Author's response to reviews

Title: Comparison of primary care experiences among adults in general outpatient clinics and private general practice clinics in Hong Kong

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Author's response to reviews: see over
Dear Dr. Norton,

Ref: Comparison of primary care experiences among adults in general outpatient clinics and private general practice clinics in Hong Kong

Thank you for accepting our manuscript for publication in BMC Public Health. We have made further improvement for our manuscript in response to the comments made by referee 2. The details of our response is attached point by point in the following page. We believe our findings will be of great interest to public health generally, and particularly to researchers interested in the primary healthcare services. As the premier international journal devoted to publish articles in the understanding of all aspects of public health, BMC Public Health represents the perfect platform for us to share these results with the international research community.

We confirm that the manuscript has not been published elsewhere and is not under consideration by another journal. All authors have approved the manuscript and agreed with submission to BMC Public Health. There are no competing interests to declare.

Thank you very much for your attention. We shall look forward to hearing from you at your earliest convenience.

Sincerely,

Samuel YS Wong.
Associate Professor,
The Chinese University of Hong Kong.
Referee 2: Professor Graham Watt

1. This paper is much improved and the scientific part is ready for publication. The long (6 pages) and in some places repetitive preamble about health services in Hong Kong could be reduced and made clearer, possibly including some information in a table.
   A: The background section has been revised.

2. The results section of the abstract is very short and could contain more information.
   A: The result section of the abstract has been rewritten, please refer to below paragraph.
   “Our results indicated that services provided by GOPC were more often used by female, older, poorer, chronically-ill and less educated population. GOPC participants were also more likely to have visited a specialist or used specialist services (69.7% vs. 52.0%; p<0.001), although this difference in utilization of specialist services disappeared after adjusting for age (55.7% vs. 52.0%, p=0.198). Analyses were also performed to assess the relationship between healthcare settings (GOPCs versus private GPs) and primary care quality. Private GP patients achieved higher overall PCAT scores largely due to better accessibility (Mean: 6.88 vs. 8.41, p<0.001) and person-focused care (Mean: 8.37 vs. 11.69, p<0.001).”

3. On page 9, US CHCs appear somewhat out of the blue. The paper would be improved if it introduced and justified the use of CHCs as a comparator system.
   A: The relevant part has been revised.

4. There is reference to a power calculation, for which the answer is the very round number of 1000, but the actual calculation (what were they trying to detect) is not specified.
   A: The power of the calculation has been added.
   “We aimed to obtain 1000 completed surveys for the current study. This sample size was calculated based on findings from a previous paper that compared the PCAT scores between an HMO population and a CHC population [22]. We estimated the means and standard deviations for each primary care measure conservatively. The largest sample size required was 300 per group based on the sample size calculation (α = 0.05 and a power of (1-β) = 0.9).”

5. The authors should review sentence 1 of the conclusions - is that really what they mean to say - surely it is the opposite.
   A: The 1st sentence of the conclusions is as follows,
   “In summary, we have shown that respondents who identified GOPCs as their regular source of primary health care provision had poorer scores for primary health care attributes, largely due to limited accessibility and patient-focused care over time.”