Reviewer's report

Title: Active collaboration with primary care providers increases specialist referral in chronic renal disease

Version: 1  Date: 31 August 2004

Reviewer: Adeera Levin

Reviewer's report:

General

This paper describes an interesting and useful approach to increasing referrals of primary care physicians to nephrologists, in a specific environment of German health care. It reports a specific strategy which appears to have had the desired impact: increase in early referrals.

Importantly, this reviewer would like to see more sophisticated description of the environment in which the intervention took place, (ie German health care system) and its parallels to other systems which may exist in Europe or other countries, more detailed methods and results section.

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

1. More details are required to help the reader implement or generalize from the current work:
   a) Describe the ratio of PCP to specialists prior to and after the initiative
   b) Describe the education intervention in more detail ( # of sessions, size of group to whom education sessions were given, titles of sessions, spacing ( approximate over the 18 mo period)
   c) What does 'subtly introduced into the discussion' mean?
   d) Delineate the key components of the intervention more clearly and more objectively (ie.: educator and round table discussion, patient contact with PCP continued, Prescriptions and budget issues borne by the nephrologist)

2> How were the records analyzed? "retrospective' is a vague term: who reviewed the charts: research assistant vs ?
3) Was ethics obtained for this study?
4) The definitions of incipient renal failure, chronic renal failure and ESRD are similar to the current proposed KDOQI classifications. It would be helpful in the same terms were used: > 60 ml/min = CKD mild/moderate; 60-20 ( or 30 as per classification) = moderate CKD, and < 30 = severe CKD. ECC can be substituted for estimated GFR , and perhaps the authors could do this?

5) Describe how the individual concerns were addressed ( or do you actually mean the key concceners re: budget penalties, loss of patients and ....)

6) The results need to be more clearly, and in sections. Table 1 is indeed demographics, and could be combined with Table 2 to ensure complete description.

Discussion should first be focussed on the actual results, as well as potential weaknesses of the study. (ie sample size, non randomized, uncontrolled, single investigator and implementer) the review of the current literature and terms is very good, but perhaps not clearly contextualized vis a vis the findings of the paper itself.
Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Figures need to be more professionally done, and clearly labelled, as to relevance and the various axes labels. Title are helpful for the figures as well.

Minor grammatical errors should be fixed.

Discretionary Revisions (which the author can choose to ignore)

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

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No

Declaration of competing interests:

None