Reviewer's report

Title: What doctors think about the impact of managed care tools on quality of care, costs, autonomy, and relations with patients

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Reviewer: Benedicte Carlsen

Reviewer's report:

Reviewer report on the manuscript “What doctors think about the impact of managed care tools on quality of care, costs, autonomy, and relations with patients”.

All in all this is a scientifically sound and clearly reported study of an interesting topic without any serious flaws regarding writing, structure, accuracy or transparency. However, I still think the report is lacking creative effort to interpret and discuss the results more thoroughly in relation to previous studies and the context of this study. I would also like the authors to make a stronger effort to argue for the importance of this study, the setting chosen and the implications of the findings. There are also some internal inconsistencies between different parts of the report and there are some contrasting findings that are not remarked upon.

1. The authors also need to consistently choose either British or American English (e.g. either “doctor” or “physician”).

My main objections will be detailed in the chronological list of critical points below:

THE ABSTRACT:
No comments.

THE INTRODUCTION:
Major compulsory revisions:

2. Please inform the readers about which countries do have a managed care system (is it only the USA?) and how Switzerland fits in to the picture (briefly about political plans and current reality).

3. Although the literature on managed care is scarce, I would like to see a summary of what we know about studies of guidelines and gatekeeping, and also what the limited knowledge about attitudes to or experiences with managed care tools show. Considering the findings and contexts of these previous studies, did you have any expectations or hypotheses regarding your own study?

4. Both the above point could help you demonstrate the motivation of your study: Why do this study now and in this setting, i.e. why is your study important?
Minor essential revision:
5. You argue that other studies (in contrast to your study) have used global opinions/"overall acceptability may hide important differences in specific impacts." However later, in the discussion, you say: “We have conducted most analyses using a summary score, the global impact score, for each managed care tool. This was justified by the high internal consistency coefficients of the summary scales.” As you report that you ended up with not differentiating in the analysis, it does not sound good to keep this argument in the introduction.

THE METHOD:
Discretionary revisions:
6. I think the setting could be moved to the introduction before the aim of the study so that it could be part of the background for the motivation of the study.

Major compulsory revision:
7. As you state that managed care is not much developed in Switzerland, it is not immediately evident why a study of physicians’ views on managed care should be conducted here. You need to explain whether managed care is going to be introduced, when and also which of the eight management tools are in use in Switzerland and why you chose to focus on these eight tools.

THE RESULTS:
Minor essential revision:
8. It would be informative to add a profile of all Swiss physicians in Table 1.

9. The sentence: “Respondents reported more often negative impacts on professional autonomy and relations with patients than on quality of care and on costs (Detailed results in Appendix 2)” is not an accurate description of the findings in Table 2 (which should not be called Appendix 2).
Also this is not consistently referred to in the discussion, where you write: “-as others have reported, doctors differentiate the impact on costs from impacts on other aspects of care. Many doctors consider that these tools help rein in health expenditures, but few believe that they promote professional autonomy, quality of care or a satisfactory relations with patients.” (Mark also that the article “a” should be deleted here).

THE DISCUSSION:
Major compulsory revisions:
10. In the first paragraph you state that your finding of negative opinions of managed care is in line with Stoddard et al who find that managed care physicians have lower job satisfaction because of loss of autonomy. I think a more thorough and nuanced discussion with more references to the international literature is needed here. The referred study was conducted in the USA and it is unclear how those findings can be compared to your findings, due to different settings.
11. Although the literature on managed care is scarce, there are several relevant studies, not using the term managed care (which is primarily associated with the US system), but that still should be included in your discussion. You could for example search the literature related to the 2004 reform in British health care. And you might also consult a recent comparative study I did with a Danish colleague: Carlsen, Benedicte and Kjellberg, Pia K. (2010) Guidelines; from foe to friend? Comparative interviews with GPs in Norway and Denmark. BMC Health Services Research, 10:17. We found that Danish GPs, experiencing stricter governmental management than Norwegian GPs, were more positive to guidelines and their gatekeeper role and less worried about loosing autonomy than the Norwegian physicians whom partly based their views on fears of a hypothetical future situation.

12. Also there seem to be an interesting contradiction between the studies you refer to which find that familiarity with managed care is associated with positive views, and Toddard et al’s study who find that managed care reduces job satisfaction. This should be discussed.

13. When you compare primary care physicians with other physicians you refer to some other studies who support your finding that primary care physicians are more positive to gatekeeping and managed care networks. However, I miss references here to the literature of guideline adherence and primary care physicians’ gate-keeping role. This literature indicates that primary care physicians as compared to other physicians are more reluctant to give up autonomy, less inclined to follow guidelines and increasingly dissatisfied with the gatekeeper role. A more thorough discussion is needed here.

14. The discovery I find most interesting in your study, is that the physicians are more positive to the consequences of managed care tools on costs than on autonomy, quality of care and relations with patients. It would have been interesting if you could relate this finding to the literature discussing the balancing of physicians’ autonomy against cost control.

15. It is also not straight forward to compare studies of respondents’ experiences with studies of respondents’ expectances of consequences of a hypothetical situation. This should be problematized.

16. I think you should modify your conclusion somewhat. You state that: “Our results suggest that managed care tools and incentives that remain at least partially under control of the medical profession have the greatest acceptability and may have the best potential to be successfully implemented.” However, from your data, you can not conclude that it is the fact that some of the tools are under the control of the medical profession that is the reason for the positive attitudes. It could be for example that physicians are more negative to tools that apply economic incentives or, a number of other explanations, which I think you should have discussed before drawing the conclusion.

Minor essential revisions:
17. Under limitations you state that the use of self-reported attitudes could mean that respondents send political messages in stead of true beliefs. I rather think the problem is that the majority of the respondents are assessing a hypothetical situation and not their own experiences. Please rewrite.

18. In the third paragraph under limitations you use the term “centralized health care systems”. If you mean managed care systems, I suggest you use that term. Also, in the same sentence, I suggest you use “safer to generalize” in stead of “easier to generalize”

Discretionary revisions:
19. Perhaps you could add what you think is special about the Geneva physicians as compared to all Swiss physicians and how this might have influenced your findings.

20. Do you see any implications for further research or policy?

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

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.