PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Does a quality management system improve quality in primary care practices in Switzerland? – a longitudinal study
AUTHORS	Katja Goetz, Sigrid Hess, Marianne Jossen, Felix Huber, Thomas Rosemann, Marc Brodowski, Beat Kuenzi, Joachim Szecsenyi

VERSION 1 - REVIEW

REVIEWER	Reto Kaderli Department of Visceral Surgery and Medicine Bern University Hospital University of Bern Switzerland
REVIEW RETURNED	02-Feb-2015

GENERAL COMMENTS	Goetz et al. evaluated the impact of a quality management program for primary care practices, named European Practice Assessment tool, on their structure and process of care at three points of time. As the authors write, patient safety and the assessment of the quality of healthcare have become increasingly important over time. The present study is important in its field, as it is the first of its kind in Switzerland with an observation over a time period of 6 years. Minor comments: • The participation of the practices in the European Practice Assessment was either on their own initiative or by the request of a superior institution. In any case it is astonishing, that less than half of the surveyed practices completed all three assessments. Please expand on this issue. • In Table 2, the number of indicators for “information” is 44, which does not correspond to the sum of its dimensions. • The dimensions in Table 2 should be defined, as not all the keywords are self-explaining (e.g. disabled access, premises).

REVIEWER	Eva Hummers-Pradie Institut für Allgemeinmedizin Department of General Practice/Family Medicine Universitätsmedizin Göttingen/University Medical Centre Georg-August-Universität Germany
REVIEW RETURNED	05-Feb-2015

GENERAL COMMENTS	This is a paper presenting the results of a longitudinal follow-up of

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	Swiss primary care practices that have completed three rounds of a quality management programme. It is of general interest, and sufficient originality given the longitudinal character of the analysis. However it has weaknesses concerning the frame and details of the "intervention study", and the discussion of results: The summary of strengths and limitations should include the (self-) selection bias and the fact that the study is uncontrolled. The introduction section could be more detailed concerning the “specific aims” of the intervention and also on the aim and study question of the study itself (see below). Some more specific and detailed information on the “intervention”, in particular on the quality indicators used in the EPA, should be presented in the first chapter of the methods section. Neither alternative quality management systems available to Swiss practices nor reasons why the involved practices chose EPA in particular are addressed (SQUIRE checklist pt 9). It seems as if this “exploratory study” was not originally intended as an intervention study or focused exploration, in which case more information on the recruitment of practices would be required. Instead it seems as if observational follow-up data are presented on self-selected practices that for various reasons chose to take up a quality management system (and not to participate in a study). It is not specified how many cycles of the EPA are intended by its authors (is 3 a recommended “dose”? its EPA intended to be a continuous repetitive process to be applied regularly? If possible at all, some information on the 46 practices that did not complete 3 cycles should be presented. Did their “baseline quality” differ from those of the practices completing 3 cycles? Did they “drop out”, and why? Potential reasons for this should be discussed. Results are presented clearly and comprehensively, however contain little of the background information requested in point 13 of the SQUIRE checklist. The discussion of limitations is quite brief. While the authors point out that their study is not controlled, they do not discuss which of the presented aspects of quality improvement could be generic rather than due to the intervention. Likely bias due to a high degree of self-selection of the practices must be discussed in more detail. Difficulties and successes in implementing EPA in the Swiss setting are not addressed (apart from the success of having 45 practices completing 3 cycles – but we do not know how many practices were originally invited to take up this or other QM systems, nor how many cycles were intended). External validity is not addressed If possible, the results of this study should be compared with the effectiveness of other quality management systems.

VERSION 1 – AUTHOR RESPONSE

Reviewer Name Reto Kaderli

Please leave your comments for the authors below Goetz et al. evaluated the impact of a quality management program for primary care practices, named European Practice Assessment tool, on their structure and process of care at three points of time. As the authors write, patient safety and the assessment of the quality of healthcare have become increasingly important over time. The present study is important in its field, as it is the first of its kind in Switzerland with an observation over a time

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period of 6 years.

Minor comments:
• The participation of the practices in the European Practice Assessment was either on their own initiative or by the request of a superior institution. In any case it is astonishing, that less than half of the surveyed practices completed all three assessments. Please expand on this issue.
[Respond]
Thank you for this advice. The participation of practice in the European Practice Assessment is voluntarily and practices can decided on their own initiative to choose this quality management program. We expand this issue as following:
“Primary care practice can voluntarily decide to use European Practice Assessment.”
and
“91 practices had decided to implement the European Practice Assessment. This was the first assessment for these practices. After three years the primary care practices can voluntarily decide to repeat the whole process of European Practices Assessment. From the 91 practices at first assessment 45 practices completed three assessments between 2005 and 2013. The European Practice Assessment is a continuous repetitive process with an interval between each assessment of 36 months. At the moment three cycles from 45 primary care practices are available for data analyses.”
• In Table 2, the number of indicators for “information” is 44, which does not correspond to the sum of its dimensions.
[Respond]
We corrected the number of indicators.

