Reviewer's report

Title: Fostering Participation of General Practitioners in Integrated Health Services Networks: Incentives, Barriers, and Guidelines

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Reviewer: Wolfgang Himmel

Reviewer's report:

This is a qualitative study on reasons and problems for general practitioners to participate in a Canadian project on an integrated health service network for frail elderly persons. It may be important for further projects to have a deeper insight into these problems seen from a GP perspective. However, I see several problems with this paper and its results:

1. Please explain why the general practitioners were interviewed not earlier than 2 years after finishing the health project and why it obviously took another 4 years until the authors decided to publish their results.

2. Throughout the whole paper, the authors mention at which of the 2 sites of the project the interviewed GPs were working. Since I did not detect a description of these two sites or any differences, this information does not seem to be relevant.

3. The authors themselves address one of the most critical points of the study design: a valid distinction between active and non-active participants. The criteria for this distinction are described on p. 4. However, I think that not every active GP really answered every case manager’s phone call (and, vice versa, every non-active GP did not); and I suppose that not every active GP treated every frail patient in less than 48 hours (and vice versa). I think there is a big gray area of more or less active and more or less non-active GPs (that’s life) and this issue needs a more in-depth description and discussion and we should also have some examples of how the authors decided in cases of uncertainty. In any case, we should avoid an artificial selection into good and bad GPs!

4. The hoped-for outcome of this project is that frail elderly patients receive better care and have a higher quality of life. Is this goal being met better by “active” GPs? It may be an interesting addition to your analysis to give some statistics, if available, about the patients in the “active GPs” cohort and “non-active GPs” cohort. For example, how many patients had an extended hospital stay during the study time period? How many died? How many patients utilized the additional therapies offered through the case manager?

5. It is unclear what recruitment criteria were used to find and include the so-called “frail” patients into the study. This information about the sample would be helpful.

6. The concept of integrated health service networks is innovative and should be explained, not only for non-Canadian readers, in more detail. Especially the role of the so-called “case manager” and his or her duties should be more thoroughly
described at the beginning of the text.

7. I’m a bit disappointed about the results, especially the relevance of the different categories. In the end, the authors do not do more than to give for each category an example (a quote) but we do not learn whether one aspect or another is more or less important. So, if I would try to implement a similar project, I would only learn from this paper that I should consider every aspect mentioned in this paper (as already many other authors did mention). However, what I would like to know is what steps need to be taken in order to get the GPs in an integrated health project to be “active” and not “non-active”.

8. The Discussion needs far more structure (summary of main findings; limitations; comparison with literature; significance and meaning of the results) and the Discussion could be exactly the place where the authors could try to define the relevance of the different categories found in their interviews.

Some minor comments:

1. Table 2 is not appropriate since it makes no sense to compare the total sample of interviewees with the active ones. Instead, the authors should compare the active interviewees with the non-active interviewees.

2. There is a little problem of terminology. Sometimes the authors talk about “participation” and this seems to be used in contrast to “non-active” GPs. In my view, non-active GPs are also a sort of participating persons but not at the same level than active ones. Non-participation, in contrast, is a total abstinence from any engagement in a project. Perhaps it would be helpful to clarify these terms.

3. I did not read all of the studies that the authors cited in the reference list, but sometimes I had the feeling that not all studies fit exactly to the respective sentence in the text. For example, reference 8 highlights the problems of referrals in a managed care system but does not provide any definition about integrated health services.

4. On page 5, the authors explain that the interviews were conducted by “a physician who is one of the study’s investigators but who was not involved in the trial or its evaluation”. This is puzzling. Isn’t an investigator, by definition, involved in either the trial or the evaluation?

5. On page 5, the authors write that the GP interviews “were held in each physician’s place of practice”. On page 6, there seems to be a contradiction: “22 of these GPs were interviewed at the 2 sites”.