Author’s response to reviews

Title: Health mediators as members of multidisciplinary group practice: lessons learned from a primary health care model programme in Hungary

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We respectfully ask the editors that – in case of accepting the manuscript – consent to the replacement of „project” in the title with „programme” since this word („programme”) has been used in all official documents in reference to the Primary Care Development Model Programme, the framework of the paper. Using „project” in the title was an oversight on our part.

Reviewer 1
RESPONSE: We sincerely thank Professor Smithson for his positive comment and encouraging words. We have been working on other manuscripts to give account of the Model Programme and updates on its development.

Reviewer 2
RESPONSE: We are grateful to Professor Harris for helping us clarify important methodological details.
5. The authors agree that Pearson's exact tests or correlation coefficient are inappropriate because of clustering. However the tests continue to be cited in the paper and I could not find where they made it "explicit" in the revised paper.

RESPONSE: We carried out Pearson's exact tests to assess the strength of the linear relationship between the interval variables in Figure 2 and 3 which we think is the appropriate statistical method. However, in spite of both correlation coefficients being high, neither of them was statistically significant. We think this is due to the low number of datapoints in both figures (4 datapoints for the 4
GP clusters in both figures). We show the scatterplots themselves in Figures 2 and 3 to convince the readers that a) positive linear relationship exists between the interval variables in both cases (since a high correlation coefficient could be the result of quite different association patterns, not only of a linear positive association), and that b) lack of significance is due to the low number of datapoints.

Addressing the Reviewer’s concerns, the relevant sentences were modified as follows:

p8L7: A correlation analysis between the number of mediator work minutes per client and the participation rate at health status assessment by GP clusters showed a strong positive linear correlation ($r=0.549$) that was not significant due to the low number of datapoints (Figure 2).

p8L18: Pearson’s correlation coefficient was high ($r=0.713$) though not significant due to the low number of datapoints for the positive association between the total number of health mediator work hours and the total number of participants at community health promoting events in the examined period in the four GP clusters.

7. The authors state that the survey that asked who motivated them to attend the health assessments had a response rate of 80%. This is the response rate for the health assessment, so presumably the survey was conducted by the GP at the time of the health assessment. If so this should be made clear and discussed as there may have been bias. Also were other questions asked in the health assessment? Ideally the full assessment/survey should be provided as an appendix.

RESPONSE: Motivation for attendance was one of the topics in another survey. As part of the programme evaluation, a patient attitude survey was carried out in 2016 in a representative sample of 1022 persons (representative for the patients of GP clusters), 20% of them being Roma, and 83.6% of them having attended health assessment. A block of questions in this survey addressed details of participation at health assessment (motivations for attendance, previous contact with GP cluster workers, etc). 20% of all respondents, and 40% of respondents with Roma ethnicity mentioned that they attended health assessment on the recommendation of health mediators. Details of the patient attitude survey have been published in the Final Report of the Programme in Hungarian.

The relevant sentence was corrected in Results as follows:

p9L6 As part of the programme evaluation, a patient attitude survey in a sample of 1022 persons representative for the patients of GP clusters was conducted in 2016 of whom 83.6% had attended health assessment. 20% of all, and 40% of Roma respondents of this survey mentioned that they attended health assessment on the recommendation of health mediators.

One paragraph was added in Discussion to point out probable overestimation of the motivational significance of health mediators as follows:

p10L24 Since the proportion of Roma in the patient attitude survey was almost three times higher than the proportion of Roma in health assessment (20% vs 7.2%), selection bias cannot be excluded, and probably resulted in a slight overestimation of the impact of health mediators on participation. However, this does not call into question the substantial motivational effect of health mediators on the participation of ethnic minority patients at health assessment.

Health assessment was one of several new services of the Model Programme (Sándor et al, EJPH 2013, Ref. 11). Its methods including a health interview survey (questionnaire-based) and a health examination survey (including physical, anthropometric and laboratory examinations) had been developed in the framework of the Programme. The protocol of health assessment largely followed a
national decree (51/1997. decree of the Ministry of Welfare, see https://net.jogtar.hu/jogsabaly?docid=99700051.nm) that specifies the provision of age-related screening services that must be requested by patients from their GPs (referred to on p3L23-L28).

We have no consent from Management for the publication of the full protocol of health assessment.