Author’s response to reviews

Title: SPECIALIST LINK AND PRIMARY CARE NETWORK CLINICAL PATHWAYS- A NEW APPROACH OF PATIENT REFERRAL: A CROSS-SECTIONAL SURVEY OF AWARENESS, UTILIZATION AND USABILITY AMONG FAMILY PHYSICIANS IN CALGARY

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Author’s response to reviews:

Dear Editor,
Thank you for giving us the opportunity to revise the manuscript. We have addressed all reviewers’ comments and revised the manuscript. Our point to point responses are provided below.

Thanks
Mubashir Arain

Reviewer reports:
Erin Keely (Reviewer 1): Thank you for the opportunity to review this paper which is a survey of PCP’s with access to a non-urgent multispecialty telephone line. Unfortunately the response rate of 39% must be taken into account. It is possible that only providers with knowledge of the line answered the survey. You could do a sensitivity analysis to see what this would do to your numbers. The conclusion that most of the family physicians are aware of specialist link cannot be stated - most of the respondents were aware, but you do not know about the non-responders. There should be a comparison of responders to the general population of family physicians to see how similar in characteristics they are.
Response from authors
We have now included a comparison of the general population of family physicians characteristics (gender distribution) to the survey respondents and found no significant difference (52% vs. 54% male physicians; p value=0.49). We have also included the limitation of a low response rate in the discussion section.
Highlighting the benefits of specialist link over eConsult is misleading. The interpretation of the papers on eConsult are not accurate. There have not been concerns about security or privacy of the established services in Canada (all services need to ensure they meet the privacy and security requirements, but the established services in Ontario do). Also specialists do know who the primary care provider is. They could follow up through telephone or other communication if they like.

Response from authors
Thank you for providing the correct information. We have corrected the statements regarding privacy, security and specialists being able to follow up with physicians in Ontario.

It would be helpful to define in more detail PCN's and the clinical pathways. The reduction in wait list is impressive. Do the clinical pathways allow referrals to be declined? I found the first paragraph on pg 4 confusing. Line 14 refers to urgent referrals but what about non-urgent referrals. I would suggest expanding this and making it clearer

Response from authors
We have added more details on PCNs and Clinical Pathways in the introduction section

The first line in the discussion is wrong. This study does not address comparing specialist link to eConsult - it simply identifies awareness.

Response from authors
Corrected. Thanks

The limitations section is incomplete and includes things that aren't limitations

Response from authors
We have revised the limitation section and also mentioned the low response rate as one of the limitations.

Reviewer 2 (Reviewer 2)
PEER REVIEWER COMMENTS:
GENERAL COMMENTS: This article provides interesting information about the awareness and utilization of Specialist LINK and Primary Care Network Clinical Pathways among family physicians in Calgary, Canada. My comments relate more to clarification than actual concerns about the article
1. Are all family doctors in the target area situated within a PCN (and hence included in the study population)? Were there any concerns about the accuracy or completeness of the lists provided by a PCN? Were there any tests done to check on this?
Response from authors
Every physician is part of a PCN. However, the list may not be fully updated if a physician recently changed his address/contact information. We have mentioned in the limitation that some physicians had outdated contact information resulting in their excluding from the sampling framework.
2. I'm assuming the unit of analysis was the individual physician -- although the comment that follow up was by PCN was somewhat confusing. However, assuming that it was an individual physician, how many PCNs were you drawing from? Is it possible that a nested design should have been considered? For instance, are some PCNs (and the physicians included in them) more receptive to this intervention that others, potentially confounding your results
Response from authors
Yes the unit of analysis was individual physicians. We drew the sample from seven PCNs (we have now mentioned the number of PCNs in the methods section). We did consider the confounding effects of other possible factors and used the regression model to eliminate it like gender, urban PCNs versus rural PCNs, years of services etc.

3. The response rate was relatively low. This should be discussed in the limitations. Did you consider comparing the sample's demographic profile with the known population (physicians practicing in Calgary and area) to develop a better understanding of its representativeness?
Response from authors
We have included a comparison of the general population of family physicians characteristics (gender distribution) to the survey respondents and found no significant difference (52% v/s 54% male physicians; p value=0.49).
We have also included in our limitations that the low response rate could impact the findings and only those who were aware of Specialist LINK responded to the survey.

3. The article talks about a 1 - 10 scale but should indicate that 10 was high or positive
Response from authors
We have added the information. Thanks

4. On page 6, the manuscript reports that "79% of participants believed the PCN Pathways had changed their clinical practice (n=125)". Is this percent actually "79% of the 55% of the family physicians who were aware of the PCN Clinical Pathways"? The term participant is used to include all respondents and sub-samples of all respondents (I think) which is somewhat confusing.
Response from authors
We have now added the term “sub-sample participants” where we are mentioning sub-samples of all respondents.

5. The manuscript mentions that respondents were not always able to distinguish between PCN pathways and other pathways. This is important and likely deserves more attention. More broadly, are the authors convinced that respondents were reflecting on Specialist LINK and PCN pathways and not other strategies that may be in play to connect family physicians and specialists (which, in my experience, often develop quite independently of formal programs)
Response from authors
There was a knowledge question: name three clinical pathways developed by PCN. Around 11% incorrectly answered the question which could have mixed up the PCN clinical pathways with other clinical pathways. We have mentioned this in our limitation. This was only the case for clinical pathways which were available through multiple source; Specialist LINK service is the only service available in Alberta so there is no chance that physician mixed that up with other similar services.
6. The analysis strategy seems fine but I would have been interested in a slightly greater discussion of why logistic regression was done and what the added value of it was. Often regression results are provided - without such an extensive presentation of the bivariate/ t test analysis.  
Response from authors  
We have added more information in the methods section. The main reason for applying logistic regression was to reduce the potential confounding effect of gender, location (urban/rural) and work experience. It came up in preliminary analysis that some of the apparently significant differences in bivariate analysis could potentially be due to the confounding factors only.

7. It was unclear if the response categories for Figures 2 and 4 were provided to the respondents or whether they were provided a checklist. If a checklist, how were the response categories decided upon?  
Response from authors  
These were predefined categories based on the number of consultations with Medical Director, Alberta Health Services and Executive Directors, Primary Care Networks. To obtain a better response rate, most questions asked participants to choose the best answer and only a few were open ended questions. We also added an “Other” category for close ended questions to capture those responses not listed in the provided options.

8. The conclusion was basically a very short summary of the results. A proper conclusion, with some implications or recommendations, would have strengthened the manuscript.  
Response from authors  
We have rewritten the conclusion based on the reviewer comments.