Author’s response to reviews

Title: Perspectives on disclosure of the dementia diagnosis among primary care physicians in Japan: A qualitatively driven mixed methods study

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Editor
Dr. Zalika Klemenc-Ketis
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Thank you for the opportunity to revise our manuscript, "Perspectives on disclosure of dementia diagnosis among primary care physicians in Japan: A qualitatively driven mixed methods study" (FAMP-D-19-00023R1), once again. We have made revisions as follows based on the review comments.

For Technical Comments:

1. Corresponding Author - Please note that the Corresponding Author in your manuscript file differs from those entered within the submission system. Please correct so they are consistent to each other.

<Response> Agreed. The corresponding author will be Dr. Machiko Inoue. We will make the change in the submission system from now on.

For Editor Comments:
1. Page 5, lines 5-10: this is a description of methods and should be moved to Methods section.

<Response> Thank you for your advice. We have moved the description to the section of “Recruitment, sampling and data collection procedures” under Methods, on page 4, Line 1-7, and described Japanese definition of clinics and hospitals concretely.

“We included physicians based in clinics as well as local hospitals because they were both considered providers of primary care services in Japan. In Japanese definition, medical institutions with less than 20 beds, which consist of 7.1% of all clinics (shinryo-jo), are called “clinic with beds (yu-sho-shinryo-jo),” and those with 20 or more beds are called “hospital(byoin).” Hospitals with less than 100 beds consist of 35.7% of all the hospitals in Japan, and patients have unrestricted access to such small-sized local hospitals as well as clinics, as primary care centers in the Japanese healthcare system.”

2. Page 7, lines 42-58: this is a description of methods and should be moved to the Methods section

<Response> Thank you for your advice. We understand this comment was about the description on page 7, line 42-52 and similar information is already stated in the section of “Mixed data Analysis” under Methods. Therefore, we have revised this part to be suitable as a description of Result on page 7, line 30-34.

“The results of mixed data analysis about participants’ level of comfort with disclosing dementia, and the reasoning behind their rankings are presented in Table 3. We interpreted the characteristics of physicians based on the comfort level: highly comfortable (8 to 10); moderately comfortable (5 to 7); low comfort level (2 to 4); and no response, as follows.”

Additionally, our reference number 22, “Fetters MD. The 3 Cs of Content, Context and Concepts: A Practical Approach to Recording Unstructured Field Observations. Annals of Family Medicine. 2019.”, is now in press. We appreciate if the information of volume, issue and page can be added when it is available or please advise what we should do.

We appreciated your review comments and they were very helpful to improve our manuscript.

We look forward to your decision regarding acceptance for publication.

With best regards,

Michiko Abe

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