Author's response to reviews

Title: Which family physician should I choose? The analytic hierarchy process approach in the selection of a family physician

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Author's response to reviews: see over
Dear Editor,

Thank you for your interest in our manuscript. Revisions suggested by the reviewers are as follows:

The parts we revised in the manuscript were shown in red font above and in manuscript.

Associate Editor's Comment:

1. "While the manuscript certainly has the potential to add relevant insights to the issue of patients' Preferences, the reviewers have quite strong concerns about some methodological aspects and suggest improvements concerning the presentation of the paper. The authors should address these issues thoroughly in a new version of the paper, which implies substantial revisions before the paper could be considered for acceptance."

We revised the manuscript according to the reviewers’ suggestions.

1. Reviewer:

1. I think the paper has a fundamental challenge, which the authors have not overcome which makes any of their inferences invalid. Approximately 95% of judgments are invalid or inconsistent. As the authors state, that this merely reflects that choices do not reflect comparisons. This should be revised to be made more accurate. Inconsistency in AHP could be due to problems with hierarchy, contradictions in their questionnaire, and incomplete training of patients.

We revised as in the manuscript;

“Incidentally 91 of the 96 patients [94.8%), gave consistent scale value. AHP model was applied individually for every patient and it was seen that only 5 patient made consistent comparisons and the CR values smaller than 0.1.”

2. Methods: They could perhaps raise the inconsistency margin to 0.15 and see the proportion of participants who provide consistent judgments and perhaps increase the strength of their conclusions.

Consistency ratio must be 0.1 according to requirements of AHP model.

3. It is understandable that the focus is on identification of model and its attributes where inconsistency has no role. However since they state that physicians’ attributes were most important- a relative weighting comparison. Importantly, they need to focus on providing the reader with reasons for such high inconsistency in their study.
We revised as in the manuscript;

“94.8% of patients were inconsistent in ranking importance of the features they are looking for in an physician. Their minds are not clear about which criteria is more important for them. Only 5% of the participants could rank the importance of these features consistently. So, the order of priority derived only from comparison matrix of this 5%. “

4. They should limit the generalizable inferences that can be drawn from such an AHP.
We revised as in the manuscript;

“In this study, 94.8% of the patients ranked inconsistently according to AHP model. “

2. Reviewer
1. The context for the study question is not clear. In the study setting, how much choice do patients really have in choosing their family physician?
It was explained.

2. Background. Page 3. The first page of the background section is too unfocused and could be more succinct and with supporting references. The importance of the study question is not clearly described. It is not clear if the authors are suggesting whether patients should use a normative decision-making process when choosing their family physician. What is the strength of existing evidence about patient decision-making in choosing a family physician (normative or otherwise)?
It was explained.

3. Background. Page 5. Please clearly state the primary and secondary research objectives at the end of the background section.
It was explained and revised in the manuscript;

“The aim of this study is to determine the selection criteria for the patients in choosing their family doctors and priority ranking of these criteria by using the AHP model.”

We wrote description of the focus group methods sampling method and analysis as;

“A focus group is a form of qualitative research in which a group of people are asked about their perceptions, opinions, beliefs, and attitudes towards a product, service, concept, advertisement, idea, or packaging. Questions are asked in an interactive group setting where participants are free to talk with other group members.
Typical case sampling is a type of purposeful sampling used in qualitative research in which, “subjects are selected who are likely to behave as most of their counterparts would.” This purposeful sampling technique is used for investigating phenomenon generally seen in the universe.

4.1. Please describe the ‘random’ process for selecting the focus groups.
We described the process as;
“Typical case sampling is a purposeful sampling technique to investigate phenomenon generally seen in the universe. When choosing the samples, we consulted with the physicians in family health care centres because they know much about their registered population. For selecting the focus group participants, the physicians were asked to recommend the names of those patients registered to them, they treated on a daily basis, according to health problems, reasons for visiting the health care centre, the frequency of visits, and relationships with the health care workers and volunteer.”

4.2. The authors state that “the typical case sampling procedure was implemented.” The authors should provide additional description of this method.
We write the description of typical case sampling as;
“Typical case sampling is a type of purposeful sampling used in qualitative research in which, “subjects are selected who are likely to behave as most of their counterparts would.” This purposeful sampling technique is used for investigating phenomenon generally seen in the universe.”

