Author's response to reviews

Title: Referrals from general practice to consultants in Germany: If the GP is the initiator, patients' experiences are more positive

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Statements to reviewers' reports

General:
We were grateful to receive the comments of the three reviewers. All reviewers are known as experts in this field of research and have published on this topic recently. Some of their questions may be due to the specific situation of the German health care system. We tried to give deeper insight in the German referral system.
We followed all mentioned points and feel that the paper has improved substantially.

Comments to the review of Dr. Doris Young

Major Compulsory revisions:
- Dr. Young was quite sceptical about the rational, purpose and influence of the study. Therefore we would like to give some explanations:
  At the moment there is an intense discussion in Germany going on, if the GP should get a gate keeper role, as it is the case in many other health care systems. As a first step towards this, patients have to pay a fee of 10 E if they visit a specialist without a referral of a GP. Due to this the number of referrals has increased about 70 %. Therefore the interface between primary care and secondary care has come into focus. It is very important for health care professionals and politicians to get insight in the referral process. It is important to know, if referrals are appropriate and if it makes a difference if the patient is the initiator (as in the past) or if the referral is based on the decision of the GP. Studies like ours will influence politicians' decision if the GP will become a gate-keeper in Germany. The announcement of the publication of this study during the congress of the German GPs in Postdam (Rosemann T, Ruter G, Szecsenyi J. Hausarzt und Facharzt. Naht- oder Schnittstelle. Evaluation von 455 Uberweisungen im Raum Marbach/Ludwigsburg aus der Sicht aller Beteiligter. Z Allg Med 2005; 81 (Kongress-Abstracts) : 3) in September 2005 has caused a lot of attention by health professionals as well as journalists. The official paper of German physicians, "Deutsches Arzteblatt" has already asked to receive partially data of this study after its publication in BMC.
- "Old" patients are patients which have are already been known by the specialist due to former referrals".

Minor Revisions:
1. Duplicated references were due to a mistake of the RefMan program and have been skipped.

2. Table2: In Germany it is possible to notice on the referral letter from GP to specialist that the specialist is not allowed to refer the patient to further specialist. In this case the specialist could state that he would have preferred to refer the patients to further consultants. If this is the case, the GP could state if he agrees with this referral. In case the specialist has referred the patient to further consultants the GP could state if he agreed to this referral. We added the sentence "10 consultants (2%) stated that would have preferred to refer the patient to a further specialist, although the GP had mentioned on the referral letter that he wants no referral to further consultants" in the results section to clarify this.
As our study revealed - and contrary to assumptions of many politicians - the cooperation between GPs and consultants is much better then stated in many discussion on a political level.

Comments to the review of Dr. Steve Kisely

Major Revisions:
1. As the statement of Dr. Young reflects and as by Dr. Kisely mentioned a short description of the German health care system is indispensable to understand the paper. We added this description in the introduction. In Germany, patients can still refer themselves to specialists, but currently they have to pay 10 € (for each consultation of a specialist) if they have not visited their GP first.

2. The survey items were selected in meetings of GPs and consultants together with a research group of the University. Based on qualitative analysis of these meetings a first questionnaire was developed and tested in a small sample of referrals (30). After analysing these results, the questionnaire was reduced about 10 items.

3. In deed the point mentioned by the reviewer could represent a possible limitation, if the information who initiated the referral would have been collected only by one part. But the information, who initiated the referral were given by both, the GP and the patient: the GP could state whom he regarded as the initiator, the patient could state on his questionnaire if the referral was recommended by the GP or if he asked for the referral. Comparison of these data did not reveal noteworthy differences. We mentioned this point in the discussion section.

4. We added figure one to display the course of questionnaires. The consultant completed the questionnaire immediately after the first consultation of the patient.

5. We separated the table as recommended in three tables. We also added figure 1 to display the course of questionnaires.

6. The discussion was extended and literature added (see also 3.)

Minor Revisions:
We carefully checked the paper for spelling mistakes and involved a native English speaking colleague.

Comments to the review of Dr. Barbara Starfield

Major: This point was mentioned by all reviewers. Please see also point 3 to comments to Dr. Kisely.

Minor:
1. Please see also point 3 to Dr. Kisely. We added in the discussion section the fact that we have no data of patients who directly went to the specialist as possible limitation. The data on who initiated the referral was derived from GPs and patients.

2. Unfortunately we have no data about the amount or percentage of referrals. This was not the aim of the study. We assessed the quality of communication and predictors of satisfaction among patients, GPs and specialists. These quantitative data were not collected.

3. The sentence Patient satisfaction was not yet increased if the patient....was changed into ..."patient satisfaction was not increased if the patient had initiated the referral." We hope this clarified the meaning.

4. We mentioned in the measures section what was meant by individual level. We could connect all questionnaires of one referral process, but we were not allowed to connect them e.g. with data of the patients’ file as on diagnosis, medical reason for the referral, former referrals, medication, health care utilization in the past, etc.

5. We expanded the discussion and added results of former studies, as the ones mentioned.

Overall, we feel we have addressed the reviewers’ comments thoroughly and are hopeful that the paper will now be accepted for publication.

We are looking forward to hear from you.

Yours sincerely

Thomas Rosemann on behalf of the authors