Author’s response to reviews

Title: The Impact of the Adoption of a Patient Rostering Model on Primary Care Access and Continuity of Care in Urban Family Practices in Ontario, Canada

Authors:

Jatinderpreet Singh (jp.singh@dfm.queensu.ca)
Simone Dahrouge (sdahrouge@bruyere.org)
Michael Green (michael.green@dfm.queensu.ca)

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Jatinderpreet Singh
Department of Family Medicine
Queen’s University
220 Bagot Street
Kingston, ON K7L3G2
Canada
Jp.singh@dfm.queensu.ca

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Penelope Abbott
BMC Family Practice
Biomed Central
The Campus, 4 Crinan Street
London N1 9XW
United Kingdom
Dear Dr. Abbott

Thank you once again for considering our original research article entitled “The impact of the adoption of a patient rostering model on primary care access and continuity of care in urban family practices in Ontario, Canada” for publication in BMC Family Practice. We would also like to thank the reviewers for their thoughtful suggestions, as their feedback has improved the quality of this article. We have clarified the section in the article that discusses family practice sensitive condition emergency department visits. I am resubmitting the revised article on behalf of the authors (Dr. Simone Dahrouge, Dr. Michael Green, and myself) based on the important feedback we received from the reviewers.

We have included the response to reviewers comments below (We have also attached a table of our responses as a ‘Supplementary material’ for ease of reading). We have highlighted each of the changes made within the article using the Track Changes feature in Microsoft Word.

Thank you once again for considering our article for publication and for the valuable feedback. If the reviewers have any additional questions or concerns, please do not hesitate to contact me.

Sincerely

JP Singh

Jatinderpreet Singh, MD, MSc

Response to Reviewer Comments:

Ricardo Batista, Ph.D. M.D. (Reviewer 2):

The narrative is still difficult to understand the evolution of ED visits. Figure 3 shows that prior to transitioning, the odds of FPSC ED visits were indeed increasing. And following the transition, there is a slight overall increase (with more notable increase for the late adopters). Hence, it seems that the overall trend was to increase, although relatively stable following the transition. But, the description in this paragraph is talking about "a minimal decrease, but statistically significant".

This can still be confusing. Perhaps a rewording of this section can offer more clarity to this section. Do you mean that the odds of ED visits increased at a slower pace/rate following the transition?
Response: Thank you for your important feedback. You are correct in that the odds of FPSC ED visits was increasing post-transition, but at a slower pace/rate relative to the pre-transition rate. We have clarified this important fact in the article. Thanks again for your feedback.