Author’s response to reviews

Title: General practitioners referring patients to specialists in tertiary healthcare: a qualitative study

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Author’s response to reviews:

Dear Editor,

Thank you for your feedback and for the reviewers’ valuable comments on our manuscript “General practitioners referring patients to specialists in tertiary healthcare: a qualitative study” (FAMP-D-19-00002).

We modified the text accordingly. In the following text, you can find our responses regarding the reviewers’ comments. The pages and the lines indicated into this text are referring to our previous submitted paper (Supplementary material pdf - underlined sections).

The modified manuscript is resubmitted, including these changes. We should be grateful if you would consider these modifications.

Yours sincerely,

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Reviewer reports

Reviewer #1 | Clare Liddy

Overall, I enjoyed reading this interesting and relevant paper about GPs referrals to specialists. I agree with the authors that little is known about the reasons for variability in referrals and the perspectives of the GPs themselves.

Authors’ response: We thank the reviewer for her overall positive feedback and the constructive comments.

1 This qualitative study reports on focus groups from a single center in Switzerland. The background gives some overview of the health system; however I found the second paragraph about the access to specialists and the role of the GP a bit confusing - it seems to say, that most patients directly access specialists and not through the GP, so it was a bit hard to understand the scope of the problem -. would suggest a bit of revision here.

Authors’ response: We agree with this comment. We have thus clarified this issue and modified the second paragraph of the introduction accordingly (see page 3, line 21 - 26).

2 Methods are well described, with a survey development and copy of the survey as well as the creation of the FG Guide – well described methods, especially for the qualitative section, which are reported with rich quotes.

Authors’ response: We thank the reviewer for this comment.

3 It is not clear to me, where the results of the survey are - this quantitative data would be helpful to see in the context of the paper - I was not sure, if they were reporting this elsewhere; however I think it would be relevant to include here as it will help give greater context/understanding of the patterns – for example in the discussion section it is mentioned that the rate of referral in this center is high, but I do not have good sense of what this means.

Authors’ response: Indeed, the survey’s results do not appear in our paper and we thank the reviewer for raising this point. Through this comment and those of Dr Merethe Andersen (Reviewer 2), we realized that the way we mention the survey can be misleading. It does not clearly reflect how we used it in our study. In line with this observation, we have modified the parts of the manuscript where we expose the survey so as to be clearer and more precise (page 2, line 23 - 31; page 3, line 56 - 60 and page 9, line 23 - 24). Moreover, we would also like to explicit why we introduced a survey and how its results were used in our study.

Our study focuses on the referral process. A first methodological step was to ensure that the sample group of participants (GPs working to the Center for General Medicine - CGM) was concerned by the object of our study. The survey was a preliminary investigation, so as to make sure that the chosen setting was appropriate for the phenomenon we wanted to study. To do so, we conducted a literature review around the referral process, and we tried to compare the literature findings with the studied population (CGM – GPs). A questionnaire based on these findings was sent to all CGM-GPs (40 GPs) working as first-line clinicians. The questionnaire was created by our research team members (liaison psychiatrists, social scientists and a GP) and
with the continuous input of a CGM-GP who was not part of our research’s team. Finally, it was tested by two CGM-GPs, the chief GP of the CGM and a resident, and we modified the questionnaire following their feedback (Annex 1, page 17).

Our survey’s results underlined that issues raised in the existing literature clearly preoccupy the CGM-GPs. Comparing the CGM-GPs with GPs’ populations of previous studies investigating referral, two main differences emerged: 1) the fact that the CGM-GP’s population consists of young clinicians, half of them under training and 2) a high referral rate (CGM-GPs had the feeling of referring three times more than found in a study were the Swiss GPs’ referral rate was studied; Tandjunga R, et al., 2015). These two particularities of our study’s setting are consistent with the aim of our study. Both the fact that we interviewed young clinicians (it is seen that young GPs with less clinical experience are more preoccupied about how to refer or not to specialists) and their feeling of referring very usually to specialist were seen as an advantage for our study, referring or not being one of our respondents’ central preoccupations. Accordingly, we concluded that our setting was a very fertile ground for studying the referral process.

