Author's response to reviews

Title: Factors associated with utilisation of GP services by a cohort of people who inject drugs

Authors:

Dhanya Nambiar (dhanya@burnet.edu.au)
Mark Stoove (stoove@burnet.edu.au)
Paul M Dietze (pauld@burnet.edu.au)

Version: 4 Date: 13 June 2014

Author's response to reviews: see over
May 2014
Christopher Morrey, Ph.D.
Executive Editor
BMC Health Services Research

Date: 13th June 2014

Ref: MS: 9929037911513356
Factors associated with utilisation of GP services by a cohort of people who inject drugs

Dear Dr. Morrey,

Thank you for considering the above manuscript for publication in BMC Health Services Research. We have responded to the additional comments you have provided, as detailed below. We hope we have addressed the comments to your expectations. We also wanted to thank you for selecting reviewers who have a good understanding of the subject matter and have contributed towards the quality of this article.

Thank you for your consideration, and I look forward to hearing from you soon.

Yours sincerely,

Dhanya Nambiar, on behalf of all authors

Email: dhanya@burnet.edu.au
Reviewers’ comments:

**Methods**

Reviewer 1:
I had requested that they add a definition for the low-income cut-off for Australia to which they responded “The definition was included under Measures section.” However, I am unable to find this in the Measures section. I do see it in the abstract, but it needs to be in the Measures, as well. Please re-check.

*We apologise for the omission. A definition and the appropriate reference have been included in the Measures section.*

**Results/tables**

Reviewer 1:
There are some formatting problems with Table 2 whereby the reference values for some variables are missing and the AORs are not aligned with the variable they represent.

*We were unable to identify these issues; reference categories were only included for variables where the reference category was not explicitly clear, such as when there was more than 1 category for the variable. We did not include reference categories such as ‘male’ for ‘female’, or ‘unemployed’ for ‘employed’ as we felt these were understood. We also could not find any alignment issues; perhaps the editor could advise on these for us to make any adjustments.*

**Discussion**

Reviewer 1:
The authors responded to our request do report on the proportions of study participants who were recruited through the different methods. However, as most of the participants were recruited through methods which are not based on a sampling frame (snowball sampling or “outreach”), they should also include acknowledgement that their sample may not be representative of the PWID population in Melbourne, which may limit the generalizability of their results.

*This limitation has been added to the discussion section.*

Reviewer 1:
Discussion:
In response to our comment that the observation that low income seen as a barrier to health care access is not novel, the authors responded “Most literature describing income as a barrier to health care access occurs in countries which are dependent on private health insurance and out-of-pocket payments.”

This is not true, other studies from other countries with universal health care systems such as Canada and the UK have demonstrated this finding before and should be referenced.

*Our previous response regarding this finding lacked specificity. We acknowledge that this is not the first study to describe cost as a barrier to access to health services, as has been noted by Schoen et al in 2004, Rowe 2004, etc and referenced in the discussion: “This finding, consistent with other international*
research that shows low income is negatively associated with doctor contact [38, 39],…. The background section describes local settings with free health services (IDU-PHC) and healthcare card availability, and it is in these settings that low income as a barrier to service use adds to the literature. We specifically identified low income as a barrier to primary health care rather than any health service access as a point of difference to most studies, and given that others such as Vuegellers et al and Doorslaer et al have found that low income groups use primary care at higher rates in settings with universal primary care, this is an interesting finding as it suggests that the impact of low socioeconomic status of health service utilization is different between PWID and the general population. We have included this as a point in the discussion.