Reviewer's report

Title: Satisfaction with Primary Care Provider Choice and Associated Trust

Version: 1 Date: 24 July 2006

Reviewer: Julie Schmittdiel

Reviewer's report:

General

1. The authors of this paper propose to examine which variables from a set of survey responses predict satisfaction with choice of PCP (defined here as "enough PCP choice"), measured as a dichotomous variable; and "trust in provider", measured continuously with the Wake Forest Physician Trust scale. The introduction section gives a good rationale for the work, and provides a reasonable review of the literature written on these topics.

2. While this analysis and framework has much promise, the authors should streamline their approach and do more to explain their methods and the relevance of their findings.

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

1. While the manuscript's abstract and introduction's three specific aims lay out the empirical analysis fairly well, the authors also spend a great deal of time discussing their theoretical framework, and its subsequent revision. This portion of the paper should be trimmed down dramatically; it would make the paper much stronger and more focused.

2. The authors do not truly address the issue of the relationship between the cross-sectional survey analysis (where no causal or temporal inference can be made) undertaken by this paper and the longitudinal experience of the patient. Only one line is devoted to this in the "limitations" section, and the authors do not explain this nor explore its implications. The best time to assess patient impression of satisfaction with PCP choice itself is at the time they are choosing their PCP. Many of the variables found to be associated with satisfaction with PCP choice happen well after this choice is made; for example "dispute with PCP" and "PCP's care has been extremely effective". If this is predictive, it could be because patients project these good or bad experiences back onto their recollection of the choice experience, clouding that recollection. The same argument could be made for the impact of PCP choice satisfaction on provider trust as well. The implications of such "cognitive dissonance" are extremely relevant to any policy conclusions that could be drawn from these analysis, but are unaddressed by the authors.

3. I found the implications for policy and care delivery to be unsatisfying for the reasons given above, and not tightly linked with the previous analysis. More thought needs to go into the system-level implications of the authors' work.

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

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Discretionary Revisions (which the author can choose to ignore)

1. The study design and sample are well-described, with the exception of the lack of explanation for the "next birthday method"; while it is referenced, it should be briefly defined as well. Of concern is the
fact that these data were collected in 1999; I found the author’s statements that managed care and the information to make plan and provider choices had not changed in 7 years to be dubious; at the very least these claims should be accompanied by references.

2. In the methods section, the authors do not state whether they examined the correlations among the predictors of “enough PCP choice” before selection for entry into the second predictive set of models. Since many of these variables could be highly-correlated with one another, not examining and adjusting for this could easily effect whether or not they were found significant. The authors do mention the use of “Variance Inflation Factor” in the Results section to address multicollinearity, but do not explain nor cite it in the methods section. The bivariate analysis would be a helpful inclusion to the analysis.

3. In addition, it is unclear why the authors chose to use one set of logistic regression for each of the domains; the authors should better explain this choice.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of limited interest

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.