Author’s response to reviews

Title: Preschool children in out-of-hours primary care - a questionnaire-based cross-sectional study of factors related to the medical relevance of health problems

Authors:
Grete Moth (moth@ph.au.dk)
Linda Huibers (huibers@ph.au.dk)
Astrid Ovesen (alo@ph.au.dk)
Morten Bondo Christensen (mbc@ph.au.dk)
Peter Vedsted (p.vedsted@ph.au.dk)

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Author’s response to reviews:
Below is given a point by point response to the issues raised. In the revised manuscript, all revisions are highlighted in red.

Comments by the first reviewer:

1. I would have been interested in reading some of the authors ideas in the conclusions, vis a vis improving the situation.

Response
Thank you for calling our attention to this part of the manuscript. As we just now are performing new studies on patients’ motives and the help-seeking behavior of citizens, we are pleased to be given the opportunity to elaborate further on these issues. As indicated in the manuscript, decision making is influenced by an array of different factors forming motives. Inspired by Andersen Behavioural Model, we aim to gain knowledge on five factors composing motives, predisposing individual factors, practical factors, self-assessed need, and health behaviour concerning level of medical knowledge and experience. This will give us the opportunity to gain more insight in the different aspects that patients’ decision making is made up by.
However, we find that this elaborated description of further studies is too comprehensive for the manuscript, so we limit the elaboration of the text on this topic in the manuscript to the following:

“It would be particularly relevant to address the different elements that influence the motives for different help-seeking behaviour, such as individual sociodemographic factors and former experience with help-seeking. These components could be supplemented by exploring organizational factors related to the structure of the health care services, such as the accessibility to a GP within office hours.”

We placed this elaboration on the subject in the discussion section, as we found that this was a suitable context.

Comments by the second reviewer:
1. “………different expressions of "medically irrelevance" throughout the paper, which might lead confusions by readers who are not familiar with the Denish health care delivery system, suggest to uniform the term with common understandable expression”

Response
We agree and have now revised the text as to make it clear, that the term “medically irrelevant” is used only about the subgroup of contacts that were both considered non-severe by parents and assessed as more appropriate for the daytime GP by the participating GPS.

2. “ … the paper lacks such review of existing literatures, the authors only considered the characteristics of the children (age, duration of symposium, geographic location, time of calling which were included in the regression model), neglected the characteristics of parents (such as, age, education, income, race, etc.). The later characteristics may have potential impacts on the medically irrelevant decision made by the parents.”
Response
We absolutely agree that the suggested characteristics of parents may have an important impact on decision making when to call the OOH for medical help. However, our study was based on secondary analyses of the data available, which unfortunately did not include the sociodemographic information suggested by the reviewer. We have therefore added the following paragraph of this lack of relevant information and contribution to the analyses in the discussion section:

“Decisions on calling for medical advice are influenced by an array of various elements. Besides the actual medical problem, the parents’ knowledge and degree of feeling secure in managing their child’s illness are the main drivers for the decision-making [12]. Moreover, sociodemographic factors have been found to be associated with patient behaviour [23,24]. These would have been relevant to include in the analyses of present study, but such information was not available. Future studies focusing on children in the OOH-PC should be designed to address the potential association between patient behaviour and sociodemographic factors.”

Besides, in the methods section, we have added information on this study being based on secondary analyses:

“We conducted a cross-sectional study based on secondary analyses on data from a survey on RFE and disease patterns in the Danish OOH-PC”.

3. “…only estimated the associated factors with medically irrelevance of those contacts assessed by parents as not-severe. I do not see the rationale of seperating such contacts from other contacts.”

Response
We actually find that focusing on the medical relevance of contacts that were considered non-severe by the parents makes good sense, as the purpose was on achieving further knowledge on contacts that were “potentially avoidable”. We consider it unlikely that parents considering the condition of their child potentially severe would abstain from calling even though the GP after the call states that the call was medically irrelevant. This was the reason for creating the subgroup of contacts/problems that were considered non-severe by parents. However, we
acknowledge that was not made completely clear in the introduction section, and therefore we have revised the text here accordingly:

“…we explored factors that were associated with being assessed as more suitable for own GP within office hours by the triaging GPs in order to gain knowledge on how to identify the potentially avoidable contacts.”