Reviewer’s report

Title: Patient initiated clinics for patients with chronic or recurrent conditions managed in secondary care: a systematic review of patient reported outcomes and patient and clinician satisfaction.

Version: 2 Date: 20 September 2013

Reviewer: Erik Groessl

Reviewer’s report:

The manuscript reviews the published scientific evidence supporting the efficacy, effectiveness, and satisfaction with patient initiated clinics in comparison to clinical contacts initiated by physicians or the healthcare system among people with chronic health conditions. The possible benefits of PIC are of interest, but may be somewhat limited in generalization to the UK healthcare system. There are more mistakes and typos than usual in this manuscript, and missing references.

1. It is unclear why the BMJ had to be searched by hand when it is indexed on Medline. Was there a reason to suspect more studies would be found this way?

2. The following paragraph should be re-written. Doesn’t make sense, and I don’t see a need to include initials. Say 2 different reviewers if necessary. It says 2 reviewers and lists 3 sets of initials. “How about Titles and abstracts were independently screened by two reviewers (JTC, AA or RW) who applied the inclusion and exclusion criteria. Full texts were retrieved for articles that required more in depth application of the inclusion and exclusion criteria. All full texts were independently reviewed by two reviewers (RW and AA) and discrepancies were resolved by a third (JTC) and fourth (KS) reviewer where necessary.”

3. The study selection criteria state they required a “comparison of the effectiveness of patient initiated clinics (the intervention) against usual, clinician-led, follow-up (the control) systems in secondary care for people with chronic or recurrent conditions”. What kind of comparison? Randomization? quasi-experimental design? Qualitative comparison? Or absolutely comparison?

4. It states “meta-analyses were inappropriate due to….” Yet meta-analytic methods with a sufficient number of studies can be used to evaluate some of these very factors to determine whether they are in fact associated with different results. Explanation should be revised.

5. The “guidebook” description on page 7 seems incomplete. One sentence is incomplete. The next talks about “the study” after just referring to 3 studies, so it is a little confusing.

6. It is unclear how much of the qualitative data was used and whether including it adds anything. This could be more clearly addressed. If it is noted to just as a
reference for those interested, that is fine.

7. Results and discussion state in text that seven studies were selected yet Figure 2 shows nine studies.

8. Results on Page 9 state, “intervention group tended to have better cognitive function...” Use of the word “tended” is unclear, where there significant differences at some common cutoff like p < 0.05 or not?

9. Page 10 emphasize the Kirwan study found clinically significant differences, but says nothing about statistical significance. Both should be addressed.

10. The biggest and most obvious question not addressed in the model in Figure 3 or the discussion is the extent to which patients do not make an appointment even though they need one or could benefit from one. The guidebook makes some attempt to teach patients the skills and impart some self-efficacy in managing their own appointments. However, the guidebook was rushed at times, only 1 session, so seems unlikely to change long-standing patterns in which people vary quite widely from constantly wanting an appointment and wasting resources, to avoiding appointments or toughing it out when they would benefit from a visit, resulting in possibly poorer health and increased risk. Other factors besides chronic conditions are often caught or diagnosed at such visits so this is points toward under-diagnosis, poorer health, and cost savings, which should not be an aggregate goal of healthcare. Thus, this potential downside should be reviewed in the literature and should be thoroughly discussed. It seems the whole reason health care systems moved toward regular appointments is that otherwise patients don’t come in and take care of themselves. Having the option to combine the two approaches as needed may be one way to address this concern, but research is needed.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests