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: Sharon Johnston

Reviewer’s report:

The study by Levesque et al reviews the coverage of attributes of primary healthcare by validated instruments measuring the consumer perspective. This manuscript makes an important contribution to evaluation of primary healthcare. The authors have clearly stated their research question and used appropriate methods to answer it. They have relied exclusively on Canadian content experts and have explained the rationale as well as the limits to generalizability arising from this. The previous work upon which this study is based is acknowledged and the affiliation with concurrent work is also mentioned. The results are sound and limits to their generalizability have been appropriately acknowledged. The authors’ discussion and conclusions are narrowly limited to the direct results of their review however might benefit from a more broad situation of the results within the context of primary healthcare evaluation to assist readers in understanding the importance of their findings.

The manuscript conveys a technical assessment of measurement instruments and might benefit from minor language adjustments to clarify terms and organization of findings as mentioned in discretionary changes below.

Minor essential revisions:
Table 1: Major headings within the table include Dimension for all sections but Clinical practice attributes. The first section should be clinical practice dimension. Are the attributes then classified within a single subsequent dimension such that the dimension should be singular?
Table 2: Clarify meaning of principal and double mapping either in manuscript text or with the table as it is not explained.
Figure 1: Clarify if it is many attributes within a dimension. Then Dimension should be singular when listed within the table. If it is multiple dimensions within eg. clinical practice, how are dimensions distinguished from attributes?

Discretionary revisions:
INTRODUCTION

In the first and second paragraph, the technical language refers to “various aspects of care”, “attributes”, and “constructs” apparently referring to the same concepts. While this may be an effort to reduce repetition, it is more confusing as the paragraphs discuss additional levels of categories such as dimensions and conceptual categories and it is challenging to keep the levels distinct. It might be
more clear to consistently refer to the attribute level using that term only.

In the second paragraph the authors mention Safran et al.’s conceptual categories of organizational/structural features and quality of interactions then Grol’s different dimensions of quality related to technical and interpersonal aspects of clinical encounters. The next paragraph highlights the confusion created but nonetheless, the second paragraph appears to describe two very similar sounding classifications as distinct. Acknowledging the similarity despite different terms in that paragraph would spare the reader trying to figure how they are different or similar.

In the third paragraph, one of the objectives is described as “to identify PHC attributes that would benefit from further development.” This should be “further instrument development” or the reader may be expecting a discussion or development of certain attributes which are poorly defined or poorly understood.

METHODS

The first paragraph states that “Among these 13 were identified as being best measured...”. This should be clarified as identified by the Canadian PHC experts in the study by Haggerty et al 2007 and not by the current study team.

In the third paragraph the authors state that 17 validated tools in the public domain were identified. If available, it would be interesting to know what proportion this represented of total comprehensive measurement tools reported in the literature for the consumer perspective. If these represent just a small fraction of the total evaluation studies reported, the significance of the incomplete coverage may be much less than if these represent the great majority of reporting on PHC performance from the consumer perspective.

The third paragraph does not state whether a minimum standard for validation was applied. This might be helpful as the discussion identifies some tools which might be superior to others for wider coverage of attributes and validation efforts might distinguish some. Further, a need for additional validation of tools might also be identified. Were there many other non-validated or poorly validated tools which might be considered for further development rather than creating new instruments?

At the end of the 4th paragraph, the authors state the mapping was constrained to attributes that can be ascertained by patients. Was this excluding some elements of the tools because they were deemed by the authors as not best ascertained by consumers despite these instruments purporting to capture consumer perspective? Or was this stating that the mapping was done only to the previously discussed 13 attributes identified by the Haggerty et al 2007 study as best measured by consumers?

RESULTS

The second paragraph first sentence should reverse subscales and attributes to indicate that subscales were matched to attributes for clarity and consistency.

DISCUSSION

First paragraph …although there is only partial coverage in validated instruments of all PHC attributes relevant for health reform evaluation, the core attributes are
well covered- should state the core attributes “ best addressed by consumer perspective” are well covered.

A discussion of the frequency of use of the wider coverage instruments or the proportion of reported studies using these tools compared to more narrow validated instruments would contribute to an understanding of whether our current understanding of PHC is dominated by narrow perspective or more comprehensive instruments and what that might mean for understanding the effect of complex reforms with potential unintended consequences as rasied in the third paragraph

The authors raise in the third paragraph that some reforms have unintended consequences. As this is a key point and fundamental to the understanding of the relevance of broad versus narrow coverage in consumer perspective measurement instruments, an example and reference from the literature and recent major reforms in Canada or internationally might be helpful.

The second paragraph raises visit based versus usual care distinction for the first time. The instruments were not previously identified as either so the reader does not know how this distinction plays out. Do any of the existing instruments reviewed integrate usual care and visit based measures?

The first sentence in the third paragraph should state for specific reform evaluations not implementations.

The statement in the third paragraph that customizing tools remains theoretical seems unclear as there are more narrow or specific tools available. Perhaps it should be changed to “Customizing tools to specific or narrow reform activities should be done with caution as most reforms can produce unintended consequences….

Limitations:

In the first paragraph the authors state that the tools reviewed are the most common. This is the first reference to the proportion of studies they represent and this should be addressed earlier- see earlier comment on this.

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.