Author’s response to reviews

Title: How differently do physicians and patients evaluate the current status of primary care in Korea?: A qualitative study using focus group discussion

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Author’s response to reviews: see over
Reviewer's report

Title: What is the discrepancy of perception in primary care between physicians and patients in South Korea?: a qualitative study using focus group discussion

Version: 2
Date: 4 June 2014
Reviewer: Ben Hudson

Reviewer's report:

Major Compulsory Revisions
1. This paper seems to contain some interesting findings, and could be of interest to readers from countries with similar or different systems of primary care. Unfortunately the English is so poor that it is at best difficult to read and is frequently incomprehensible. As such, it’s difficult to read and review and I’d encourage the authors to re-write the manuscript (possibly with input from a colleague for whom English is a first language) and submit the paper again.

Response: As suggested, we almost re-wrote the manuscript and also received English editing service to improve the quality of our manuscript. Most of all, we changed the title of paper to “How differently do physicians and patients evaluate the current status of primary care in Korea?: A qualitative study using focus group discussion.”

Minor essential revisions
2. It would be helpful if a couple of paragraphs outlining the South Korean health system could be included in the introduction - for example: how is primary health care funded, do clinics have an enrolled population, what is the typical size of a primary care clinic (both number of doctors and of patients)? Similarly, it would be useful to provide some information about primary care doctors in South Korea - for example: is there a minimum entry requirement to practice in primary care, how many years postgraduate training is needed, how are primary care doctors regulated and represented, how do their pay and conditions compare with doctors in secondary care, is primary care generalist or specialist (e.g. paediatrics, gynaecology)? I was stunned to read in table 3 that the physician participants saw 65 to 120 patients per day. Is this typical for primary care doctors in South Korea?

Response: As suggested, the explanation for the South Korea primary care system has been added in the background section and discussion section. However, we mainly focused the important aspects of primary care in South Korea, such as gatekeeping role and payment system, considering the length of manuscript. Although there are some variations in the number of patients per day, surprisingly, it is true that most physician see 50 or more patients per day.

3. In the Methods section, it would be useful to include more information about how participants were selected. The patients were purposively selected which I understand means that they were selected based on some particular characteristic(s), a process which tends to lead to a non-representative sample. The authors should justify why they took this approach, explain which characteristics they sought in participants, and describe the
method they used to identify and approach potential participants. The physician participants were selected by “deliberative selection” - I’m not clear what that means, the authors should explain and justify the process.

Response: Because of the limitation to access the whole patient population to have the primary care experience, the doctors of our research team randomly asked the willingness of their patients to participate in our study. Before recruiting the potential participants, we only considered their demographic characteristics to reflect the diversity of gender and ranges of age, and their prior experience of the primary care to fit the purpose of our study. These criteria to select the participants could prevent any previous bias from the participants. The patients who were willing to participate in the study were sufficiently informed about the study purpose, no harm caused by the study participation, and their privacy protection.

Line 141-149,
Six patients for FGD were purposively selected to include more active users of primary care. Because of the limitation in accessing the whole patient population with primary care experience, the doctors in our research team randomly asked the willingness of their patients to participate in our study. In recruiting the potential participants, we only considered their demographic characteristics to reflect the diversity of gender and age ranges, and their prior experience of the primary care to fit the purpose of our study. These criteria to select the participants could prevent any previous bias from the participants. The patients who were willing to participate in the study were sufficiently informed about the study’s purpose, no harm caused by the study participation, and their privacy protection (Table 2).

4. In the Results section, the authors write that “the final common themes from the categories included…” (line 198, p9). However the following list of themes matches the sub-headings in the guidelines for the focus groups (table 1), which suggests that the participants were led to these themes by the prompting in the focus groups. This should be clarified and discussed.

Response: We created the guideline to extract semi-constructed questions for the focus groups. The questions were roughly listed first from the literature review and current issues of the primary care in Korea, and then categorized by specific topics to build the baseline of codes for data analysis. This guideline was used only for the authors with the purpose of academic understanding, and the moderator used the question list during the interview regardless of the subcategory information.

5. At line 244, p11, the authors comment that “participating physicians…disagreed that the quality of care in the secondary or tertiary hospitals were better than their clinics”. However, this is contradicted by the subsequent illustrative quotes.
Response: We agree with your comments. We edited the description for clarity.

6. The participants’ comments presented under the “Continuity” theme are largely concerned with information sharing and contacting patients by text. These are important topics, but don’t really fit the continuity heading,
which suggests consideration about ongoing relationships between patients and doctor.

**Response:** The continuity has several aspects such as long-term follow-up and patient record continuity and sharing (including information safety), and is related to the coordination. We mainly focused on patient record continuity and sharing and reminder service because this issue is becoming more important according to the development of IT technology.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Not suitable for publication unless extensively edited

**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.
Reviewer's report

**Title:** What is the discrepancy of perception in primary care between physicians and patients in South Korea?: a qualitative study using focus group discussion

**Version:** 2  
**Date:** 4 July 2014

**Reviewer:** Dong-soo Shin

We almost re-wrote the manuscript and also received English editing service to improve the quality of our manuscript. Most of all, we changed the title of paper to “How differently do physicians and patients evaluate the current status of primary care in Korea?: A qualitative study using focus group discussion.” Please review our article carefully.

**Reviewer's report:**

**Major Compulsory Revisions**

1. **Background:** please add why do we need to understand perceptions from primary health care providers and users.

   **Response:** The first step to improve the quality of primary care is to understand how physicians and patients perceive the current states of primary care. Furthermore, we added other studies which assess views from patients and healthcare professionals about primary care. We think that these studies will support the necessity for the need to understand perceptions from patients and healthcare providers. We almost re-wrote background section to respond your request.

2. **Methods:** your guidelines for FGD were already set up according to the attributes of primary care. Since your study aims are understanding roles of primary care, this could be a weakness. How would you overcome this? please explain.

   **Response:** We created the guideline to extract semi-constructed questions for the focus groups. The questions were roughly listed first from the literature review and current issues of the primary care in Korea, and then categorized by specific topics to build the baseline of codes for data analysis. The guidelines were used only for the authors with the purpose of academic understanding, and the moderator used the question list during the interview regardless of the subcategory information. The guidelines were composed of the introduction for icebreaking, perceptions about the attributes of primary care, and general opinions about primary care issues in current policy. Even though we already found several attributes of the primary care from the literature review, we would like to explore new or old role and meaning of the primary care in Korea context undergoing weak systems of the primary care.

3. **You translated your Korean transcripts into English before your analysis. please explain why.**

   **Response:** Audio-recorded FGDs were transcribed as verbatim to the electronic (Microsoft Word) transcript in Korean first, and translated into English after the analysis to present the result in this paper.
4. Discussion: please clarify what are discrepancies and unmet needs from your findings. Discussion section needs more rigorous discussion with previous findings related to your topic both in Korea and other countries.

Response: As suggested, we clarified a little more the discrepancies between physician and patients in respect of main themes, and we deleted the word “unmet needs” to focus on the discrepancies. Furthermore, we added some previous studies to compare their results to our findings for each theme.

Level of interest: An article of importance in its field

Quality of written English: Not suitable for publication unless extensively edited

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.