Reviewer's report

Title: Predictors of relational continuity in primary care: Patient, provider and practice factors.

Version: 1 Date: 4 March 2013

Reviewer: Andrea E Williamson

Reviewer's report:

I enjoyed reading this article. Thank you. I particularly found it of interest to with its context being the Canadian primary care system. I have made some recommendations below that will make it easier for an international audience to follow.

I read this article from the perspective of a primary care clinician (general practitioner) and from a researcher who is knowledgeable about the continuity literature from a qualitative and conceptual framework perceptive. I do not have sufficient expertise to comment on the questions used in the survey to measure relational continuity nor the statistical knowledge about multivariate analysis.

Major compulsory revisions

1. This is likely to be an issue relating to detail of the wider study being reported elsewhere but I think it is important to define what is meant by patients with 'chronic conditions' and patients with 'poorer mental health'. Is this self report or provider classification and does chronic conditions include chronic mental health problems? This may be as you point out and others do too, related to increasing number of illnesses leading to more contacts so improved relationships that reinforces desire and behaviour that leads to improved continuity. From the data you have are you able to say what is at play for patients who have poorer mental health? Can you make the assumption that its about the level of care or the system that is reducing relational continuity using survey methods? Are there not many possible explanations including that patients reporting poorer mental health might be struggling to report positive perceptions about their significant health professional relationships?

2. I am not convinced you can assume a relationship with older physicians and previous solo practice from the survey data you have. Could it be that older family physicians have a different working pattern from younger ones and that is why they are associated with higher continuity? Or their behaviour about encouraging patients to make return follow up appointments is different from younger ones. Is there data from other studies (in Canada) to help answer this?

3. This might be to do with my limited understanding of the statistical analysis but could it be that the difference between the models which disappears when physician factors are accounted for is actually about the characteristics of the clinicians who historically work in that kind of model rather than the care the model promotes per say. ie older physicians tend to work in one model and
hence have better continuity. This is a question rather than critique.

Minor essential revisions
4. the factors associated with lower continuity in the abstract read as factors associated with each other (rather than discreet)
5. HSO needs to be defined in the abstract
6. It's not clear for an international audience is who the provider is, just the family physician or also the nurses in the team and is relational continuity only being measured for the doctor?
7. It's not clear for an international audience why a patient might not have a primary care provider

Discretionary revisions
8. It would be helpful to know what 'cognitive impairment' and 'acutely unwell' as exclusion criteria meant. It's pragmatic but also means potentially the sample is not representative if ill patients are excluded especially given the patient focus on chronic illness and poor mental health.

Level of interest: An article of importance in its field

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

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests.