Author’s response to reviews

Title: A survey of the working status of family medicine physicians in clinics and hospitals in Korea

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Author’s response to reviews:

Reviewer reports:
Imam Xierali (Reviewer 1): This is an interesting descriptive study that looks at family physicians in Korea.

1. I would recommend adding a brief trend report on the growth of family medicine in Korea since its first establishment. These may be done with two or three sentences citing data from somewhere. Based on the advice you gave, we added the history of Korean family medicine to the first paragraph of the introduction.

2. As the data suggests a substantial proportion of those surveyed are hospitalists, I wonder if you could discuss if they are still considered primary care providers. The growing number of hospitalists is considered as a weakening factor for primary care in the U.S. Maybe this is similar thing in Korea. In our study, ‘family medicine physicians working in hospitals’ is not hospitalists, but the doctors provide primary care to the patient in hospitals. As mentioned in this study, visiting secondary and tertiary medical institutions without limitations to access to large hospitals is possible due to weakened medical delivery system, the doctors working in hospitals give a treatment of mild disease such as URI, diabetes, hypertension etc. Since it has been newly introduced ‘hospitalist’ system in Korea, the number of hospitalist is very few.

3. As you mentioned there were about 8000 FPs in Korea and the sampling frame only covered 4000, so the generalizability of the study is weakened. I wondered if you could tell who are the missing FPs from the sampling frame. And regardless, add this into limitation section.
I agree with the reviewer’s opinion. The FPs who did not included in our study are the people who did not provide ‘Personal Information Agreement’ or the people did not updated in database of the Korean Academy of Family Medicine or the association. Therefore, this limitation was included in the discussion section.

4. Related to item 3 above, the response rate is 26%, which further weakens the generalizability. Have you checked on the similarities and differences between those responded vs non-respondents? A comparison of the baseline characteristics between the two would be necessary for confidence in your findings.
Thank you for the reviewer’s good suggestion. Unfortunately, what we have the information about the non-responders were only email address and mobile phone number as personal
information was not provided by the Korean Academy of Family Medicine and the Korean Society of Family Medicine.
Lack of representative and standardization is our study’s weak point, however, I believe this study has value as an early-stage study to understand the current status of Korean family physicians and their medical practice pattern with more than 1,000 physicians participated in the study among 8,000 family doctors in Korea.

Robert L Phillips (Reviewer 2): This is an important effort to understand the status, scope, and changing care patterns of family physicians in Korea. I would need to see the entire survey to know if the contents supported the analyses. The content described in the methods are insufficient to understand the percentages offered in the results; likewise other data elements.

Thank you for your comments. The description in method section was revised to improve understanding of the variables in the analysis.

I also can't tell if practice in clinics and hospitals are mutually exclusive, or whether some do both.

In Korea, there is no doctor working in both clinic and hospital because one doctor should work in one work place by the law (Ban on opening and operating the multiple Medical Institution). Therefore, practice in clinics and hospitals are mutually exclusive in Korea, which is inserted in the method section. Thank you for pointing out the important question.

The methods only mention diabetes and hypertension yet the results offer self-reported ranges of what sound like a much broader list of diseases.

It is hard to know how reliable some of the self-reported data are such as with chronic care and diseases covered by the NHIS.

However, there is a limit in accurately analyzing the relationship between doctors prescribed disease and insurance (range of salary and non-paid disease)

I agree with the reviewer’s opinion. In fact, the limitation of this study was to measure subjective number of diseases covered by national insurance and not covered by national insurance. This is obviously a major limitation of the research, however there are difficulties in real world to get the accurate number because NHIS can provide only the data about medical practice in the area of the diseases covered by national insurance. And the information about diseases not covered by national insurance is very confidential in the medical institute because medial practice is based on doctors’ autonomy. (In fact, doctors are reluctant to analyze their prescription patterns, therefore, the data about the diseases not covered by national insurance is also confidential information from the clinic or hospital and it is impossible to get the accurate data for research analysis, this is the reason we used online survey method with ensuring anonymity). This limitation was included in the discussion section.
Diabetes and hypertension are used in our study question because they are representative symbols of chronic disease and doctors who manage both diseases are usually classified as primary care physicians, which means this is the indirect indicator of managing insurance covered diseases in Korea.

There are some missing values in the results, "employment status; doctors employed in and owning clinics made up 34.4% and xxx, respectively,"

It was corrected, which was the author's mistake. Thanks for pointing it out.

The findings are mostly exploratory so I have trouble relating them to the discussion. The response rate for the known cohort of 4k+ was only 26% but half of all family physicians were not in the cohort, so it is unclear how representative the responding cohort are of all. The paper mentions the NHIS which looks like it could be a more reliable source for some of the study questions esp related to rates of disease, care management, scope of care, etc. Could at least set up a comparison to the survey data.

I agree with your opinion.

NHIS can only provide the data on the diseases covered by national insurance, therefore, it is difficult to determine the rate of the diseases covered by national insurance among both the diseases covered by national insurance and not covered by national insurance (The denominator is unknown when trying to find a rate)

The FPs who did not included in our study are the people who did not provide ‘Personal Information Agreement’ or the people did not updated their information in database of the Korean Academy of Family Medicine or the association. Therefore, this limitation was included in the discussion section.

I believe this study has value as an early-stage study to understand the current status of Korean family physicians and their medical practice pattern with more than 1,000 physicians participated in the study among 8,000 family doctors in Korea.

Generally I'm uncertain whether the results are valid or reliable enough to offer more than a discussion about the exploratory nature of the paper, or perhaps a way to discuss Korean FM for an international audience. It may be acceptable as a research letter about the exploratory nature of the study.

We understand the reviewer's point.
This study identified the differences and trends in medical practice patterns between the doctors working in hospitals and clinics in Korea for the first time. I dare to say it's worth as an original article as it is the first attempt to show the actual figure of family medicine physicians merging with the data from the Korean Academy of Family Medicine and the Korean Society of Family Medicine.