Author's response to reviews

Title: Counting on commitment; the quality of primary care-led diabetes management in a system with minimal incentives

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Author's response to reviews: see over
Response to Reviewers Comments: Version 2

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<th>Reviewer’s Comment</th>
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<td>John McKnight</td>
<td>This is a valid observation and in response to the reviewers comments the following sentence has been added in the results section of the revised manuscript: “Approximately 72% of patients had an HbA1c of &lt;7.5% (n=1949) compared to 63.8% of patients with Type 2 diabetes in Scotland.” Furthermore in Table 3, figure 63% has been supplemented with brackets (&lt;7.5%) and has been moved down to correspond to the other figures which represent &lt;7.5%.</td>
<td>Results Table 3</td>
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The authors have answered most of the reviewers’ points. However, I still believe that since the paper is mainly studying the impact of interested providers on the quality of diabetes care, it would be informative if the authors described the characteristics of their providers such as their age, gender, specialization and years of practice and to compare their results with others. If these characteristics are not available, I suggest to include these factors in the discussion and mention them as limitations of the study.

This is a useful suggestion and the discussion section refers to future research on the relationship between practice profile and quality of care. The data analysed in this study were collected for the purpose of clinical audit within the practices to assess quality of care provided by GPs hence data were not collected on the GPs themselves. The following sentence has been added to the discussion section to account for this limitation:

“This study focuses on the group-level performance of GPs involved in primary care diabetes initiatives however data on practice characteristics such as age and length in practice, which could influence the quality of care, were not available for analysis in this study. Future research should examine practice characteristics such as case load and staff levels which could discriminate between levels of performance within this group of interested GPs.”
It would also be interesting to analyse the achievements of the outcomes by age of patients

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| In response to the reviewer’s comment data on outcomes were analysed by age and the results have been included in the results section. The revised manuscript contains a new figure (Figure 1) to illustrate the achievement of outcomes by age and the following text has been added to the revised manuscript:

**Glycaemic Control (HbA1c)**

“There was a significant negative relationship between the age of patients and glycaemic control (p<0.01)”

**Blood Pressure**

There was a significant association between achievement of the national blood pressure target and the age category of patients (p<0.001) (Figure 1). More patients in the younger age category (18-40) reached the target of ≤130/80mmHg compared to the other age groups: 18-40 (43.8%), 40-64 (34.6%), 65-84 (33.3%) and 85+ (30.5%).

**Lipid Profile**

“Using the Pearson chi square test, there were significant associations between gender and achievement of lipid targets (p<0.001) and between patients’ age category and the achievement of lipid targets (p<0.001). Figure 1 illustrates the achievement of targets among the different age categories.” |
**Discretionary revisions**

| In the results section, the presentation of the results should be confined only to the present study data. Comparison of their data with others should be mentioned in the discussion section. | This is a valid point considering the typical layout of scientific papers however the purpose of the study was to benchmark the performance of 3 primary care initiatives against national and international standards. Therefore we feel it is important to outline the results alongside the chosen standards as this is an essential part of the demonstrating the performance of the primary care initiatives | Results section |

| The age of the patients in the present study is younger than, rather than comparable to that of Scotland. Age is one of the points that the authors may include in the Discussion, which may over-estimate their results. For this reason, it would also be interesting to analyse the achievements of the outcomes by age. | Based on the reviewer’s comment the following sentence has been added to the results section in the revised manuscript to accurately reflect the age comparison: “The mean age of patients in this sample was 65.7 years (SD=12.2). Over half of patients were aged 65 years or over (56.5%, n=1691) compared to 70% of patients in Scotland.” The 2\textsuperscript{nd} point about analysing outcomes according to age has been addressed above. | Results |

**Minor Issues**

| Abstract; results paragraph: ‘Ireland’ to be replaced by ‘this initiative’. | This correction has been made in the revised version of the manuscript | Abstract |

| Methods; In sample ‘practices’ paragraph: -‘3’ to be replaced by ‘three’, ‘Chose’ by ‘chosen’ and ‘10’ by ‘ten’ | The highlighted typing errors have been corrected in the revised version of the manuscript. | Methods Sample |
- ‘The sample represents a small proportion of the total number of GPs in Ireland (approx. 1%), reflecting the special interest nature of diabetes management in primary care’ to be replaced by ‘The sample represents nearly 1% of the total number of GPs in Ireland’

Methods; in sample patients paragraph
- Definition of adult patients: The authors probably mean > rather than <18 years
  
This typing error has been corrected in the revised manuscript.

Methods Sample patients paragraph

Strengths and Limitations
- Standardised should be corrected to ‘standardised’
  
This typing error has been corrected in the revised manuscript.

Discussion