Author’s response to reviews

Title: Partnership disengagement from primary community-based care networks (PCCNs): A qualitative study for a national demonstration project

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Author’s response to reviews: see over
Dear Editor:

Sorry to reply the revised manuscript a little bit delay because we re-wrote the manuscript and discuss with the English-speaking editing professional for language corrections to make our language presentation accurate and better.

In addition, this revised manuscript has been revised as requested from two reviewers’ comments. All revisions have been shown point-by-point responses to the reviewers’ comments in the following.

Thank you for your supports!

Sincerely,

Blossom Yen-Ju Lin
To Associate editor

The term "disintegration" may not be an appropriate subject for the title. Alternative terms such as disengagement, discontinuity, or membership drop could be used.

Q: Thank you for the comments and we have revised in title as -

Partnership “disengagement” from primary community-based care networks (PCCNs): A qualitative study for a national demonstration project.
To Editorial request:

1. We recommend that you copyedit the paper to improve the style of written English.
   Q: Yes, we have made our revised manuscript edited by an English-speaking editing professional. And the revised manuscript has been re-written and improved.

2. Please clarify ethical approval. Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/e/policy/b3.htm), and any experimental research on animals must follow internationally recognized guidelines. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.
   Q: This study was approved by the Taiwan National Science Council for the grant project. A project was granted from Taiwan National Science Council (NSC93-2416-H-039-001-SSS; NSC94-2416-H-039-001-SSS). And this study was a non-experimental design with the individual clinic physicians who have withdrawn their practices in the national demonstration project as the informants. The informed consents had been obtained through the telephone informed in advance. All the respondents in this study had agreed our interviews and we conducted the interviews one-on-one. The paper, pens, and recorders were used. We have mentioned this in the revised manuscript (Method section, page 7 bottom – page 8 top). And we listed the grant number as the end of the text as acknowledgement (page 25)
To Reviewer: Gawaine Powell Davies

1. The data all relate to individual dissatisfaction, but the article sometimes seems to draw conclusions that go beyond this to how the system needs to be changed.

Q: Thanks to the reviewer’s comments. We have re-organized the introduction (page 4-7) and added some concepts to guide our interviews and results followed. The conclusions including the Discussion have been re-written and improved. For example, we added a conceptual framework “community, network, and organization/participants” (page 7) as a guide and for findings to classified, including conclusion descriptions.

2. The methods used are appropriate, although they could be described more clearly and succinctly (there is some repetition between the introduction, methods and data collection sections) and the rationale for the use of qualitative methods is overly apologetic and to my mind a bit off target: qualitative methods are needed not because quantitative methods are not possible, but because the research is seeking to understand detailed individual opinions.

Q: Yes, we have re-organized our revised manuscript including omitting the redundancy and the texts are turned out more clearly and succinctly. Also the wordings about why we used qualitative methods have been re-written. (page 7-8, 10-11)

3. Several of the results sections (for example on individual factors: required working time and the clinic-to-hospital relationships) present too many quotations from the interviews and not enough analysis of the detail that these provide, or indication of which were the dominant and which the less common responses. The section on ‘conflicting values’ would be a good place for more analysis – there are clearly some value conflicts, but these are not drawn out. It also strikes me that there are some themes or tones that come through in quotations across the different sections that deserve more attention: a sense of dependency, of having been somehow coerced into joining, the lack of identification with the network or with the demonstration project, and the repeated use of ‘unreasonable’ – so what is their sense of ‘reasonable’ and how does it differ from the networks’ perspective.

Q: Thank you so much for the suggestions. We have re-set up a conceptual framework as a guide and all the findings were re-organized (Result section, page 11-19) as

1) Organization/participant factors: competency of clinics (physicians) in PCCNs;
2) Network factors, including “Clinic-to-clinic collaborative relationship deterred”, and “Clinic-to-hospital collaborative relationship deterred”; and

3) Community factors: environmental enablers and disablers.

In addition, as suggested by the reviewer, we reduce the redundancy of quotations to be more concisely and added more explanation through all the result section.

4. There were also several examples of commentary being mingled with the reporting of findings – for example on P17. These should be kept separate.

