Reviewer’s report

Title: Incentives and barriers to adopting the family doctor model in a pluralistic primary care system: a qualitative study of the views, knowledge, and attitudes of patients with long-term conditions in Hong Kong

Version: 1 Date: 24 September 2009

Reviewer: Krit Pongpirul

Reviewer’s report:

1. Is the question posed by the authors well defined?
Yes, but the authors should provide clearer background about the current system and practice of family medicine in Hong Kong. It was noted that “...the number of doctors who qualify as family physicians is still low” but it would be nice to know how low and compare to what? (Discretionary Revisions)

2. Are the methods appropriate and well described?
Yes, but there are some issues that need clarification (Major Compulsory Revision):

The authors claim in the abstract that “grounded theory” is used in this study. However, what was described in the Methods section does not support a strong understanding of grounded theory concept--or at least the description is not clear enough. For example, it is unlikely to see a questionnaire for recruitment of patients into a grounded theory study. More importantly, the authors seem to already have something in mind (in this case “the family model”) which is quite contradictory to one of the principle of grounded theory that requires the investigator to start with “blank mind” in order to find a new theory that emerge from data. The author also touched the concept of theoretical sampling by mentioning only data saturation but the recruitment process itself may have already violated the fundamental principle. Grounded theory is not a ‘method for data analysis’ but rather a ‘methodology’ that bases mainly on constructivist epistemology.

The authors need to clarify the definitions of “family doctor model” to the audience, at least with a diagram. What is the ‘unit of analysis’ of this model? Is it the same as primary care or primary health care? Also, there are many other ill-defined words that were used interchangeably throughout, although they are rooted from different principles: primary health care, primary care, primary care doctor, regular doctor, family medicine specialist, family doctor, family physician, general practitioner, for instance. I still do not understand how the participants can differentiate among those words. This example might be useful, “Primary health care is a system-wide approach to designing health services based on primary care, which is regarded as a means to help reduce medical expenditures and provide more effective and equitable care to populations” (Quoted from Pongpirul K, et al. Policy characteristics facilitating primary health care in

The questionnaire used to recruit patients (supplementary file 1) might introduce some nuance to the study (instrumental effect) as it defines “regular primary care doctor” and “family doctor” to the patients. It is therefore not legitimate to reveal any finding about “What is a family doctor?” in the result section as presented. Moreover, the authors stated “Participants’ descriptions of what a family doctor is or does generally matched most of the key academic concepts of a family physician, i.e., care that is first contact, continuous, comprehensive, coordinated, and orientated to the patients’ context (patient-centered)” but it is still not clear how the authors reached this conclusion.

Is there any Qualitative Data Analysis (QDA) software used?
3. Are the data sound?
Yes, but the findings do not seem ‘unique’ to patient with long-term conditions.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, but there are some comments:
The qualitative nature of this study could have help explore more about traditional chinese medicine
Some of the policy recommendations presented in page 32 are not directly relevant to the findings from this study.

6. Are limitations of the work clearly stated?
Yes, but some other limitations should also be discussed as follow (Minor Essential Revisions)
Assumptions used in this study
Background and interest of authors that might bias the findings (reflexivity)

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
Not really. For example, the authors need to provide a reference for “key academic concepts of a family physician.” The domains first contact, continuous, comprehensive, coordinated, and patient-centeredness actually belongs to primary care, not family medicine. (See some of Barbara Starfield’s works).
8. Do the title and abstract accurately convey what has been found?
Yes, but the title is too long and the abstract is not clear enough. (Major Compulsory Revision)

9. Is the writing acceptable?
The writing is generally acceptable but there are many opportunities for improvements as follow (Minor Essential Revisions):

Abstract should be improved, for example, “Most participants in both groups felt that as well as the more usual family medicine specialist or general practitioner, traditional Chinese medicine practitioners also had the potential to be family doctors”

Background section can be improved in terms of writing style.

Quotations in the bottom part of page 14 is exactly the same as the one in the middle part of page 22

Page 6, Last paragraph: There are excess space between “Cantonese by a” and “native Cantonese speaker” Also, excess comma after “Hong Kong”

Page 14, The Privare Primary Care System: Please define “HA”

Page 32, 1st paragraph: Correct the reference “6]”?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests