Reviewer's report

Title: Mapping the Coverage of Attributes in Validated Instruments that Evaluate Primary Healthcare from the Consumer Perspective

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Reviewer: Robert J Reid

Reviewer's report:

Thank you for asking me to review this interesting manuscript. Overall, I am favorably disposed to the manuscript and believe it would be useful for your readership. However I have some recommendations for changes that I believe the authors should make.

Major issues:

- The authors use a set of primary health care attributes they were developed by Canadian experts for use in Canadian settings in 2004. It is against these attributes that the authors rate the adequacy of a variety of primary health care assessment instruments. While in the limitations section, the authors suggest that some of these attributes may not be relevant and non-Canadian settings, they fail to mention that other attributes may be particularly important in other settings. For instance, the Agency for Health Care Quality and Research has recently developed the Consumer Assessment of Health Plan-Patient Centered Medical Home (CAHPS-PCMH) survey that is intended to rate the strength of primary care in the context of the patient centered medical home. US primary health care experts have identified "self-management support" and "shared decision making" as core primary care attributes – but these are not mentioned as relevant attributes by Canadian experts. Thus, this manuscript may be particularly relevant for Canadian primary care evaluators but likely does NOT encapsulate all the core attributes considered relevant in other places. I believe it is important for the authors to place their manuscript in this context.

The authors imply that all the instruments that they assess were intended to measure the core attributes a primary health care. This has simply not the case and it is incorrect for the authors imply so. For instance, the Patient Assessment Chronic Illness Care instrument (PACIC) was intended solely to assess the patient’s perspective of the attributes of the “chronic care model. It was never intended as an comprehensive assessment of primary health care. (It is also interesting to note that this instrument assesses "self-management support", and attribute not relevant to Canadian primary care experts.) It is not surprising to me that this instrument does not measure other attributes such as whole person care, family centered care advocacy, and others. Similarly, the MMISS-21 was intended to measure patient’s satisfaction with individual doctor-patient consultations and was never intended as a primary care assessment survey. I believe the authors need to describe the instruments and their original purpose. I
also believe that, in Table 2, the authors should signify which attributes are within scope and which are beyond the scope of the instruments' conceptualization.

The authors also imply that the attributes determined by the Canadian experts to be core at the primary health care can actually all be assessed from the patients’ vantage point. I do not believe this is the case. It is not surprising to me at all that the authors had to exclude many attributes (primarily relating to structural dimensions and system performance) since they were not reflected in any of the instruments. Did the authors expect them to be? If not, why were they included in the methods section? I have a similar issue with some of the other attributes. It is not surprising to me that the instruments do not commonly include "community participation", "equity", and "intersectoral team" as domains. Their inclusion implies that patient's know how practices are connected with communities and how their care compares to other patients' care. Do the authors believe this is reasonable? I think it would be very helpful if the authors included a discussion about the measureability of these concepts from the patient's perspective.

Finally, the authors imply that evaluators must use instruments (or combinations of instruments) that comprehensively address primary health care attributes. This implies that the questionnaires will be likely very long, have significant respondent burden, and very possibly have low response rates. I believe the authors should address this issue. It may be that shorter questionnaires that measure key attributes (suitable to the innovation in question) are preferable. If the authors believe that comprehensive primary care assessment instruments are necessary, then they need to talk about how to reduce respondent burden.

Minor issues:

It is puzzling that the officers is used the term "consumer" in the title and then used the terms "patient", "client", and "consumer" in the text and tables. It would be preferable if the authors used a consistent term. The term "consumer" implies that individuals are consuming an economic good and does "value to the individual person" is what is truly paramount. However I am unclear if this is what the officers are implying.

In Figure 1 I believe the authors should calculate the “percent of instruments” rather than provide the “number of instruments.” This would be more meaningful to readers.

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

**Quality of written English:** Acceptable

**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.