Reviewer's report

Title: Assessment of a teleconsultation service for General Practitioners in rural areas.

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Reviewer: John S Humphreys

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MINOR ESSENTIAL REVISIONS

This article is a very useful addition to the literature. Considerable faith has been placed by health service providers in the value of telehealth/telemedicine in overcoming some of the problems affecting under- or poorly-served populations and regions. To date, however, there has been a dearth of rigorous evaluation of the effectiveness of its utility in delivering care - much more has been written about its ‘potential’, or its demonstrated usefulness in transferring data and information, or for education and training purposes. This case study provides an excellent controlled study of the value of this medium for both providers of care and patients, so is a welcome addition.

The paper is generally well-written, logically organised and the methodology clearly enunciated. The study builds solidly on existing literature and provides international coverage. The analysis is uncomplicated but sufficient to provide sound outcomes relating the impact of the teleconsultation service in terms of the four key criteria - access, effectiveness, acceptance and organisational impact.

My main issue relates to the aspect of access. I think this is inadequately covered by the surrogate used (numbers using the service) and for that reason a little more caution needs to be taken in some of the statements extrapolating from the results of this study - eg: p11 …successfully improved … in small communities affected by geographic and socio-economic barriers” and p. 13: “The positive results reached ….and improve equal access to healthcare services”. As Penchansky and many others have shown, access is a critical and multifaceted dimension of health service provision, requiring consideration of service availability, accessibility, affordability, acceptability, accommodation etc (See for example editorial by McLaughlin & Wyszewianski in Health Services Research 37:6 December 2002). In the absence of more controls relating to the location of users, more caution should be used - alternatively, we need more detail - such as knowing whether those patients in the most disadvantaged locations or the most socio-economically disadvantaged were the main beneficiaries, or whether usage was greatest by those in locations already well served? Without locally available care (a GP) this medium was not going to be available and hence could not make any difference in terms of equity of access - see your reference on p12 to “In addition to the improvement in equity of access for remote areas…".
In short, my point is that your indicator for access is very limited, and hence your conclusions should reflect this limitation and not be extrapolated to statements about equity of access or equal access. I do not think there is sufficient evidence to state that “telemedicine … represents a remarkable solution for the improvement of equity of access in remote areas” (p.2), but rather “can play a significant role in supplementing, enhancing and increasing the range of other health services.” Good infrastructure and the availability of a provider are pre-requisites for effective telemedicine, and these are not always available in the underserved and disadvantaged rural and remote areas most in need of improved access to health care.

Minor points:

Numerous instances where expression could be improved - eg:

• p.1 - “Geographic location, in fact, often implies an unequal access to health care services [10], with socio-economic consequences even in terms of health and mortality [11] and negatively contributes to the recent rural-urban migration [12]” (I don’t understand this);

• p.10 - “The level of observance of the specialists’ suggestions by the GP (Q8) resulted to be very high…” (!);

• p.10 - sentence starting “Although the GPs perceived different useful … “ is very long and confusing and should be broken up.

• p.11 - “However, the current indications of the Region of Lombardy just offer the teleconsultation service to GPs, excluding any reimbursement hypothesis” (?);

• p.12 - I don’t understand the section in this sentence “In addition to the improvement on the equity of access for remote areas, which also helps contrast rural urban migration,…;

• P.12 - “However, some barriers and potential improvement leverages [30] emerged from the organisational analysis that was conducted to have more detailed information on the general practice” (?);

• p.14 - “…an inappropriate abuse of this service” (Is there an appropriate abuse?!) 

Overall, this paper is a welcome addition to the literature.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests