Author's response to reviews

Title: Is the Kaiser Permanente model superior in terms of clinical integration: A comparative study of Kaiser Permanente, Northern California and the Danish Healthcare System

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Author's response to reviews: see over
To the Editorial Board,

We are very pleased that the editorial board are willing to receive a revised manuscript. We have addressed the reviewer comments in the attached revised manuscript and will in the following give a point-by-point response to the concerns raised.

Referee 1: Ingvar Karlberg

Question 1: ...The statement in the paper is incorrect that "In Denmark the comparable profession to KPNC’s primary care clinicians"

Answer 1: We agree with the reviewer that it is not straight forward to compare health care professionals across system settings. It is however a necessity when doing comparative health services research. In the manuscript we have made an effort to describe the systemic conditions for clinical integration in the two different healthcare system setting. This includes the organization of primary care, so similarities and differences is transparent to the reader. Further we have included a sentence in the discussion section of the manuscript, stating that it is a basic assumption of the study that we can in fact compare the two groups of health care professionals. We have also added in the section setting the direction for future research that it would be interesting if future studies examined clinical integration based on the response from a wider range of care professionals.

Question 2: It seems reasonable to assume that information, responsibilities and coordination are the key elements for integration. It also seems reasonable that these criteria were viewed differently by the respondents from different settings respectively. Whether this supports the basic hypotheses is more uncertain.

Answer 2: We are pleased that the reviewer agree with our choice of core elements in clinical integration. We have done an effort to base our approach on a theoretical framework. However we have also noted in the future research section that further developments and empirical testing of theoretical frameworks are needed. To improve conceptually equivalence across the system setting we have followed a
three stage process described in section 3.2 including a thorough translation process and intensive field testing of the survey instrument.

Question 3: For HIT (Health Information Technology) it is unclear how data was handled. It is stated that “HIT was measured on an ordinal scale...and treated as a continuous variable”. On the other hand it seems as if frequencies were used.

Answer 3: HIT was measured on an integer scale and frequencies were not used in relation to this variable. The variable HIT was used as an explanatory variable in a multivariate proportional odds logistic regression to predict measures of clinical integration. However we do agree with the reviewer that our approach/language was inconsistent and that a more transparent explanation of the approach is needed. We have therefore rerun the statistical analysis. The definition of the HIT variables has been changed and is now binned as ‘limited’, ‘some’ and ‘extensive’. The approach is now clearly explained in the method section of the manuscript. As a result the estimate of odds ratios, p-values and confidence intervals has slightly changed however the conclusion of the study remains the same.

Question 4: An article whose findings are important to those with closely related research interests.

Answer 4: We are pleased that the reviewer finds the findings important to those with an interest in integrated care

Referee 2: Nick Goodwin

Overall we are very pleased with the many positive comments from the reviewer regarding the clarity of the research questions, and the comprehensively described methods.

Question 1: There is one issue for me that the authors utilise theoretical frameworks without testing them...I think that both approaches are OK to use in the analysis but should be recognised as possible limitations...
Answer 1: The reviewer is spot on in finding the weak spot of the literature on integrated care.
Very few papers have quantified clinical integration. We hope that our manuscript can contribute to the field by presenting a new measurement method and by being the first paper to present empirical evidence on the level of clinical integration achieved in Kaiser Permanente and in Denmark. We very much agree with the reviewer that the existing theoretical frameworks within the field need further development. We have therefore added a sentence on this issue in the future research section.

Question 2: The apparent findings from PROCARE - and indeed from Starfield and the Commonwealth Fund studies - that Denmark and UK are 'more developed' in coordination of care strategies (assumption based mainly on organisational indicators) hide deficiencies in clinical integration that this study uncovers quite clearly. I think this is an important argument that the authors might be willing to consider...

Answer 2: We very much agree with the reviewer. But have found it difficult to include this additional point in the manuscript we therefore hope that the readers will be as bright as the reviewer.

Question 3: Interesting that effect of practice size on clinical integration did not differ greatly...similarly many other studies show HIT (health information technology) to be a significant variable in enabling integrated care.

Answer 3: We are aware that our study is just a contribution to an evolving field and that a number of studies are needed on this important but complex research area. The findings in this study on HIT might be explained by the limited sample size and the limited variation regarding HIT in both settings. This is also discussed in the discussion section of the manuscript.

Question 4: I am not sure that the paper really examined 'facilitating factors for achieving clinical integration at all, rather it examined the association between integrated delivery systems and core aspect of clinical integration.
Answer 4: We have changed the title of the manuscript to better reflect the content of the manuscript.

Question 5: *What is cronbach’s coefficient and how does it help.*

Answer 5: We agree that a better explanation of this concept is needed. We have therefore added a sentence in section 3.2. that Cronbach's coefficient is useful to examine how well a set of items (or variables) measures a single unidimensional latent construct which in this case is ‘clinical integration’. Further we comment on the implication of this in the discussion section.

*Question 6: I would like the authors to expand their definition of these terms (e.g. established coordination mechanisms)*

Answer 6: As the survey was conducted as a self-completed postal survey we did not define the meaning of the items in more details. We agree with the reviewer that future work must examine the definitions of these terms further.

With best regards, on behalf of the authors
Martin Strandberg-Larsen

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