Reviewer's report

Title: Factors related to treatment intensity in Swiss primary care

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Reviewer: Richard A. Cooper

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This is a very convoluted paper that appears from the outset to be committed to the notion of “supplied-induced demand.” Yet there are few observations that allow any conclusions to be drawn at all.

The basic structure of the experimental approach was to examine the relationship between the number of primary care practitioners (PCPs) and both the number of consultations per PCP and the number of consultations per patient (treatment intensity), the idea being that if the number of consultations were greater where there are more PCPs, these PCPs must be doing more (needless) work to earn enough in the presence of so many other PCPs.

First, most of the data are reported as correlation coefficients, many of which are significant despite there very low numerical values. But there is no indication of the magnitude of difference. My impression is that, for the most part, these correlations describe trivial (although significant) differences. Certainly, causality cannot be inferred from most of the measured relationships.

Second, only consultations with PCPs were measured. But patients also saw specialists. And the patterns of referral to specialists may have differed among PCPs.

Third, the consultations that were measured included phone consultations, but there is no way of knowing how they might have been used by various practitioners. Did older or busier practitioners rely more on the phone?

The data make it clear that older practitioners are different from younger practitioners, and older patients are clearly different from younger patients, and male physicians are different from female physicians. At a minimum, the contribution of these independent factors should have been worked out.

In addition, the patterns in region, as defined by language, appear to be different (but only by inference, since absolute differences aren’t reported).

And in addition to all of this, socioeconomic status must differ among patients and may differ among patient cohorts seen by various practitioners, but nothing is said of this important variable.

The authors need to differentiate all of these variables and report absolute differences, not simply correlation coefficients and effect differences. As it stands now, the reality is obfuscated and all that is visible is the notion of
supplier-induced demand, but without any tangible way to judge its existence.