Q: Yes, we reclassified the texts and reporting the findings more systematically. (Result section, page 11-19)

5. I was not clear whether the major framework for the analysis – individual physician factors, partnership factors and health policy design incompatibility – came from the data (and so is a finding) or whether it was an a priori framework used to present the results.

Q: In addition to the several guidance questions, we were open for the study informants to be free to talk about their attitudes in health network challenges in this study. And the findings could come out based on “organization/participant, network, and community” as a guide (conceptual framework) (page 7, page 11-19). Therefore, we added previous literatures in the section of Introduction (page 4-7) to richen and lead the story. And then we mentioned this in the section of Methodology as follows. And finally, we used this concept as a guide for the finding classification. We think the revision have been made more logical and reasonable.

6. The table with information about the clinicians interviewed is very detailed and could do with some summary: for example statistics of specialty, location and interview method. If this were well done the detailed table might be omitted.

Q: Thank you for the comments. We have translated the table information into text paragraph in the paragraph of “study subject” in the section of Method (page 9).

7. In the discussion it is not clear how much interest is in the framework for the findings, how much in the content of the findings, and how much in the problems of the program. All three can be accommodated, but the flow could be better managed.

Q: Yes, we re-organized the texts for the findings and discussed the results based on the conceptual framework “organization/participant, network, and community” as well. The flow has been improved in the revised manuscript.
8. The discussion moves quickly to solutions for the problems raised in the interviews without much consideration of whether they really are problems (or critical problems) – remember, these are the disaffected members of the network. One would want to know something of the views of those who stayed before making confident pronouncements.

Q: Yes, in this study, we interviewed the participants who left the network partnerships. We were not including the opinions of staying in the network relationships in this study. We added this as the limitation in this study. (page 23, second paragraph)

9. It is here that the ambiguity about whether this study is about individuals’ views or system flaws comes through most clearly. There would be room for some more reflection across the responses (see suggestions above), and perhaps a reflection on whether it is inevitable that there will be some dissenters, and whether helping them leave the project may not be a wise move.

Q: We have more discussions for the study findings and reflected for the interviews’ responses. Also we cited the previous literatures to discuss the pros and cons of our study results (page 19-23).

10. The article needs some language corrections before being published. There are a number of typos, some of the language reads curiously, and the use of reported speech to give other people’s (subjects’) views is not consistent.

Q: Yes, the revised manuscript has been edited by an English-speaking professional for language correction. The writing quality has been improved.
To Reviewer: Phil Cotterell

1. Is the question posed by the authors well defined? The need for this research is clearly explained at the bottom of page 5 and the research question is also well defined at the top of page 6.

Q: In this study, the study subjects were the PCCNs’ member clinics which have been withdrawn from the national PCCN demonstration project or have changed their original networks but still stayed in the national PCCN demonstration project (page 7-8).

2. Are the methods appropriate and well described? The methods section would benefit from more description:
   • There is some inconsistency in the description of methods. The rationale for utilizing a qualitative approach is inelegant. It is clear that obtaining rich in-depth material was the aim but this needs clearer explanation. There is reference to a grounded theory approach but further justification is required.

Q: We have added more descriptions about the method section especially for qualitative approach (page 7-8, 10-11). In addition, we have re-organized the introduction (page 4-7) and added some concepts to guide our interviews and results followed.

   • I could not find mention of ethical considerations apart from informed consent having been secured. Were ethical permissions obtained; how was data managed?

Q: This study was approved by the Taiwan National Science Council for the grant project. A project was granted from Taiwan National Science Council (NSC93-2416-H-039-001-SSS; NSC94-2416-H-039-001-SSS). And this study was a non-experimental design with the individual clinic physicians who have withdrawn their practices in the national demonstration project as the informants. The informed consents had been obtained through the telephone informed in advance. All the respondents in this study had agreed our interviews and we conducted the interviews one-on-one. The paper, pens, and recorders were used. We have mentioned this in the revised manuscript (Method section, page 7 bottom – page 8 top). And we listed the grant number as the end of the text as acknowledgement (page 25). All the interview processes and data storage were secured and monitored by the project principal investigator.

   • Within the section on data collection the explanation about validation of data is unclear.
Was this participant validation/peer validation?

