and 46 office audits, how many different practice groups were represented? There are likely practice group-level variables that influence change in wait time more than individual nephrologist characteristics. If many nephrologists were in the same practice group, the analyses should account for clustering by practice group. A sensitivity analysis examining this type of clustering would strengthen the manuscript.

7. Results: In paragraph 2 of the results section, can the authors provide examples of the type of patient factors that resulted in appointment rescheduling?

8. Discussion: Given that the pooled triage model was rolled out at the same time as modified Delphi process presented here, it is hard to discern how much influence each individual intervention had on wait times. The authors acknowledge this in their discussion, but it remains an important limitation to this study.

Minor Essential Revisions:
1. Introduction: In the last paragraph, please define “pooled triage”.
2. Methods: How were referral letters received by nephrologists? Fax? Email?
3. Methods: In the paragraph about outcomes measures, the primary outcome was the proportion of “new patients” that were seen within recommended wait time targets, correct?
4. Results: In the second paragraph, authors mention a mean of 8.1 (5.9) hours dedicated to office practice. Do the data in the parentheses represent a standard deviation?
5. Table 2: Isolated microscopic hematuria does not have a proposed median waiting time recommended by FP. Is this because family practitioners did not feel that these patients needed to be seen by a specialist?
6. Figure 2 is not clear.

Discretionary Revisions:
1. Methods: What types of clinical and demographic data were obtained from the data collection forms?

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.