Afterwards, the questionnaire’s results were further exploited so as to create the leading questions of the FGs’ interview guide (the moderator’s guide). By using these results, the moderator’s guide was based not only on the questions raised by previous studies, but also adjusted to the CGM setting. Consequently, the survey’s results can also be considered as a methodological tool for the FG’s preparation. To conclude, the survey results are no quantitative data and the results exposed to the submitted paper are based only on the qualitative analysis of the FGs’ transcripts.

4 I liked the discussion, which highlighted the relevance of the findings and discussing the implications for practice.
Authors’ response: We thank the reviewer for the positive feedback.

Reviewer #2 | Merethe Andersen

The topic is interesting and important and the methods chosen to elaborate are appropriate. However, there are substantial shortcomings in the study. An overall problem is the invitation procedure being focused only on GPs working in a particular unit and the very low number of participants. Moreover, the results of the questionnaire survey are not presented, which make it unclear to what extend these may have influenced the results and the interpretation of these.
Authors’ response: We would like to thank the reviewer for reading our manuscript carefully and for his comments. In the following paragraphs, we explain the modifications made in line with his comments and provide answers to the issues he raised.

First of all, we would like to explicit some of the steps taken to ensure the study’s internal validity (Methods section, page 3, line 56). We firstly confirmed that our setting was an appropriate ground for studying the referral process, and this was validated by comparing the existing literature with the results of an internal survey (see Review 1, Question 3 and our
response). We also employed “triangulation” at different points during our study. More precisely, the principal investigator continuously “triangulated” his results: a) with our research team, which consisted of members coming from different scientific fields and institutions (liaison psychiatrists, social scientists, a general practitioner) and b) with different CGM-GPs. “Triangulation” took place: 1) during the creation of the survey, 2) for the analysis of its results, 3) during the creation of the moderator’s guide, 4) during the analysis of the residents’ FG, 5) for the analysis of the chief residents’ FG 6) and for the creation of the referral process model. By this way, multiple perspectives were taken into account during the whole research procedure. In addition, we actively searched our respondents’ validation during the creation of the survey, the creation of the moderator’s guide and the analysis of the FGs’ results. We introduced a paragraph in the methodology section so as to better explicit this working process (page 4, line 58).

Respondents’ feedback clearly helped us to analyze the FGs’ results, but also informed us about missing components during the FGs’ analysis. After the thematic analysis of the residents’ FG and before conducting the chief residents’ FG, we tested the initial results with participants to know if they “rang true”. They clearly recognized the results and validated them. The same work was done for the second FG. During this exercise, it became clear to us that the input gained from the second FG was mostly supporting and reinforcing the results emerging from the analysis of the first FG. At this point, we opted for presenting our results to an other group of CGM-GPs, most of them having participated to one of the two FGs. Our results were clearly validated by this group and no “missing themes” emerged through discussion. This exposition and the group’s feedback helped us to finalize the dynamic model presented in our paper.

Regarding the questionnaire’s results, we clarified its use in our previous answer to Reviewer 1, and we modified the text accordingly (see Review 1, Question 3 and our response).

1 The authors should pay attention to the composition of the manuscript. For example, in the method section the two FG are described as heterogeneous (P4, l 1). I think that belongs to the result section.

Authors’ response: We agree with the reviewer that our previous statement about group heterogeneity was not clear and we transformed it (page 4, line 4 - 7). It is also true that the number of participating GPs is a result of our study, and we moved this information to the results section (page 4, line 4). On the other hand, and as mentioned in the methodological section, the heterogeneity between the two FGs is not something our study uncovered, but has been deliberately planned in order include the views of two hierarchically different groups of physicians (as a first step, one FG with residents; and furthermore, one FG with chief residents). Again, the goal was not to compare the two groups (by means of quantifying their statements), but to identify a maximum of possible elements underlying the referral process (following the hypothesis that hierarchy and clinical experience may produce different reasons to refer or not).

2 The first three lines in the discussion section belong to the introduction section. This is also the case regarding the first two lines of the strength and limitations section.

Authors’ response: We agree with this comment, and have revised the manuscript accordingly (see page 9, line 18 - 20 and page 10, line 47).
The chosen setting is mentioned as a limitation, but the authors do not reflect on how this limits the generalizability of the result.

