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

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Reviewer: Marie-Josée Fleury

Reviewer’s report:

Manuscript: 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

The subject of the article is pertinent and covers information that could be of interest. However, the article should be improved substantially before publication. Described below are items that need major improvements:

Title:
The title should be reduced. What is a “pluralistic system”? This is not defined and explained in the manuscript.

Background:
1) To improve the rationale of the article and its international interest, the authors should briefly introduce the Hong Kong healthcare system (regulation, organization, financing and the context of reforms). It is also important to understand the “physician system” (e.g. ratio of physicians per capita, types of physicians and their differences, physician regulation, percentage of physicians practicing in the private or public systems and practice differences, etc.). In particular, what are the differences between “family physicians, GPs, specialist family physicians, non-family medicine specialists and TCM” in terms of training, practice settings, regulations, population covered, etc? This will allow a better understanding of the H.K. situation on an international perspective. Without this information, it is difficult to understand the pertinence of this article, and its real contribution.

2) Numerous data provided by the authors are vague, not only in the background section, but all over the manuscript. Information should be precise. Here are some examples: “number of doctors who qualify as family physicians is still very low”; “most primary care is private”; “…focus on such patients because of their importance in terms of need and demand on health care. – What are the statistics on these cases?

3) The paragraph on “public consultation (p. 4)” is not clearly linked with the article purpose. The authors should also remove overuse of general information as this one: “The incentives and barriers to adopting… need to be articulated and
understood in human and cultural terms, as well as in policy, organisational, and financial terms…” If the aim of this sentence is to justify the article, this is not appropriate.

4) No literature review is covered. What is the knowledge stage in this field? How the data brings new information? The pertinence of the study objectives in regard to the literature review should be discussed.

5) Justification of the method as regards the study objectives should be better provided. Links between this study and the previous quantitative one (Lam and colleagues) should be also better developed.

Methods:
1) The range of chronic conditions should be indicated, and justification of this selection of chronic conditions – not just provided in tables. For instance, how is the prevalence of these diseases? What are the impact and costs implicated?

2) Justification of individual interviews should be provided in the Method section, and not in the Strengths and limitations – unless, it introduces a bias.

3) Number of patients should also be presented in terms of percentage of the total sample.

4) More detail should be provided on the sampling strategy. For instance, the authors mentioned that approximately 30-40 (why approximately?) are from the Lam’s study. Which percentage of the Lam’s study does this number represent? On which criteria these 30-40 patients were selected from the Lam’s sample (ok: condition, age, gender – also %)? Other people where chosen to complete the sample – what was the criteria, and justification of this sampling strategy?

5) More information (in the text) should be provided on the profile of people interviewed – i.e. urban/rural, age, sex, diseases, income, work (y/n) for the full sample and the comparative groups. Even if it is a qualitative research some minimal information are essential to understand the potential of the research outcomes.

6) The groups of physicians studied and compared are not well defined enough (see comments in the Background section).

7) What is the importance of this information: “The six additional respondents were sampled over a two-day period”? However, providing the “time frame” for the full data collection is of great importance. This is not indicated in the manuscript.

8) Did the authors use standardized tools to identify patients with chronic disorders – how were established the diagnoses of chronic disorders?

9) Statistics related to the full sample and the comparative groups should be also indicated in percentage.

10) What does mean “the qualified family physician’s clinic”? Authors should
provide justification of the selected clinic more adequately.

11) Difference between “family doctor” and “having a regular doctor” should also be provided more adequately.

12) Principal items covered in the interview guide and main categories for data analyses should be mentioned.

Results:
1) Globally, the result section is too long, and sometime redundant. The information should be better synthesized, and reorganized in a more pertinent manner. Too much verbatim is also provided. In my view, verbatim should be presented to reinforce ideas developed in the text, and not to present new information. As an example, the verbatim in page 8 brings new and important information on the conceptualization of family doctor as “a member of the family or friendship” which is not developed in the main text. This idea is however developed further in the result part.

2) What does mean: “family doctor as a concept”? This should be clearer.

3) References should be provided when authors are discussing “key academic concepts of family physician” (p. 8).

4) The text does not address adequately the section called “Who should have a family doctor?”

5) Verbatim, p. 10: “…you have to live in private housing area.” What does that mean?

6) More development and explanation should be provided for conclusion such as this one on page 12: “These included issues of cost, consistency, information continuity, prescription duration, quality, trust, access to specialists and allied health professionals (in-house referrals: ??), etc.”

Discussion and conclusion:
1) Main results should be better discussed in regard to the literature review and the H.K. healthcare system. For instance, why the public doctors don’t have the potential to become family doctors?

2) The Lam survey is discussed in this section. This should have been presented in the methodology section – 1000 members, etc.

3) The authors should be careful about generalization of conclusions which applied only to some healthcare systems (e.g. either public or private). Here are two examples of this problem of generalization: “Internationally, financial constraints have been shown to be common barriers to accessing primary care for the management of chronic conditions (p. 26)”; “…showed that people tend to consult private doctors for minor illnesses (In some countries, people are not allowed to consult a specialist before consulting a GP – references are
mandatory).

4) As the “shared-care” concept used in this manuscript contradicts what I know about this concept (i.e. coordination between physicians, specialists and GPs, and psychosocial healthcare providers), definition and references should be provided.

Strengths and limitations:
1) This section starts with this sentence: “The present study adopted qualitative methodology and such an approach is especially useful in elucidating issues of context, depth, detail, and content.” As for contextual information, very few data is currently provided in the manuscript. The rest of the sentence should be clearer and less general.

2) Justification of individual interviews instead of focus groups should be provided in the Method section. Both methods have however pros and cons. Moreover, new information is mentioned in this section (i.e. on recruitment which should be in the Method section)

3) Very few information is given on the study limitations. This should be further developed. Even if it is a qualitative research, generalization issues as regards the sample strategy should be introduced in the case of this specific study.

4) Ideas related to the implication for policy and practice and the conclusion should be integrated and better synthesized (and not overly repetitive of other parts). In all, the text is too long and repetitive in several parts.

Other:
The format of the main text isn’t always conformed – sometime police 12 or 10.

Writing:
The writing is acceptable, but the manuscript should be more synthesized – removing redundancy, and overly use verbatim.

Level of interest:
Without major revisions, the article is of limited interest. With substantial improvements, it could be an “article whose findings are important to those with closely related research interests”.

Competing interests:
I haven’t any competing interest with the authors of this article.