4.3. The authors state that “the physicians were asked to recommend the names of those patients registered to them whom they treated on a daily basis.” The authors should provide an explanation for why patients were not asked to volunteer to participate in the study without asking their physician first.
We write an explanation in manuscript as;
“Typical case sampling is necessary to find participants who have something to say about a general phenomenon observed in universe. Therefore, the best source to identify participants of this quality is their own family physician. After an individual was suggested by his/her family physician, he/she was invited to participate to a focus group.”

4.4. Please state who conducted the focus groups. Were the focus groups audio-taped?
We revised the manuscript as;
“Focus group interviews were completed in three sessions with a total of 30 participants. Some of the characteristics of participants were shown in Table-1. Focus group interviews were facilitated by two of the authors who were experienced in this field. During the interviews, participants were asked
about their views on important features they were looking for when they are choosing their family physician and how their family doctors should be. All interviews were audio-taped. Later, these records were decoded into text and analyzed by three researchers. Themes were determined. The grouping of criteria was conducted independently by the researchers who then discussed and agreed on the main criteria.”

4.5. What were the demographic characteristics of the focus group members?
The demographic characteristics of the focus group participants were shown in Table 1.

4.6. How was the analysis conducted and by whom? How was transparency of the analytic process ensured?
We gave detailed information about the process. Data analysis was conducted according to the principles proposed for the analysis in qualitative research. Therefore, we believe that highest reliability and certainty were provided specific to this method.

5. Methods. Page 6. Administration of the questionnaire. Additional details of the methods for administering the questionnaire are needed. How were patients selected for the survey? How many refused? Did patients complete the survey electronically or on paper? How was missing data handled? How was confidentiality ensured?
We revised the manuscript as;
“There were 96 participants who were older than 18 years of age, admitted to family health centres due to any health problem and volunteered to participate in the study. Data were collected via face to face interviews. Due to the characteristics of AHP method, for reliability of the results, probability sampling was not necessary.“

6. Page 7. The authors state that “It is assumed that the alternatives are independent when expressing preferences.” Do the authors believe that this assumption is valid for their study?
Due to the characteristic of AHP model, priority (weight) of selection criteria is independent from the alternative. Comparison matrix is formed to determine weight of priority without considering alternatives.

7. Page 8. Results. Characteristics of Participants. It would helpful to understand what the authors mean by "...they had applied directly to the facilities as a first step while 37.5% 36] had applied as a second and third step." Is there an application process for patients? As a minor point, a percentage sign is missing on line 122.
8. Page 9. Results. The authors state “In Figure 3 and the other comparison table, it is clear that, with an inconsistency ratio of 0.6 which is less than 0.1, the model works.” This sentence needs additional explanation. Note: The headings in Figure 3 are not in English.

The headings of Figure 3 were translated into English. In AHP when CR is smaller than 0.1 the model is consistent and weights can be used. The model worked consistently and otherwise it was inconsistent. Additional information was given.

9. Pages 10-11. Discussion. The authors should discuss under which circumstances the AHP method would be actually be used by patients to select a physician. Could the authors elaborate on how a patient would be able to assess the characteristics of the physician prior to actually making a choice of physician?

We added the paragraph below.

“After the characteristics of the physicians became clear, this model can be used to predict patients’ physician selection in real world. This study determined priority of criteria which are considered in choosing a family physician irrespective of alternatives. These criteria also highlight the features to which a physician should pay attention.”

10. Reference #10 is repeated.

We revised

11. The figures are duplicated.

We revised

12. Several relevant references appear to be overlooked by the authors. See References (below)

References:
Krupat E, Hsu J, Irish J, Schmittdiel JA, Selby J. Matching patients and
practitioners based on beliefs about care: results of a randomized controlled trial. 
Schmittdiel J, Selby JV, Grumbach K, Quesenberry CP. Choice of a personal 
physician and patient satisfaction in a Health Maintenance Organization. JAMA. 
1997;278:1596-1599.
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Bornstein BH, Marcus D, Cassidy W. Choosing a doctor: an exploratory study of 
2000;6:255-262
A questionnaire about a choosing a physician was administered to the patients, but the model is 
completely different.
Krupat E, Hsu J, Irish J, Schmittdiel JA, Selby J. Matching patients and 
practitioners based on beliefs about care: results of a randomized controlled trial. 
This study was done in hospital setting. The model is different.
Schmittdiel J, Selby JV, Grumbach K, Quesenberry CP. Choice of a personal 
physician and patient satisfaction in a Health Maintenance Organization. JAMA. 
1997;278:1596-1599.
The method is different.
Thank you for the revisions.
Sincerely yours.

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