Authors’ response: Our aim was to offer a more realistic depiction of the various elements GPs consider when they have to decide whether or not to refer a patient to a specialist. For the thorough investigation of this phenomenon, and as explained above (general remarks of Reviewer 2, and our response) a specific setting was chosen, in which the referral process clearly preoccupies GPs in their daily practice. Our results constitute in this regard a first step, which identified a variety of different elements shaping this decisional process that are not mentioned in the existing literature, which mostly focuses on the biomedical determinants of the referral process. In line with the reviewer’s remarks, we have enriched the description of the context of the study (see page 3, line 51 - 52). We also modified the summary (see page 9, line 24) and, as requested by the reviewer, enlarged the discussion of the limitations of the study (see page 11, line 7 - 13).

In this section (Comparison with existing literature), the authors should discuss their own findings in comparison with other studies and not only mention what other studies have been focusing on.

Authors’ response: We thank the reviewer for his feedback. Following his recommendations, we have reorganized this section so as to better compare our findings with those of the literature (see page 11, line 21 - 46).

In the method section, a questionnaire is mentioned, but the results of the survey are not described, neither are they discussed. The development of the questionnaire seems to be rather superficial as the pilot testing was based on only two GPs.

Authors’ response: The first reviewer already raised this issue (see Review 1, Question 3 and our response).

The invitation was sent to a very low number of GPs (40) working at the same unit. This may give rise to serious questions on the overall generalizability, as colleagues working in the same environment may presumably represent certain beliefs and attitudes, which may not be true for GPs working in other types of practices.

Authors’ response: We clarified the reason and the validity of the FGs’ methodology in our previous answer to reviewer’s general remarks (see general remarks of Reviewer 2, and our response).

On page 4, line 15 the authors describe the participants as young clinicians in training, which should be remembered. This should be part of the discussion and does not compensate for the usual table 1, describing participating GPs as well as the background population of GPs regarding gender, age, experience, etc. With such a table, it would be possible to get an idea of how eventual selection may have influenced the results.

Authors’ response: Clearly, the fact that the participants were young clinicians and more than half of them under training are very important contextual factors that we considered in our study (see general remarks of Reviewer 2, and our response). In line with the reviewer’s comments, we further discuss this issue in the revised version of the manuscript (see page 9, line 25 and page 11, line 7 - 13). With regard to the background information: since the aim of our study was to
describe the GPs’ experience during the referral process, we considered that information on the background of GPs and a demographic comparison (representativeness of the sampling) doesn’t add to our results and is out of focus of our research’s question. We modified the text accordingly (see page 4, line 13 - 32).

8 The invitation process regarding FG lacks focus on diversity, as only GPs from the same unit were invited, which means that we only gain insight into GPs working in a particular setting. Moreover, one FG consisted of residents and another of chief residents. It is described that this distribution was randomly chosen depending on their availability on the dates (Page 4, line 18). A mix of participants with different medical experience, gender and years of work in the CGM might have provided a more dynamic group discussion.
Authors’ response: We agree that the way we described the “distribution” could be misleading and we changed that part of our text (page 4, line 4 - 9). However, we explain in our previous answer (see general remarks of Reviewer 2, and our response) how we enhanced the internal validity of our study.
Regarding the second point, we separated the residents from the chief residents for the following reasons. First, mixing participants would more probably have had an inhibiting effect on the younger and less experienced GPs. This is even more likely as the residents and chief residents who participated in the FGs work together, the residents being hierarchically subordinated to the chief residents. Moreover, residents and chief residents have different roles, different decisional power and different levels of responsibility within the CGM, and we thought that this could have an effect on reasons for referral and on GPs’ experience of the referral process. We have added these methodological reasons for conducting separate FGs in the revised version of the manuscript (see page 4, line 11 - 13).

9 Two FG seems like a pragmatic number rather than being based on the development process in the study. Would it be possible to conduct more FG if data saturation had not been achieved? The authors don't reflex on these questions.
Authors’ response: Organizing more FGs would have been possible. However, as described above (see general remarks of Reviewer 2, and our response) the necessary data was collected with regard to the study aim, and we considered it not necessary to include more participants. We do discuss this issue in the revised manuscript (see page 4, line 4 and page 4, line 58).

10 As the results of the questionnaire survey are not displayed, it is not possible to assess whether the conclusions are supported by the data.
Authors’ response: Once again, cf. our answer to the other reviewer above (Review 1, Question 3, answer)