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Title	High-volume GPs in Alberta: a descriptive analysis
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Reviewer 1	Dr. David G. Moores
Institution	University of Alberta, Family Medicine
General comments (author response in bold)	<p>This is an important and foundational piece of research. Although specific to the Alberta scene it provides evidence for consideration and contrasts in other jurisdictions. It is provocative in stimulating questions as to why. It is unfortunate that the term 'fee-for-Service' is used extensively across Canada when in fact it is a 'fee-for-visit' method of remuneration. Physicians providing multiple services at a clinical encounter are allowed to bill for the visit and may have access to modifiers. Based on this initial piece of work the authors are promising future research to look at the Quantity/Quality conundrum. Analysing outcomes (ER visitation, hospital admissions and re-admissions, consultation/referral rates) and any relationships with high volume practice will be informative. I am assuming when the authors use the term "well care" it's in reference to periodic screening/preventative care services.</p> <p>1. Fee for 'service' vs. Fee for 'visit' Patient 'visit #'s used as opposed to patient #'s used throughout to highlight point. 2. Re: "well care" services. Lines 89-92.</p>
Reviewer 2	Susan Baxter
Institution	Vancouver, BC
General comments (author response in bold)	<p>This is an excellent descriptive analysis: simple yet of potential value to policy makers and others. You are to be congratulated. I have very few comments, minor edits really:</p> <p>1) As you point out in the Conclusion to your Abstract, this is step one; your next step will be to "examine the association of high-volume practice with outcomes important to patients". I would suggest putting that line (60-61) in the Background section of the Abstract. It's important. Re: placement of "next step." The point remains present and pertinent, as noted in abstract, unchanged.</p> <p>2) You could mention in your Interpretation (or possibly Introduction) that GP's who have been in practice longer and have high-volume practices may also have greater expertise. After all, in many cases, some 25+ years of practice could mean they can be both quick and accurate. (To use AI language, they are 'expert systems'.) Re: GPs in practice longer. Lines 282-284.</p> <p>3) You may want to briefly explain what "well care services" is (89). It seems self explanatory but could be open to interpretation. Re: "well care" services. Lines 89-92</p> <p>4) You mention foreign medical graduates living in areas of low physician supply were more likely to be high volume. Was there not a provincial initiative some years back in Alberta where foreign doctors were given incentives to move to rural and/or northern areas? Might be worth a mention. even in passing. "provincial initiatives" for IMGs Lines 268-269</p> <p>5) Finally, while you do mention population size in relation to number of GP's in northern Alberta, Zone 5, you don't refer to population size in other zones, at least not specifically. Certainly in BC, where many people have trouble finding a GP, one could attribute some high-volume practices to the shortage of GP's. Could this also be true in parts of Alberta? "population size: GP numbers" Lines 292-296.</p> <p>An excellent, readable article. I look forward to reading your followup article on patient outcomes/impact.</p>