• The dimensions in Table 2 should be defined, as not all the keywords are self-explaining (e.g. disabled access, premises).
[Respond]
It is difficult to define all dimensions because of the limited space in the Table and to keep clarity. Therefore, we refer to a publication [Götz et al. 2011]. In this publication each dimension with the associated indicators are well described. Therefore, we added under Table 2 following sentence:
“Please find more information about the meaning of each dimension within Götz et al. [ ]”
Reviewer Name Eva Hummers-Pradier

Please leave your comments for the authors below This is a paper presenting the results of a longitudinal follow-up of Swiss primary care practices that have completed three rounds of a quality management programme. It is of general interest, and sufficient originality given the longitudinal character of the analysis. However it has weaknesses concerning the frame and details of the "intervention study", and the discussion of results:
The summary of strengths and limitations should include the (self-) selection bias and the fact that the study is uncontrolled.
[Respond]
Thank you for this suggestion. We added following aspect to the summary:
“The study was uncontrolled and a self-selection bias of practices was determined.”

The introduction section could be more detailed concerning the “specific aims” of the intervention and also on the aim and study question of the study itself (see below).
[Respond]
We reworked on the introduction section regarding the specific aim as well the study question.
“Because of the scientific accompanying research regarding the impact of the continuous process of European Practice Assessment the current study focuses on the implementation and repeated measurement of a quality management program for primary care practices - the European Practice Assessment tool - and examined whether improvements occurred in primary care practices that

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completed the European Practice Assessment as a continuous repetitive process."

Some more specific and detailed information on the "intervention", in particular on the quality indicators used in the EPA, should be presented in the first chapter of the methods section. Neither alternative quality management systems available to Swiss practices nor reasons why the involved practices chose EPA in particular are addressed (SQUIRE checklist pt 9).
[Respond]
We added more detailed information on different parts in the manuscript and added a further reference:
Cassis I, Czerwenka W, Ramstein C. et al. [Qualität in der ambulanten Medizin: Zusammen ist man starker.] Schweizerische Ärztezeitung 2013;94:10. [in German]

Within the introduction:
"For primary care practices four different quality initiatives particularly available. An overview is given by Cassis et al.[LIT] To our knowledge until now no data are published from these different quality initiative."
Within the section European Practice Assessment:
"The quality indicators represent different aspects of structure and process of care. For more information of these different indicators use Götz et al [15]."
"In summary, the European Practice Assessment consists of a set of international validated quality indicators for external and internal assessment and include following steps:
1) patient and staff survey,
2) an outreach visit by an auditor
3) structured feedback during a team meeting in the practice with the auditor
4) and formal certification by an external organization which will be valid for three years.[12]"

Within design and participants:
"Primary care practice can voluntarily decide to use European Practice Assessment."

It seems as if this "exploratory study" was not originally intended as an intervention study or focused exploration, in which case more information on the recruitment of practices would be required. Instead it seems as if observational follow-up data are presented on self-selected practices that for various reasons chose to take up a quality management system (and not to participate in a study). It is not specified how many cycles of the EPA are intended by its authors (is 3 a recommended "dose"? its EPA intended to be a continuous repetitive process to be applied regularly? If possible at all, some information on the 46 practices that did not complete 3 cycles should be presented. Did their "baseline quality" differ from those of the practices completing 3 cycles? Did they "drop out", and why? Potential reasons for this should be discussed.
[Respond]
We deleted the term "intervention" and used the term follow-up group. We added more information to European Practice Assessment as continuous repetitive process. Furthermore, we added the practice characteristics at baseline and how they differed from the follow-up group. 45 practices completed three cycles in our observation time (2005 – 2013).

Results are presented clearly and comprehensively, however contain little of the background information requested in point 13 of the SQUIRE checklist.
[Respond]
We added more background information about practices at baseline in Table 1.

The discussion of limitations is quite brief. While the authors point out that their study is not controlled, they do not discuss which of the presented aspects of quality improvement could be generic rather than due to the intervention. Likely bias due to a high degree of self-selection of the practices must be

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discussed in more detail. Difficulties and successes in implementing EPA in the Swiss setting are not addressed (apart from the success of having 45 practices completing 3 cycles – but we do not know how many practices were originally invited to take up this or other QM systems, nor how many cycles were intended). External validity is not addressed If possible, the results of this study should be compared with the effectiveness of other quality management systems.
[Respond]
We expanded the discussion of limitations as follow:
“This study was the first of its kind in Switzerland with an observation over a time period of six years. However, external validity cannot be addressed as well compared with the effectiveness of other quality management systems for primary care in Switzerland. Furthermore, potential reasons to decide against continuation of European Practice Assessment were not evaluated.”

However, we cannot compare our study with the effectiveness of other quality management systems in Swiss context because to our knowledge nothing is available.

VERSION 2 – REVIEW

REVIEWER	Eva Hummers-Pradier Institut für Allgemeinmedizin Department of General Practice/Family Medicine Universitätsmedizin Göttingen/University Medical Centre Georg-August-Universität Germany
REVIEW RETURNED	16-Mar-2015

GENERAL COMMENTS	All comments are well addressed, the paper should be published

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