Author’s response to reviews

Title: Correlation between Patients' Reasons for Encounters/Health Problems and Population Density in Japan: A Systematic Review of Observational Studies Coded by the International Classification of Health Problems in Primary Care (ICHPPC)” and the International Classification of Primary Care (ICPC)

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Responses to the editors’ comments

Thank you very much for your constructive feedback.

Editor’s comment #1

The sentence of the over aim seems to be long and an effort to a short and clear overall aim of the study is still needed. The paragraph with the aim needs also clear objectives and the authors are kindly invited to provide.

Response #1

Thank you very much for pointing it out. We have changed the sentence of the over aim as below. (page 7, lines 74-77)
This study aimed to describe the diversity of RFEs and health problems in Japanese settings of primary care. We also examined a correlation between the proportions of non-internal medicine related RFEs/health problems and population density as index of accessibility.

Editor’s comment #2

Although the authors made attempts to offer a distinction between internal medicine related diseases and non-internal medicine related (Editor’s comment #2), the manuscript still lacks in an operational definition of both primary care and family practice applicable to the Japanese setting.

Response #2

Thank you for the important advice. We defined and adopted this distinction based on a discussion between an internist and a family physician.

The process is as follows;

i ) We discussed which clinical speciality was mainly chosen by patients having the RFE of each ICPC/ICHPPC- chapter under the situation that both internists and other specialists such as ophthalmologists were equally available.

ii ) We also took into consideration whether an internist referred a patient to specialists. Thus, we added the sentence as below in the Method section. (page 14, 178-183)

In detail, we discussed which clinical speciality was mainly chosen by patients having the RFE of each ICPC/ICHPPC- chapter under the situation that both internists and other specialists such as ophthalmologists were equally available. Also, we took into consideration whether an internist referred a patient to specialists.
We also took into account the context and replaced the sentences “In Japan, patients who have “non-internal medicine-related” RFEs tend to visit specialists as opposed to internists. Therefore, a high percentage of “non-internal medicine-related” RFEs and health problems is thought to indicate the comprehensiveness of RFEs and health problems by the primary care physician.” to page 14, lines 144-148.

Moreover, we added below sentences in the Discussion section as limitations. (page 22, lines 278-282)

(page 22, lines 278-282)

Fourth, the distinction between internal medicine and non-internal medicine was not judged based on actual patient behavior under the situation that the care by various specialists was easily available. The distinction was only based on the decision by the two of the authors.

We also added “H: Ear,” in page 13, line 164 because we noticed the omission and changed the explanation of ICHPPC/ICPC from upright to italic in page 13 line 154 and page 165.

We believe that incorporating your advice into the previous version has made the manuscript better. Thank you once again.