Author's response to reviews

Title: How do general practitioners and specialists value their mutual communication? A survey

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Author's response to reviews:

Dear Editor,

Thank you for your letter. We would like to thank the reviewers for their efforts to review the article.

In this cover letter I will give you a point-by-point response to the comments. I will quote the comments before answering them.

Reviewer 1 – Viviane Van Casteren

1. Background Page 4: one of the hypotheses tested is “specialists have the impression that GPs do not read their letters”. To which question is this related in the questionnaire? I presume to “GP follows the recommendation made by the specialist in his report”. However, there is a distinction between not reading a letter and not following up the specialist’s recommendation. The GP might have read the letter but might have a reason for not following up the advice.

We reformulated the hypothesis and improved the translation

2. Page 4: another hypothesis tested is “the quality of the GPs’ referral letters varies”. What is meant by “quality”? As this question was included in the questionnaire, I would like to know what instructions were given to the GPs and the specialists in order to avoid differences in interpretation.

The respondents were asked to give a subjective judgement. So they did not gave their judgement in accordance with external criteria.

3. Methods Page 4: The authors need to give some clarification on “The testing of the answered questions was done through non-parametric tests”. This means that the dependent variable was considered ordinal. What were in this case the possible answers? From table 4, one can have the impression that the dependent variable was categorical (agree/not agree) and in that case, chi
square testing could be used.

We improved the information in the methods section, added more text, and mentioned the five point scale more explicitly.

4. Page 4: The authors should explain what groups were systematically compared. This will help reading the results chapter. It is obvious that GPs as a group were systematically compared with specialists as a group. Moreover, within the group of specialists, 3 subgroups were compared. Was this done systematically or only for some specific questions and in that case, why? It appears from the results chapter that also subgroups according to age, sex, status of trainer and some other characteristics were compared within the group of GPs on the one hand and within the group of specialists on the other hand. It is unclear whether these comparisons were done systematically for all the questions or only limited to some questions and in that case, why?

The mentioned comparisons were made for all subgroups. We added information on this in the methods section.

5. Results Page 5: The first paragraph concerns the basic respondent characteristics and the comparison with the national data. The authors refer to table 1 and 2, but do not at all describe the results. You can see from both tables that responding GPs and specialists have quite similar characteristics as their national colleagues, but it is worthwhile spending a sentence on this. Were there some statistical tests done here? The results of these tests could then be outlined in table 1 and 2 in an additional column?

In the discussion section (strengths and weaknesses) we described the quite similar characteristics of the respondents. In our opinion this section is the appropriate place to do so. No statistical tests were performed on the characteristics. We did not think this would give additional information.

6. Page 5 and 6: In the following subheadings the authors should report the results in a far more standardized way: comparison GPs-specialists; comparison among the 3 groups of specialists, comparison according to other characteristics within the group of GPs and specialists. As it is now, sometimes significant differences are reported, sometimes not significant differences are reported, and sometimes nothing is said on a possible significant difference and this, each time on other characteristics. For the comparison between the total group of GPs ad specialists, I propose to add a column in table 4 to present the p value next to each question.

In the revised manuscript we describe the systematic subgroup analysis in the methods sections. In the mentioned paragraphs of the Results section we deleted the non significant findings. We added a column with p-values in table 4.

7. Page 5: Do not use a wording like “substantially”, but replace it with “significant” if the test is significant.

We deleted the word “substantially”.
8. Page 5: “Correspondence”: What is the reason to highlight the comparison between university and peripheral hospitals in this matter and not elsewhere? See comments above. Is the difference between 77% and 70.8% agreement on the joint medical record significant? See comments above. “….irrespective of their age….” and what about other characteristics, like sex? See comments above. • Page 6: “Feedback”: Why are only the results of the comparison between trainers and non-trainers highlighted? What about the impact of sex and age for instance? See comments above.

See reaction point 4 and 6.

9. Page 6: “Further education: What is meant by “epidemiological differences between primary and secondary care”? How was this made clear to the respondents? Is the 45% for GPs significantly different from the 36% for specialists? See comments above. Also for the other comparisons in this subheading, indicate the level of significance.

As the GP functions as gatekeeper the population in a GP’s practice differs from the population in a specialist’s practice. This results in differences in morbidity pattern (incidence/prevalence). See reaction point 4 and 6.

10. Discussion I would like the authors to emphasize what these findings add to the existing literature.

We adjusted the conclusions concerning this question. I hope the result is satisfactory.

11. In the part of the discussion on “correspondence”, the authors refer to the development of a digital referring system (Care Domain). As there is a reference available in Pubmed (from 2007, Mastboom) on this initiative, it is worthwhile adding.

