Author’s response to reviews

Title: Understanding primary care-oncology relationships within a changing healthcare environment

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Author’s response to reviews:

We thank the reviewers for their thorough and thoughtful feedback on this manuscript. We have edited the manuscript according to the suggested changes. Major text changes are shown in highlighted text in the manuscript. Below are the responses to each reviewer’s comments.

Response to Reviewer #1:
Daniel Coletti (Reviewer 1)

1. With over 2000 pages of data, the results are clear but feel somewhat reductive. Did the review uncover secondary themes, perhaps not as striking but of possible relevance in describing primary care-oncology relationships? If not, results might benefit from a clearer description of the assertion made in the discussion that clinicians questioned the quantity, quality, and clarity of their roles during various phases of the cancer process (page 9, lines 31-41).

We thank the reviewer for bringing up this important point. The analysis for this manuscript, focused on primary care and oncology relationships, were secondary to the primary R01 study aim of understanding care for cancer survivors in primary care settings. We have included more
details of other themes that were previously uncovered in other publications by our team that are relevant to primary care–oncology relationships on Page 5.

2. I would like the authors to provide additional comment in the discussions/conclusions on suggested next steps for future research and application of findings in this area.

We have added more details in the discussion/conclusions section on how these findings contribute to future research directions in cancer care delivery research and understanding the influence of healthcare organization on cancer outcomes.

Response to Reviewer #2:
Tim Holt (Reviewer 2):

1. The design of the study was appropriate although the authors acknowledge the limitation that certain types of health care organisational structure (e.g. Kaiser) were not represented. It would also in my view have been useful to include some patient perspectives.

While we agree with the reviewer that patient perspectives would contribute to a more comprehensive understanding of primary-oncology care relationships, this was a secondary analysis of primary data collected for other purposes (see response #1 to reviewer #1) and data from patient participants did not add to our understanding of these relationships.

2. The conclusions seem valid across the US health systems represented. It is less clear how generalisable they are at an international level. If aimed at an international readership then certain terms might need explaining - for instance, I was unclear what exactly is meant by physicians 'rounding'.

This is a great suggestion. We clarified on page 8 what the term “rounding” refers to and checked elsewhere in the manuscript for terminology that might need explaining for an international audience.

3. It was also unclear to me to what extent the conclusions were specific to oncology and whether in fact they apply throughout the primary care/hospital interface, for instance the use of electronic health records which facilitate communication between colleagues. This might have usefully entered the Discussion.

We agree with this comment and added more clarity to the first paragraph of Page 9.

Response to Reviewer #3:
Samantha Chakraborty, PhD (Reviewer 3):

1. Part of the aim was to "examine the impact of these relationships on transitions into and out of cancer care." Whilst this would have been great, this study did not lend itself to addressing this aim, because this would require a much more detailed analysis of the actual patient transitions into and out of care. I recommend rewording this part of the aim or removing it.
We removed this part of the study aim to be more reflective of the current focus of this paper.

2. Given that this is a secondary analysis of data from another study, it is acceptable that the authors have not over-stated the significance of these findings. However, it would be useful to suggest potential recommendations for research and system/practice design. For instance, how to foster rapport and team-building and how to initiate similar programs in either formal or informal settings.

We added more details in the discussion/conclusions section on how these findings contribute to future research directions in cancer care delivery research and understanding the influence of healthcare organization and health care teams on cancer outcomes.

3. Pg 6, Line 6: Please revise "Three case studies (two system-based; one independent) characterize these formal primary care-oncology relationships" to "Three case studies (two system-based; one independent) described below characterize….

We edited the text as suggested.

4. Pg 3 Line 20 - extra "s" after "when"

We corrected this typo.

5. Pg 6 Line 27 - Please check formatting to ensure that paragraph alignment is consistent.

We corrected this formatting.