Reviewer's report

Title: Emerging organisational models of primary healthcare and unmet needs for care: insights from a population-based survey in Quebec province.

Version: 2 Date: 29 November 2011

Reviewer: Alison M Elliott

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General
The aim of this paper was to assess the occurrence, correlates, reasons and consequences of unmet healthcare needs in a Canadian population-based sample. The topic of unmet needs for healthcare is important and will be of interest to a range of primary healthcare practitioners and researchers alike. The paper is reasonably clear to follow (although would benefit from some grammatical corrections). The study benefits from a large sample size and achieved a reasonable response rate.

Introduction
Well written introduction to the topic and relevant literature is sighted throughout. The aim of the study is clearly detailed.

Methods
The paper would benefit from some additional information in the Methods section.

1 How were the questions for the questionnaire derived? Was the questionnaire validated? There are 9 questions related to reasons for unmet healthcare – was there a free text other box for respondents to suggest additional factors that were important or were they only given these options? If the latter how do the authors know these are the most important factors?

2 The variables examined and included in each of the blocks should be specified – for example it is not clear exactly which economic status variables were examined (just perceived poverty, poverty and household income or poverty, household income and other variables). It should be clear what variables were measured and examined and then which ones were considered for inclusion in the modelling.

3 The reader needs additional information on the logistic regression modelling and details of how the analysis was weighted.

4 Collapsing of categories – some of the categories have been collapsed together between Table 1 and Table 2 i.e. ‘poor’ and ‘very poor’ on perceived poverty are amalgamated and ‘excellent’ and ‘very good’ on perceived health are amalgamated. There is no justification given for this approach. While small numbers in the ‘very poor’ category could have justified its amalgamation, the
numbers in ‘excellent’ and ‘very good’ were both large. In addition you could argue ‘bad’ had small numbers and should have been amalgamated with ‘average’. Justification for this approach should be given in the Methods.

Results
5. It is unsurprising that many of the factors examined were significant given the large sample size. In some cases this means that the paper presents significant differences between groups despite very similar proportions of unmet need (e.g. 17% for males vs 19% for females and 16% for no usual source of care vs 17% for family medicine group). Did the authors consider using a more stringent p-value to limit this issue for multiple testing on a large sample?

Discussion
6. On p7 the authors state that the problems for which an unmet healthcare need is reported are perceived to have an impact on people’s lives, thus suggesting that the reasons cannot be dismissed as problems that are not serious enough for the person to seek care. However, while it is true that some impact is reported for a number of the consequences examined, the majority report ‘no’ or ‘slight’ impact for each of the consequences, suggesting that in some cases the consequences may not have been serious enough to warrant medical care. The authors could add some additional figures to show how many people were concerned ‘moderately’ or ‘a lot’ about at least one of the consequences examined (thus justifying their supposed unmet need and the author’s statement about this). It would also be interesting to see how many people were concerned about several or all of the consequences.

7. On p8 the authors state that relying on various measures of economic status including income and assets and also relative economic status is a strength of this study – but they do not show us how these different measures relate to one another making it difficult for us to see the importance of different measures.

8. On p8 the authors state that contrary to previous studies, this study showed that unmet needs for care increase with educational status. This is not contrary to what they report in the Introduction where they state on p2 that those with higher education tend to report higher levels of unmet needs for care. The authors need to amend one of these statements to make the association with education seen in previous studies clear.

9. On p8 the authors also state that perceived poverty was the most important individual characteristic related to unmet needs in their study. How did the authors conclude this? The strength of association with this variable in Table 2 is much smaller than for other variables such as age, perceived health, morbidity etc. While it is the variable that varies most on Table 1 in terms of % of unmet needs this is unadjusted data. The association is not as strong in Table 2, although this may be due to the fact that ‘very poor’ and ‘poor’ were collapsed into one category in the logistic regression, potentially masking the importance of this factor.
10. The authors state that their sample is representative but do not compare their sample with the population in terms of age, gender, education etc. This would reassure the reader of the representativeness claimed.

11. It should be acknowledged that other reasons for unmet healthcare not measured by this study may also be important.

Appendices/Tables/Figures

12. Appendix 2 includes 9 questions on consequences (D20 – D28) yet Figure 2 only reports on 8 of these. Q D25 about negative consequences on other aspects of your life does not appear to be reported – why not?

13. Similarly Appendix 2 includes 9 questions on reasons (D8 – D19) yet Figure 3 only reports on 8 of these. Q D8 about receiving an appointment but not having seen the doctor yet is not included – why not? Even if no-one gave this as a reason it should surely be included for completeness.

14. Table 1 – why is household income not shown in the bivariate associations?

15. Table 2 – Tables should be able to stand alone as much as possible. A footnote at the bottom of Table 2 would be useful to clarify that figures presented have been adjusted, state what was adjusted for and what was weighted. It should also clarify that the bold OR’s represent statistically significant figures.

**Level of interest:** An article of importance in its field

**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