Author’s response to reviews

Title: Patient Satisfaction with Physician Assistant/Associate Care: An International Scoping Review

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Author’s response to reviews:

James Buchan, PhD
Editor
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Dear Professor Buchan,

We are in receipt of our returned manuscript after four reviewers have provided valuable and important comments. All of the comments have been examined by the authors and these comments were used to revise our manuscript. Below we have addressed each reviewer’s comment.

Reviewer #1: The authors provide an interesting literature review on patient satisfaction from physician assistants. The authors provide clear guidelines for exclusion criteria and make reasonable recommendations. The time period is quite large and results are pooled together for several countries. My comments focus on the issue of scope of practice.

1) Are there key differences in scope of practice of PAs between the US vs. UK vs. NZ etc? This might allow for better understanding of differences in results and assist international readers.

2) The scope of practice of PAs has evolved significantly over time. Some acknowledgement of this change and how it might affect patient satisfaction would be most helpful.

Author Reply: Scope of practice (SoP) was ill defined in all of the assessed studies. In most cases there was little if any mention of SoP in the papers. It should be noted that scope of practice has been evolving since the first state began registering PAs. SoP in countries outside the US also varies widely and this topic was beyond the granularity of detail in all of the reports we reviewed.

To answer your question, we tried to fold in some mention of “scope of practice” in our manuscript. But realized we would need to define the term for the 21st century, then find an older definition for the 20th century. In the US alone, this would mean diving into each state’s history of PA utilization and
seeing what kind of SoP was used at the time (and even if it was adhered to). Such inclusion would have tripled our study and perhaps lose some of the focus and refinement.

We might add, for example, how Ireland introduced PAs and then compare them to the UK or NL would be challenging because IR did it in the first 2 years, UK well down the line of utilization, and NL after 15 years of deployment. Complex topic at best and beyond the scoping nature of this study. However, a good researchable question for a historian.

Reviewer #2: This is an important topic and a valuable contribution to the literature. However I found a number of minor issues, and 1 or 2 more substantial ones. The biggest issues being the lack of clarity (for me at least) as to which studies, if any, were pre-contact with a PA and which post, which asked just about satisfaction with the PA and which compared satisfaction with a PA versus with an MD, and the decision to exclude non-english articles.
I was also not convinced of the conclusions, as I could not see how the conclusion that satisfaction was equal to that with drs was justified since many of the papers appeared (to me at least) not to include such a comparison. this needs elucidating
If these issues are addressed I THINK IT IS VERY PUBLISHABLE

Author Reply: We are in agreement with this reviewer about pre and post contact with a PA. We have tried to address this a bit more in the table but immediately ran into space and word limitations. Unfortunately, none of the studies help us with answering this question. In The Netherlands paper the use of a PA was not necessarily disclosed to the patient being surveyed. The questionnaire only asked about satisfaction with the visit provider and the authors then sorted out differences based on PA or MD. Not all patients could or did distinguish that they saw a PA or an MD.

There were no ‘non-English’ articles that we came across. We followed Scoping format (protocol) with the ‘non-English’ statement to avoid misunderstanding. Had we found a non-English written study that qualified we would have translated it and included it.

Were the findings equal to a doctor? We were very careful to avoid making such a statement. In our conclusion we state, “In almost all studies comparing PA care to physicians, the patients made little if any distinction between the two.” This was actually not the question we were focusing on, rather our question focuses specifically on satisfaction with PAs

Reviewer #3: An interesting literature review and discussion paper. Clearly written and presented. I would suggest only minor edits:
1. remove the initials of the reviewers
2. The Netherlands - "the" in lower case
3. delete reference to "supplemental files"
4. Change "Exhibit" to Figure
5. Inconsistent use of a comma with passive/bracketed references - e.g. introduction, first paragraph
Author Reply:

1. As authors we would like to retain the initials of authors in our manuscript as per European Writers Association recommendations. There is a growing style in manuscripts where the role of each author is identified.

2. “The Netherlands” was changed in the reference.

3. “Supplemental files” mentioned were deleted.

4. Format tables and figures: We will rely on the production editor recommendations for this journal.

5. Comma deleted.

Reviewer #4: The article is well written. I appreciate the clear description of the scoping methodology and the recommendations. It would be interesting to have some information about the articles that included nurse practitioners.

Author Reply: We are agreement about a scoping review is needed regarding patient satisfaction with NPs (and such studies are being considered). If we do, we will register it with Cochrane beforehand (none are registered as of this date). Finally, we think such studies should be held side by side (PA – NP – MD) to see if differences emerge.