Reviewer's report

Title: Satisfaction with Primary Care Provider Choice and Associated Trust

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Reviewer: David Thom

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General comments

This paper reports the results of an analysis of a national telephone survey data set from 1999 that identified significant, independent variables associated with patient-reported satisfaction with the amount of choice they had in choosing their PCP, and variables associated with patient trust in their PCP in addition to their satisfaction with the amount of provider choice they had.

A limitation of the study, acknowledged by the authors, is that the cross sectional nature of the data does not allow documentation of temporal relationship between variables. It seems quite plausible that a patient’s satisfaction with their current physician will influence whether they feel they had enough choice in choosing that physician.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Page 7 and Table 1: One of the original five domains postulated to be associated with patient satisfaction with amount of choice in provider was “trust in providers in general and the insurer”. In table 1 and in the rest of the paper this domain has been renamed “Insurer trust” and is measured by the Wake Forest Scale of Trust in the Insurer. Trust in providers in general, measured by the Wake Forest Scale of Trust in Physicians in General, has been dropped from this domain. Why? Was the Scale of Trust in Physicians in General included in any of the analyses? This would seem a rather important variable, since one would expect it to be positively associated with both satisfaction with choice and trust in the PCP.

Page 9: Three outliers of patient trust were removed from the analysis apparently because they reported very low trust in their provider. As a sort of justification for dropping these participants, the authors state they were skewed in demographics: age, education, chronic health conditions, and income. But do not say how they were skewed, or explain why this would justify dropping them. Unless there is some reason to think their data is incorrect, I think they should be included in the primary analyses. A sensitivity analysis could then be performed to see if excluding them changed the results.

Page 9: Variables in Table 2 with an asterisk indicated significant associations (p<.01) in their respective domains. What does the qualification within their domains mean? Were all variables in Table 2 included in the same model? Were there 4 different models, one for each set of domain variables? Or are these unadjusted (bivariate) associations being reported? This should be clarified both in the text and the table. Also, the table states that the asterisk refers to those associations significant at p<.01, not at p<.05. The association of years with the PCP for example has a 95% CI with a lower limit of 0.99, suggesting this variable would be significant at p < 0.15, though it does not have an asterisk.

Page 9, bottom: Why are consumer demographic and other characteristic treated as confounders, when consumer characteristics was one of the original 5 domains?

Page 10: The reduced model apparently contained only those variables shown in table 2 as significant at p<.01. But the planned analysis was to include variables with p<.15. Were there no variables associated with satisfaction with choice at a p-value between <.01 and <.15? What about years with PCP?

Page 14: How does the paragraph under Revision of the Conceptual Framework follow from the results of the data analysis? Saying the variables were regrouped to reflect the nature of the variables does not explain anything, nor does this paragraph seem to lead anywhere.
The implications for medical care policy and delivery go beyond the results of this study. Statements such as "second opinion sought affects quality of care" is not supported by the data, since there was no measure of quality of care. Stating that "enhancement of professional competency through training would improve quality of care, PCP choice satisfaction, and provider trust is pure supposition since the study data did not include measures of professional competency (only patient™s perception of competency), did not address if training would improve competency (either objectively defined or patient perceive) and did not demonstrate that improved competency would improve the quality of care.

MINOR ESSENTIAL REVISIONS

Page 4, 2nd paragraph: The association between patient choice and trust also noted by Thom et al (ref #8 in MS). Also I think the authors should mention a study by Hsu et al which found that patients randomized to informed provider choice subsequently had greater trust in their physician (though the association became non-significant after adjusting for patient demographic characteristics). The reference is: Hsu J et al. Patient choice. A randomized controlled trial of provider selection J Gen Intern Med 2003;18(5):319-25.

Page 4: Authors use the term "enough physician choice" here and throughout the paper. I find this term troublesome, as it implies some kind of objective threshold. I have not seen this term used before. I think patient satisfaction with the amount of choice is the concept that is being reported (as the authors themselves say at the top of page 5). I suggest dropping the term enough choice in favor of patient satisfaction with amount of choice.

Page 5: The sentence "These five domains carry potential variables that also encompass as consumer preference variables" is grammatically incorrect. There are similar problems of grammar and sentence structure throughout the manuscript.

Page 7, top: The statement that the study sample is "a random sample representative of the general US population" is an overstatement, since it was restricted to adults who had a telephone and who had seen a medical professional at least twice in the past 2 years.

Page 7: The statement that although the data was collected in 1999, "information available to assist in plan and/or provider choice did not seem to grow in any scale, in utilization, or differ in satisfaction with information quality" is not supported by any reference. In fact, there has been a large growth in the availability of web-based information systems to help patients choose their physician in the past 7 years. Regardless, this point should be brought up as a potential limitation in the discussion section, not in the methods section.

Page 8: By "a restricted model that included only the significant predictor variables" do the authors mean significant by the p < 0.15 criteria, or < 0.01 criteria?

Page 8: "Bonferroni adjustment for multiple comparisons alpha=0.01 [42]" is not a sentence. I believe Bonferroni refers to specific reduction in the threshold of significance of the p-value based on the number on repeated tests of the same association. Thus merely dropping the p-value to .01 is not a Bonferroni adjustment. I don™t think there needs to be a Bonferroni adjustment anyway. Also, this is confusing as in the preceding paragraph the authors state that "Variables with an alpha < 0.15 were considered as significant for inclusion in subsequent analyses."

Page 9: "Table 2 lists the five domain models. Table 2 actually lists 4 of the 5 domains, the domain of "trust in providers in general and the insurer" having been dropped.

Page 12: The finding that having spoken to the provider outside the medical office (e.g., at the store or at a meeting) was the variable most strongly associated with reporting having had enough choice in choosing a provider suggests to me that patients who were able to choose a provider they already knew (perhaps from previous contact outside the medical visit) felt they had enough choice in picking the provider. This makes intuitive sense, if one considers that even a small number of choices may be considered enough™ as long as it includes the provider one prefers.
**What next?:** Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

**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:** No

**Declaration of competing interests:**

I declare that I have no competing interests