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Title	The ecology of medical care for adults in Alberta 2003 to 2017: retrospective cohort study
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Reviewer 1	Dr. Susan Baxter
Institution	Faculty of Health Science, Simon Fraser University, Vancouver, BC
General comments (author response in bold)	<p>My congratulations to Drs McAlister et al. – you sifted through an enormous of data, much of which appears to have been quite complicated to get hold of. Your analysis of the ecology of care in Alberta over the years in question is an excellent and important analysis. Most important, you demonstrate that much as policy works and planner would like to believe administrative changes and alterations to health care delivery somehow improve outcomes, the reality falls short. Which leads me to my only criticism of your article: the structure/order.</p> <p>In essence it seems to me that you've buried the lead – your final paragraph, which unfortunately the reader is least likely to see – is the crux of the matter since your (enormous amount of) data, consistent with other publications, demonstrates the futility of searching for some “magic bullet”. Rather, as you aptly write, planners would be “better served focusing on upscaling and implementing interventions already tested and proven to be effective “ If anything, many policy changes often feel frivolous and intrusive to health care providers and patients and, as your data shows, often make little difference to outcomes. You do mention this in your Abstract but what leaps out at the reader is the term “ecology” (which, honestly, you overuse) and the data, dates and other numbers. You need to take a step back, focus on the big picture, then use the data as support.</p> <p>We have structured the Interpretation Section in the order the Editor requested, but hope that the addition of sub-headings will help improve clarity for readers. We have replaced “ecology of medical care” in the last para of the abstract with “health care delivery patterns” and we have, as suggested by Dr. Baxter, emphasized our key point in the last sentence of the revised abstract.</p> <p>I leave the details of the edit up to you; my suggestion would be to add a Discussion section earlier in the piece and/or to flesh out your Introduction, adding some points about policy changes in general and what your data indicates in particular. You need to clarify why this data on the ecology of care in Alberta is relevant.</p> <p>We have attempted to make this clearer in the second sentence of the Introduction.</p> <p>On a more prosaic note, I (and probably most readers) would not know what the policy initiatives in Alberta actually mean, so “Primary Care Networks (PCNs)” and “Strategic Clinical Networks” need defining. The others initiatives are fairly self-explanatory.</p> <p>Good point, and we have added more details about these initiatives by moving the descriptions to a text box.</p> <p>Your article provides backup for a fairly large body of anecdote and personal perspective; it deserves a wide readership. Well done.</p> <p>Thank you for the kind words.</p>

Reviewer 2	Dr. Mohammad Hajizadeh
Institution	School of Health Administration, Dalhousie University, Halifax, NS
General comments (author response in bold)	<p>This study aims to describe where and from whom Albertan adults receive health services over the period between 2010 and 2017. It also examines whether five policy changes implemented province-wide changed the ecology of care in adults. The paper uses a retrospective cohort study of 3.84 million adult Albertans to assess the ecology of medical care in 2003, 2010, and 2017. The study concludes that despite five system-wide changes designed to affect the delivery of primary and specialty medical care and the utilization of pharmacists and nursing services in Alberta, the ecology of medical care changed little between 2003 and 2017.</p> <p>The paper is straightforward and aims to assess changes in the ecology of medical care using simple descriptive analysis (difference testing) over time. I have two major comments on the paper.</p> <p>1. Although the paper evaluates changes in the ecology of medical care over time, it does not formally test the impact of five policy changes implemented over the period between 2005 and 2012 in Alberta. I mean there should be clear explanations as to how each of the policies may have an impact on the ecology of medical care. Then, the impact of each policy (or a set of the relevant policies) on different health care utilization should be evaluated in Alberta. As we only had access to 3 years worth of data we could only describe patterns of care in each year rather than do more elaborate analyses such as interrupted time series or multivariable regression analyses. We have added this point as the last limitation at the top of page 16.</p> <p>2. Although the Kruskal-Wallis or Chi-square tests can examine the changes in the ecology of medical care for adults in Alberta over time, these tests do not control for confounding variables that impact the ecology of medical care. The authors should use regression analysis model to control for some of the confounding variables available to see if there are any changes in the ecology of medical care in Alberta. As we only had a limited number of variables to adjust for, and were looking at 3 separate points in time, we felt a regression analysis would mislead readers into thinking we had properly accounted for temporal trends in the full 14 year period, which we could not. Thus, we have added a limitation at the bottom of page 15 acknowledging “Fourth, as with any observational study, the impact of unmeasured confounders is unknown and limits our ability to make definitive statements on causation.”</p>