Reviewer’s report

Title: The ties that bind: an integrative framework of Physician-Hospital Alignment

Version: 1 Date: 21 November 2010

Reviewer: Wolfgang Hoffmann

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Review BMC Health Services Research
The ties that bind: an integrative framework of physician-hospital alignment
Trybou J et al. (Nov. 2010)

The paper describes a conceptual framework for modelling the alignment between hospitals and their physicians. The paper has a relevant theme, is well written and succinct.

Major points:

The authors argue that both economic and non-economic factors are important for modelling hospital-physician alignment. As a theoretical basis, the agency and social exchange theories are mentioned. A short description of these theories would be useful for readers without an economic education.

The description of the framework is very global, I think, the various interactions between hospital and physicians are oversimplified, a more detailed description of the dimensions of economic and non-economic interactions between hospital and physicians and between economic and non-economic factors is necessary.

Figure 1 shows the interactions in the model. This figure is a very important part of the paper, but there is no direct reference to and explanation of the figure in the manuscript. The arrows in this figure are not always comprehensible. The figure assumes that the contribution of the physicians to alignment is solely of non-economic nature. I am sure, however, that economic factors on the part of the physicians are also important, e.g. the number of treated patients, and the kind of treatment. Also I do not understand the one-directional arrow from non-economic integration via trust to economic integration. Here, a thorough revision and a more detailed explanation are necessary.

On page 6, it is stated, that “hospitals are confronted with continuous pressures to contain costs ...”. Because of numbers of regulations, the fact that patients are not clients, and many other peculiarities of the health care system health care is not a free market, which is very important for the economic factors in the framework. Here, a more comprehensive description of these “pressures” (reimbursement, statutory health insurances, budgets, planning of the hospital capacity…) on the hospitals is missing.
Furthermore, recognition that the health care system ...performance: Here, some examples are needed.

Minor points:
Page 6: The meaning of the abbreviation HPR should be given at first mentioning.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

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