Reviewer’s report

Title: Alignment of Patient and Practice Member Perspectives of Chronic Illness Care in Small, Community-based Primary Care Practices: A Cross-sectional Analysis

Version: 1 Date: 2 July 2013

Reviewer: Michael Green

Reviewer’s report:

Major Compulsory Revisions

1. The authors need to further elaborate for the reader the interpretation of their regression co-efficients in table 3. Yes, some are statistically significant, but what about real world significance.? The co-efficients are all quite small, so even when statistically significant how much does this matter? Use the text description to make this real for the reader, especially those who are not well versed in regression models ie for a 1 point increase in the mean summary ACIC score the score on the PACIC summary/subscale score went up/down by xxx. Then in the discussion comment on whether this matters or not, or if (as it seems to me) there is really not a lot of overlap in what is being measured, making each stand on its own and both important for assessing interventions involving the CCM.

2. Tell us a bit more about the practices ie. the degree of similarity vs differences among them as well as what is meant by “small” etc… Either adding a section to table 1 describing the practices (number of practices, size in terms of professional staff, patients etc…) would be useful.

3. In the discussion section on the PACIC. Do they think that this degree of association is enough to consider this to be “validating” of this scale relative to the ACIC? (see comment 1) They cite evidence that the ACIC is related to outcomes and is therefore as useful tool for assessment of CCM interventions, what about the PACIC? Do they have literature they can cite about the relationship between it and clinical outcomes, or is the patient experience itself the outcome of interest?

Minor Essential Revisions

1. There are a number of results that are reported both in the text and in the tables. Try to eliminate duplication where it is not needed.

2. As they are using hierarchical modeling, they should mention the levels they are using ie. how are patients grouped to account for the clustering.. by practice, by physician, physician only, practice only??

Discretionary Revisions
They might consider reformatting table 3. If there is another way to separate the adjusted from unadjusted results without using bold it would be easier to read.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

I declare that I have no competing interests