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:

Manuscript ID number: FAMP-D-18-00416

Title of paper: Specialist Link – a new approach of patient referral: a cross-sectional survey study

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

Thank you,
Mubashir Arain

Reviewer 2 (Reviewer 2): PEER REVIEWER ASSESSMENTS:

PEER REVIEWER COMMENTS:

GENERAL COMMENTS: The authors have responded to each of the questions offered by the two reviewers. They have also modified the manuscript in line with their responses.
This is an interesting article which provides descriptive information about Specialist LINK and Clinical Pathways. It supports the conclusion that such strategies offer one way to improve the physician-specialist referral process.

ADDITIONAL REQUESTS/SUGGESTIONS:
The conclusion recommends "investing more resources to increase awareness and utilization of PCN Clinical Pathways in rural areas"; however, the difference between urban and rural settings was said to be "not statistically significant" so I was unsure why this was the only recommendation offered.
The conclusion section might also want to recommend that future studies try and engage the 60% of clinicians who did not respond or consider other ways of investigating awareness and uptake through use of existing user data.

Response from authors:
We have revised the conclusion as suggested by the reviewer. Thank you.

Reviewer 3 (Reviewer 3): PEER REVIEWER ASSESSMENTS:
PEER REVIEWER COMMENTS:

GENERAL COMMENTS: RE-REVIEW OF THE MANUSCRIPT TITLED SPECIALIST LINK - A NEW APPROACH OF PATIENT REFERRAL: A CROSS-SECTIONAL SURVEY STUDY

Response from authors:
Revised as suggested by the reviewer. Thanks

GENERAL COMMENTS

The recommended use of sensitivity analysis by one of the previous reviewers to compensate for small sample size may not appropriate for the study design since non-responders didn't participate in the study ab initio.
Response from authors:
You are right, the sensitivity analysis may not be appropriate. However, we compared the demographics of responders to non-responders and did not find a significant difference (as suggested by the previous reviewer).

Frequency summations in tables 1 - 3 should be re-checked for statistical appropriateness and correctness. The titles of the tables should also be recast to reflect the contents of the tables.

Response from authors:
Corrected. Thanks
Authors should interpret appropriately the results of the ORs [OR\(\geq 1\)] that were more than the nullity=1 [null hypotheses] appropriately. Although this reviewer accepted the use of 3-times, 5-times……,etc in the results of ORs[OR\(\geq 1\)] that are more than the nullity(1); reporting the results as …… 2.6 or 4.6 times, etc are not acceptable. Authors should approximate to highest whole number or use more meaningfully percentages.

Response from authors:
Changes has been made in OR interpretations as suggested. Thanks

Conclusion should be recast to reflect the significant findings of the study.

Response from authors:
Conclusion has been modified. Thanks

SPECIFIC COMMENTS

TITLE SECTION:

The title should be recast to reflect the contents of the manuscript and also minimize limitations of the study.

Response from authors:
Corrected. Thanks

The title contains tautological words 'study' and 'survey' Authors should understand that a 'study' is technically different from a 'survey' From the contents of the manuscript and method of data collection, this is a 'survey'.

Response from authors:
The word ‘study’ has been replaced by ‘survey’ in the title.

SUGGESTED 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

Response from authors:
The title has been changed as suggested by the reviewer. Thanks

ABSTRACT SECTION:

Write Abstract section under Background; Aim or Objective(s); Methods; Results; Conclusion, keywords.

Response from authors:
Abstracts headings are according to the journal guidelines.
Aim or Objective(s): Re-cast the aim/objective(s) to reflect the suggested title. Change 'purpose' to 'aim'. Delete the word 'estimate' and replace with appropriate word to reflect the study design. The use the word 'estimate' is inappropriate.

Response from authors:
The word 'purpose' has been changed to 'aim'.

Methods. Re-write this section in other to focus the study appropriately. Re-write to reflect study design, study respondents, study period, sampling and then methods. Include operational information on the rating scale [1 - 10] with their summative interpretations.
Response from authors:
Operation definition of scale 1 – 10 has been added to the methods section.

Results:
i. Start result section with age and sex distribution and any other relevant bio-demographic determinants of patients' referral.

Response from authors:
Demographics of the participants are provided in the beginning of results

Conclusion
i. Please focus conclusion on the study respondents and to reflect the statistically significant results of the study considering the aim/objectives of the study.

Response from authors:
Conclusion has been reworded

METHODS:
Sample size determination
Authors should provide the details of the sample size determination. What was the source of the 50% response distribution

Response from authors:
A 50% response distribution was used to get the maximum sample.

PLEASE READ…

……..minimum of a 235 physician sample was required to have statistically significant findings at 10% margin of error, 80% power and 50% response distribution…. Operational definition of scale 1 - 10

Authors should provide operational definition of:

i. Scale 1 - 10 used rating of specialist link. What was 1,2,3,4,5,6,7,8,9,10 on the scale?
ii. Scale 1 - 10 used rating for the usefulness of PCN Clinical Pathways. What was 1,2,3,4,5,6,7,8,9,10 on the scale?

Response from authors:
Operation definition of scale 1 – 10 has been added to the methods section.

RESULTS

Eighty-nine percent (215/242) of family physicians reported that they were aware of Specialist LINK [95% CI (84% - 92%)]

Response from authors:
We have provided numbers and frequencies as suggested by the reviewer.

TABLES 1 - 3:
Kindly use asterisks[*; **; ***etc] to denote significant factors

Response from authors:
Changed in all tables as suggested.

TABLE 4:
Weren't the ORs in the table crude ORs or adjusted ORs?
Response from authors:
These were adjusted ORs in table 4 and 5. The word adjusted has been added.

TEXTS ON LOGISTIC REGRESSION:
Authors should interpret appropriately the results of the ORs [OR>1] that were more than the nullity=1 [null hypotheses] appropriately. Although this reviewer accepted the use of 3-times, 8-times……etc in the results of ORs[OR>1] that are more than the nullity(1); reporting the results as …… 2.6 or 4.6 times, etc are not acceptable and didn't convey meaningful statistical inferences. Authors should approximate to highest whole number or use more meaningfully percentages.

Response from authors:
The wordings has been changed to approximate to the highest whole number.

Authors should provide primary and secondary reports of the results of logistic regression in order to enhance comprehension and aid discussion.

This sentence with 50% less likely…. Is inappropriate and should be re-cast to reflect appropriate statistical interpretations and inferences. The ORs crossed the nullity=1[Null hypothesis] and is neither less likely nor more likely.

Response from authors:
Reworded as suggested by the reviewer.

CONCLUSION:
Conclusion should be recast to reflect the significant findings of the study.

Response from authors:
Conclusion has been reworded