Author's response to reviews

Title: Access to GP services amongst underserved Australians: a microsimulation study

Authors:

Deborah J Schofield (deborah.schofield@ctc.usyd.edu.au)
Rupendra N Shrestha (rupendra.shrestha@ctc.usyd.edu.au)
Emily J Callander (emily.callander@ctc.usyd.edu.au)

Version: 2 Date: 23 May 2011

Author's response to reviews: see over
21 May 2001

Dr Mario Dal Poz,
Editor-in-chief,
BMC Human Resources for Health

Re: Access to GP services amongst underserved Australians: a miscrosimulation model

Dear Dr Dal Poz,

Thank you for providing reviewers comments for our manuscript. Detailed below is how we addressed each of the comments provided by reviewer 1. We were very pleased to note that reviewer 2 did not believe the manuscript required major revision and as such did not provide any comments to address.

Best regards,

Deborah Schofield
Reviewer's report

Title: Access to GP services amongst underserved Australians: a microsimulation study

Version: 1 Date: 21 February 2011

Reviewer: Catherine M Joyce

Reviewer's report:

Review of manuscript for Human Resources for Health
Reviewer: Catherine Joyce
MS title: Access to GP services amongst underserved Australians: a microsimulation study
MS Authors: Deborah J Schofield, Rupendra N Shrestha and Emily J Callander

Major Compulsory Revisions
There is a lack of distinction between the concepts of utilisation, supply and demand. For example, on page 5 in para 3 the authors refer to simulating “universal access to GPs” when in fact what they simulate is utilisation of GP services. On page 6 in para 4 the authors refer to “supply of services” when this should be “utilisation of services”. See also page 7 para 1; page 9 para 3 an especially para 4; page 10 para 2, 3; page 11 para 2.
Authors’ response: This terminology has been revised throughout the manuscript to consistently refer to ‘utilisation of services’.

There is a lot of discussion about access, but access does not necessarily equate to workforce supply; and workforce supply does not equate to utilisation (i.e., just having more doctors in a particular region does not necessarily mean that disadvantaged groups within that region will use more services). Potential barriers to access must be considered if the authors wish to make conclusions about access rather than utilisation.
Authors’ response: Discussion of this has been added on page 10.

Background:
Page 5: The authors cite data on the distribution of GPs per capita in 1996 and 2001. There are much more recent data than these available (e.g., in Australian Institute of Health and Welfare medical labour force survey reports) and these should be used in preference.
Authors’ response: More recent data has now been referred to on page 4.

Page 5: Para 3 states that the paper assesses the equity of the distribution of GP services but does not define what is meant by equity. Nor is the term “underserved” defined.
Authors’ response: Equity and underserved are now explained on page 5.

Methods:
There is a lack of detail about the measures being used. How were income, remoteness, employment status, and health status measured? What were the actual cut-off values for income terciles? Why were terciles used?
Authors’ response: This information has now been added on page 6.

The reporting of analysis methods is not sufficiently clear. The last sentence in para 2 on page 7 is tautological and does not specify what test was used. This information is provided in the Results section but should be here. The following para is also uninformative. More detail is required about
the simulation modelling methods used. For example: What program was used to run these? Were
deterministic or stochastic models? What set values or assumptions were used for model
parameters? How was the average number of visits used as the outcome variable for the
simulation when the data source is categorical data?

Authors’ response: Additional information on the analysis has been added on pages 6 and 7.

Discussion:
Page 10: The discussion of Indigenous Australians needs to be expanded to explain the relative
proportions of the population that are Indigenous in rural and urban areas.

Authors’ response: This information has been added on page 10.

The discussion of limitations does not include any mention of the limitations of the measures used
for rurality, income, or GP services.

Authors’ response: This information has been added on page 10.

Conclusion:
The Conclusion states that “parity is an insufficient goal” – parity in what? Goal for what or whom? I
do not think the conclusion as currently expressed is sufficiently justified by the findings.

Authors’ response: This has been clarified on page 13.

Minor Essential Revisions
The format used for citing in-text references is not consistent. Mostly the numeric footnote
(Vancouver) style is used but there are some instances of the author-date (Harvard) style.

Authors’ response: This has been corrected throughout the manuscript.

Abstract
Page 2: The section labelled Background is incomplete. There is a reference to “inadequate
access” in the Methods section which needs defining.

Authors’ response: This has been corrected.

Background:
Page 5 para 2: indvertibly is not the correct word to use here.

Authors’ response: This has been corrected, page 5.

Page 7 para 2: Why does it refer to “underserved areas mainly being in the remote and regional
areas”? What other underserved areas were there? Where are these described? This relates back
to the question of defining what is meant by “underserved”.

Authors’ response: This has been revised.

Discussion:
Page 9 para 4: “poverty” not “income poverty”

Authors’ response: This has been corrected, page 9.

Page 9: Para 4 refers to 5.6 M additional visits, but para 3 on the same page refers to 5.7.

Authors’ response: This has been corrected, page 10.

Page 10 para 3: The last sentence “The continuation to not meet...” is not expressed clearly and
needs rewriting.

Authors’ response: This has been revised, page 11.
Why is the percentage increase associated with the simulated utilisation level in the lowest tercile lower than the percentage increase in the second tercile?

*Authors’ response:* The explanation for this has been added to page 9.