Author’s response to reviews

Title: How general practitioners perceive and assess self-care in patients with multiple chronic conditions: a qualitative study

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Author’s response to reviews:

Dear Professor Ee Ming Khoo and reviewers

Thank you for the opportunity to clarify and answer the comments of Reviewer 1 and 2 to our submitted manuscript ‘How general practitioners perceive and assess self-care in patients with multiple chronic conditions’.

The comments are relevant and the reviewers clearly have a thorough knowledge in the domain of self-care for chronic diseases. We are most grateful to Reviewer 1 for drawing our attention to the systematic review and synthesis of qualitative literature by Sinnott and colleagues published in BMJ Open in 2013. The paper has important and relevant points, which we have now included in our manuscript. However, Sinnott and colleagues do not deal with the process of GPs’ assessment of self-care ability in patients with multiple chronic conditions, which our study might be the first to explore as far as we are aware.

We believe that our study provides important and novel knowledge of GPs’ perspectives of self-care in relation to chronic disease management, and that it would be of interest the readers of BMC Family Practice. Beneath you will find our point-by-point response to the comments. All changes to the manuscript are indicated in the text by track changes.

Yours sincerely,

Mads Toft Kristensen
GP, Postgraduate Research Student
Reviewer 1:

1. I am having difficulty with the term "social deprivation" used throughout this manuscript. Please identify or define this term as it may denote a negative connotation in certain contexts. Perhaps consider "economically disadvantaged" or "lower socio-economic status."

Thank you for drawing our attention to this point, which we had not been aware of. The term has now been changed according to your proposal throughout the paper.

2. Line 64: Inspired by the Chronic Care Model [13], the Danish DMPs have been introduced for a number of chronic conditions to improve the management of chronic conditions and reduce care utilization [2]. - this sentence does not make sense.is it a typo / grammatical error?

We agree that the sentence was unclear and has now been changed: The Danish DMPs are inspired by the Chronic Care Model [13] and have been introduced for a number of chronic conditions with the purpose of improving the management of chronic conditions and reducing care utilization [2].

3. In methods - line 79: .... "first, a presentation by the first author…" Consider merely using the term "researcher" instead.

“The first author” has been replaced with the initials “MATK” in order to clarify the process to the readers.

4. Tables need headings/formatting and percentage clarification - omit the terms fraction and proportion and substitute with percentage and number.

We appreciate the suggestions, and the tables have now been revised.

5. Why did each "hypothesized" case presented during the GP interviews have diabetes (plus other chronic illnesses)? Why not any combination of any chronic diseases? What is the rationale for this choice [of having to have diabetes]?

It is a very relevant question, which we have considered from the planning of the study. Type 2 diabetes was chosen as case, because it is a common chronic condition with high relevance for clinicians. In Denmark, one of the first disease management programs was about type 2 diabetes, and most general practices have systematized the diabetes care. The choice of a combination of...
chronic diseases including diabetes also ensured a degree of comparability in the challenges of self-care to illustrate the personal differences.

6. Why use real (albeit *anonymized*) cases brought forth by the participants (and not fictional ones) you interviewed? Wouldn't that cause a potential bias in their responses? (I see this was addressed in the limitations).

Another highly relevant question, which we are happy to answer: As our study explores GPs’ perceptions of self-care in patients with multiple chronic conditions, it adds important information to the study, which patients the GPs identify from their daily practice. The use of concrete patient cases makes the participants formulate examples and situations from their everyday thereby strengthening the richness of the interviews.

This design may have a potential of bias, but it allows the GPs’ thoughts and experiences to be formulated without another potential bias from fictional cases that might limit the variation of the expressed views from the GPs.

7. How was the qualitative analysis conducted - coding by hand, the use of analytic software (e.g., NVivo, Atlas ti)? Please explain this procedure in more detail.

The procedure is now explained in the revised paper: “Open coding by hand was used to analyse the transcripts and through comparison of these codes, themes were identified. Meaning units were organised in documents by code groups and condensations of code groups were written.”

8. Consider removing the outlines text boxes - they are distracting - just present the text in italics or in quotes.

The suggestion is followed in the revised paper.

9. The authors did a good job of delineating some of the major limitations of the study. However, I think it is inappropriate to discuss strengths in the same section as limitations. Perhaps best to address limitations only.

The reviewer’s point is relevant and the section now only addresses the limitations of the study.
10. In the section "comparison with existing literature" the authors assert they … 'found no other studies describing how GPs assess self-care ability in patients with one or multiple chronic conditions." However, Sinnott and colleagues published a systematic review titled "GPs' perspectives on the management of patients with multimorbidity: systematic review and synthesis of qualitative research" in BMJ Open (2013), readily available as an open access article. The included studies were conducted in seven countries: Belgium, England, Germany, Ireland, Scotland, The Netherlands and the USA. A total of 275 GPs were involved; five studies used focus groups and five used interviews with individual GPs.

We are most grateful to the reviewer for drawing our attention to the very interesting systematic review and synthesis of qualitative research by Sinnott and colleagues. The paper has important and relevant points about GPs’ perspectives of the challenges of delivering patient-centered care and the burden of treatment and is now taken into account in the discussion section.

However, the paper by Sinnott and colleagues does not deal with the process of GPs’ assessment of self-care (in relation to disease management programs). In this light, we would still assert that we do not have the knowledge of other studies describing the process of how GPs assess self-care ability in patients with one or multiple chronic conditions.

Reviewer 2:

1. Some revision is necessary in literature correction of capital letters in references.

The references are corrected according to the recommended output style.