Author's response to reviews

Title: Systematic review: Effects, design choices, and context of pay-for-performance in health care

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Author's response to reviews: see over
Cover letters

Dear Editors, dear reviewers

Thank you very much for providing us with your constructive comments and suggestions. Here below we detail changes made accordingly. All final suggestions have been incorporated.

1. Title and abstract
   - Background third sentence: Agreed. We added one sentence specifying the effect domains.
   - Agreed. Replaced ‘development choices’ by ‘design choices’ throughout the text.
   - Results. Sentence modified as suggested.

2. Introduction and background
   - Replaced ‘what is’ by ‘to analyze’, as suggested.

3. Methods
   - 3.6. Corrected as suggested

4. Results: effect findings
   - 4.7.1.3. ‘outcome’ replaced by ‘effect’, as suggested. Added one sentence about the general effect size, as suggested (this corresponds indeed with ‘about 5%’). Added a clarifying sentence about the negative results (thank you for this suggestion. This was necessary. We also clarified that negative means less improvement than compared to non P4P use, and not a quality decline)

5. Results: design choices
   - 5.3.1. See 5.7 where you state that due to lack of reporting we are indeed restricted in this. We will add it to the discussion (see below)
   - 5.3.2. This was another point of improvement: We have now indicated the positive evolution in terms of coverage of groups and areas, but still with limitations (even 10 domains and 146 targets in QOF...Which proportion of all GP care would that cover?). We think this is a prudent (crude) way of addressing it, without an exact mean of number of targets per program (that would be misleading because many early programs address
e.g. many different types of vaccination, but it remains only ‘vaccination’. Those programs also often report more than 10 targets in such a way. The number would therefore not reflect the difference in patient group and area coverage. We therefore chose to express this in words.

- 5.7. See addition to discussion below
- ‘lesser’ replaced by ‘smaller’, as suggested.

6. Results: context findings
- 6.5. Added one sentence about other healthcare system characteristics and how these also might relate to dilution… (leaving it open for the reader to judge, to remain prudent).
- 6.14. Added a reference toward to equity section. As suggested we elaborated a bit further on the gaming point under ‘quality measurement’.

7. Discussion
- 7.6. Sentence has been rephrased as suggested.
- 7.10.2. Modified as suggested.