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:

Thank you so much for the supports and assistance. The revised manuscript has been revised based on the two reviewers’ comments. All revisions have been shown point-by-point responses to the reviewers’ comments in the following. **We mark the changes in the revised manuscript with bold words in blue.** Also, we have re-checked the journal format again and made the suitable corrections.

Thank you so much!

Sincerely yours,

Blossom Yen-Ju Lin
To Reviewer: Gawaine Powell Davies

There are a few typos which BMC will no doubt pick up:
1. P5: ‘Literatures’ for ‘Literature’
3. On P2 I found the word ‘induced’ curious.

Q: Thank you so much for the comments. We have changed the wording in the final manuscript as follows:
1. p.5. Changed to “literature”
2. p.19. Changed to “Discussion”
3. p.2. Changed to “in-depth”
To Reviewer: Phil Cotterell

1. Are the methods appropriate and well described?

1) There is now a much clearer description of methods. In terms of ethical approval the authors have now
made it clear that the Taiwan National Science Council approved the study but it still needs to be explicit
that this was ethical approval that was secured.

Q: Taiwan National Science Council approved this study and also the approval of
Institutional Review of Board was obtained from China Medical University. All the
principal investigators have to sign the agreements to secure and obey all the
requirements in academic ethics in study processing, study participants’ confidentiality,
and study findings and publication. We added these descriptions in the final manuscript
(p. 7-8).

In addition, we recruited our study participants (clinic physicians) through the
methods of informed consents and it allowed the study participants were voluntary to
make their decisions to join or reject our study. As the method described, 37 physicians,
out of 53 physicians, accepted our interviews (p.9). All the tapes and transcripts were in
the locked storage in the finals.

2) In the section on analysis the last sentence “Finally, to release the information the texts were presented in
their entirety” is still unclear to me despite the author’s explanation.

Q: The wording has been re-written to be more concrete as “The finals were presented
in the following by the themes in the Results”. (p.11)

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

There is now a far greater and appropriate use of a wide range of literature that is very helpful. I think the
structure of the findings section is now much clearer although I am less sure about the use of the framework
previously developed by other researchers. The authors seem to suggest the framework as emergent from this set
of data. The original framework authors are acknowledged in the introduction as is the use of this framework as
a conceptual tool. However I think reference to it again, perhaps in the discussion, is important. Mention could
be made of the degree of coherence with this framework and the present study.

Q: Yes, we agree this point very much. We have cite the reference again to acknowledge
the previous literature to be a guide for our study in the section of Discussion (p.19).
The words have been changed to “Organization/participant, network, and community
factors of the conceptual framework [18] emerged as the reasons for clinic physicians to
withdraw or change their partnerships in the PCCNs.”.
4. Do the title and abstract accurately convey what has been found?

The title is now clearer. I am still though not convinced of the use of either term ‘virtual’ or ‘contractual vertical’ with no reference to any literature that assists with an understanding of the term.

**Q:** Yes, since the abstract is usually carried with references, we changed the original wordings “virtual”, “vertical” and “horizontal” to “clinic-to-clinic and clinic-to-hospital member relationships……” (p.2). It could make more readable and understandable for the readers. Thank you so much for the comments.

5. Is the writing acceptable?

The paper is now much clearer although I remain unclear as to the meaning of the term ‘mal-competition’ on page 21.

**Q:** Yes, we now changed the word ‘mal-competition’ to “dysfunctional competition” (p.22). It might improve the meaning we want to propose. Thank you so much!