**Q: To validate the accuracy of the interview transcripts, we double-checked with the interviewed clinic physicians and also asked some former partners, that is, their previous clinic or hospital members, to verify the information. (page 10)**

- In the section on analysis the last sentence is unclear “Finally, to release the information the texts were presented in their entirety.” What does this mean?

**Q: We mean that we used several quotes of respondents’ words as the supplement (shown as italic types) for the arguments in the results. We have let English-speaking editing professional to give us accurate wording suggestions for the revised manuscript.**

3. Are the data sound? On the whole the data is engaging and well presented. The verbatim quotes from participants are congruent with the interpretations presented. Some of the sub-headings are unhelpful e.g. “Individual factors: recognizing the conflicting values designed within the PCCNs.” Such headings could more clearly relate to the data and be more explicit.

**Q: Thank you so much for the suggestions. We have re-set up a conceptual framework as a guide and all the findings were re-organized (Result section, page 11-19) as**

1) **Organization/participant factors: competency of clinics (physicians) in PCCNs;**

2) **Network factors, including “Clinic-to-clinic collaborative relationship deterred”, and “Clinic-to-hospital collaborative relationship deterred”; and**

3) **Community factors: environmental enablers and disablers.**

**The new subtitles in Result section are more logical and understandable in the revised manuscript.**

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

The paper and data is generally structured in an acceptable way however there is a need to revise in light of comments made in this review.

**Q: Yes, we have revised the points raised by the reviewer(s) and thank you so much!**

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Some literature is drawn into the discussion but it would benefit from being more fully in tune with the vast literature on partnership working in healthcare both between professionals and patients. I think the discussion would be strengthened by reference to existing literature/debate and by making international comparisons.
Q: Yes, we have cited more literature to discuss the pros and cons with our results. (page 19-23)

6. Are limitations of the work clearly stated? No. This needs to be addressed.
Q: Yes, we clarified the limitation in the revised manuscript. For example, this study interviewed participants who had left the network partnerships, but not those who had stayed in network relationships. Moreover, since open-expression interviews with the providers about their experiences focus only on their personal and perhaps fragmentary comments, the whole picture could be enhanced by also considering the experts’ assessment and understanding of the advantages and disadvantages of the demonstration PCCN project. And this study was dealing with break-ups among the partners at an early stage. Also, recommendations for further research are also added following each limitation description. (page 23, second and third paragraphs)

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? There is reference to the author’s earlier work in this setting.
Q: Yes, this study is part of our project which focused on the partnership disengagement. The contents of this manuscript are not carried by our series of paper (published and unpublished). The information of grant is shown in the section of acknowledgement (page 25).

8. Do the title and abstract accurately convey what has been found? The title is not clear. Better use of language will help. The abstract introduces concepts with no explanation e.g. ‘virtual vertical’ and ‘virtual horizontal.’ These terms are raised again in the methods but could be better explained in the introduction where connections to relevant work should be made (e.g. Murray, Poole and Jones, 2005). Otherwise the abstract accurately conveys the focus and findings of the research being reported.
Q: Thank you for the comments. We change the title as “Partnership disengagement from primary community-based care networks (PCCNs): A qualitative study for a national demonstration project” for more clarified. In addition, the revised manuscript has been edited thoroughly. In addition, we replaced the wording “virtual” as “contractual” to be more understandable through the manuscript.

9. Is the writing acceptable? The paper is difficult to understand in places and has poor use of language scattered throughout. For example:
   • In the introduction the term clinic-clinic and clinic-hospital needs clarification and at the
bottom of page 5 "Therefore, with qualitative methodology…”
• In the methods section, “This is a qualitative study aimed to understand…”
• In the study subjects section, “This leads to the interviewing…”
• In the data collection section, “This study performed face to face…”
• In the discussion section, “This study used semi-structured interview questions with qualitative methodology.”
• Also in the discussion section on page 20, what does ‘mal-competition’ mean?
• In the conclusion the last sentence is confusing.
Also, some of the writing was difficult to understand and needs to be written in a clearer way e.g. in the results section, the last paragraph of page 14 beginning “The purpose of opening hours….”

Q: Yes, we have made our revised manuscript edited by an English-speaking editing professional. And the revised manuscript has been re-written thoroughly and improved.