Author’s response to reviews

Title: Periodic health visits by primary care practice model, a population-based study using health administrative data.

Authors:

Natasha Saunders (natasha.saunders@sickkids.ca)
Jun Guan (jun.guan@ices.on.ca)
Longdi Fu (longdi.fu@ices.on.ca)
Helen Guo (helen.guo@ices.on.ca)
Xuesong Wang (xuesong@ices.on.ca)
Astrid Guttmann (astrid.guttmann@ices.on.ca)

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Author’s response to reviews:

Dr. Natasha Saunders
The Hospital for Sick Children
555 University Avenue
Toronto, Ontario M5G 1X8

December 12th, 2018

Dr. Tovah Honor Aronin, BMC Family Practice Editor

Dear Dr. Aronin,

Please find enclosed a revised manuscript entitled; “Periodic health visits by primary care practice model, a population-based study using health administrative data.” (FAMP-D-17-
00391R1) which we are re-submitting for exclusive consideration of publication as a Research Article in the BMC Family Practice.

We thank the editors and reviewers for their thoughtful consideration of our manuscript and valuable suggestions for improving this study. We have carefully considered the recommendations and have included with our submission an itemized list of our responses to the comments and issues raised in the second review of this manuscript.

We look forward to hearing from you regarding our submission. We would be glad to respond to any further questions and comments that you may have. Please address all correspondence concerning this manuscript to me at The Hospital for Sick Children and feel free to correspond with me by email at natasha.saunders@sickkids.ca.

Sincerely,

Natasha Saunders

Staff Pediatrician and Associate Scientist, The Hospital for Sick Children

Adjunct Scientist, The Institute for Clinical Evaluative Science

FAMP-D-17-00391R1

Reviewer 2

Thank you for addressing the reviewers' comments. The revised manuscript is much clearer and the results provide useful evidence on how payment models in primary care can influence service outcomes. I do not have any major concerns but it would be good if the discussion could be more balanced to avoid the impression of a bias against the fee-for-service model and in favour of the Family Health Team model. I suggest the following revisions:-

1. Table on the characteristics of the different primary care models should be labeled as Table 1 (instead of Table 4).

The table numbers have now been modified to reflect the order in which they appear.
2. Line 183-184: Please change the word "risk" to "likelihood" in the sentence "High income.... increased the "risk" of receiving periodic health visits..."

This has been modified.

3. Line 186: it would be good if you could add the results on whether, or not, the likelihood of people aged >65 receiving periodic health visits was significantly lower in Capitation or Family Health Team primary care than those attending Fee-for-service primary care. It should also be pointed out that "salary model" was associated with a lower likelihood of periodic health visits across all morbidity groups.

We have added a table comparing the likelihood of receiving a periodic health visit for those >65 years by primary care model and comorbid conditions. From the table, one can see that those in a fee-for-service model still had a much higher likelihood of receiving the periodic health visit across all comorbid groups.

We have stated in the results (lines 181-183) that the “salary model” was associated with a lower likelihood of periodic health visits across all co-morbidity groups.

4. Line 217-227, the discussion on the reason why there was relatively few periodic health visits among patients with co-morbidity seems a bit biased. The possibility of "under service" as a result of lack of incentive for PHC in the Capitation and Family Health Team models should be considered.

We have added to the discussion: ‘The low rates of periodic health visits in these non-fee-for-service models may also reflect under service in these populations as a result of a lack of financial incentive for periodic health visits.’