We would like to thank the reviewer for the suggestion. We added the reference.

12. Methods Page 4: If I understood it well, non-respondents received 2 reminders? Page 4: A dot is missing at the end of the first sentence

Non respondents received a reminder letter – a questionnaire (2nd) – a reminder letter respectively. The dot was added.

13. Results Page 5: “contact by telephone”: refer here to the corresponding table. Do not present p<0.0005, but p<0.001. Page 6: “feedback”: Do not present p<0.0005, but p<0.001. Page 6: “Feedback”: Indicate the corresponding tables, where the results can be found. • Page 6: “further education”: refer to the corresponding table.

As we added a p-value column to table 4 we did not think it necessary to refer to table 4 so many times. We changed p<0.0005 into P<0.001.

14. Rephrase the sentence or make 2 sentences of “…For the GPs, no such
difference between trainers and non-trainers was found nor for length of practice

This sentence was deleted because we deleted the description of all not significantly differences.

15. Tables: Table 4: In all figures, commas should be replaced with dots.
Questions on correspondence: “Generally, the GPs referral is qualitatively good.”
Was the question asked exactly like this? If yes, this is very confusing, as the referral letter is meant? As I already commented above, what is meant by “qualitatively good”? GP agrees / specialist agrees: above both columns

Commas were replaced by dots. Because of a typing error the word ‘letter’ was missing. See comment point 2. We do not understand what the reviewers means by: agrees above both columns?

16. Background: Reference (9) is rather old. Can it not be replaced by a more recent publication?

As there is little literature about telephone communication we could not find more recent literature. The results we used from this study are still current.

Reviewer 2: Johan Hansen

17. 1. The background now poses a number of issues that may be supported better by existing empirical evidence. For example, does better communication – by means of joint postgraduate courses - indeed improve quality of care? Such elaborations would contribute to the sense of necessity of such a study, especially since its focus is on perceptions of communication

There is no evidence that that better communication improves the quality of care. We deleted the word quality as this could lead to confusion.

18. 2. Also the research question can be broadened, as it now only specifies assessment of communication, while the study itself also goes into the amount and direction of communication

The word ‘assessment’ was an improper translation. We changed this word into ‘value’ in title and research question. The word ‘value’ represents a broader perspective.

19. 3. The stated hypotheses below the general research question need to be described better, and they are not always answered in the empirical section that follows. E.g., the study does not examine the (perceived) variation in quality of GP letters, whether GPs read specialists’ letters, or whether specialists indeed do not wish to learn from GPs. Are these hypotheses (if they really are hypotheses) necessary for the article?

We reformulated the hypothesis. We improved the translation.

20. 4. The methods section of the study is well described. A strong suit of the study is that it uses quantitative data, both from the GP and specialist side. It is
also valuable that the results section not only goes into the straightforward findings of the included tables themselves, but also describes some possible differences between subgroups of GPs or specialists. It is not clear, though, whether each of these comparisons is relevant, especially since in many cases hardly any differences occur. In order to remain included, their relevance should be explained more.

See comment point 4. We added information on the subgroup analysis.
Relevance of variables becomes obvious just after analysis. So we added information on this in the discussion.

21. 5. More could be gained from seeking for differences that are better reduced by means of policy or practice changes, and for describing how the various topics are related. E.g., is it indeed the case that both parties are more positive if they have more personal contacts (combining table 3 and 4). And are more active doctors in terms of giving feedback also the ones who receive more feedback (table 5)? The article should have room to present such findings, especially since the current table 2 (distribution of medical specialists) hardly provides any additional information.

We do agree with the reviewer. We performed new tests (Kendall’s tau-b and –c) on tables 3, 4, and 5. We presented these findings in the results. We reduced table 2.

22. 5. In the discussion, only a few weaknesses are mentioned, that are not always relevant. For example, the fact that no regional differences could be determined does not appear relevant in an international context. In addition, more information should be provided about the context in which the research took place. E.g., are the findings indicative for other countries with a GP gatekeeper system? Apart from a single remark in the discussion this topic is not addressed.

We deleted the sentence on regional differences and added information on the context in which the study took place.

23. A few minor typographical errors, such as 'fro,' instead of 'from'.

In our opinion ‘to and fro’ is a regular English expression.

As you requested we removed the acronym from the title and revised the use in abstract and article. We also added information concerning ethical approval in the methods section.

I hope that the revisions in the manuscript and the explanation in this cover letter are satisfactory.

Yours sincerely
Annette Berendsen