Reviewer's report

**Title:** Comparison of primary care experience between community health clinics (general outpatient clinics) and private general practice clinics in Hong Kong

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**Reviewer:** Graham C.M. Watt

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This paper provides a snapshot of primary care in Hong Kong based on telephone interviews of a random sample of 1000 Hong Kong residents and their use of private primary medical care practitioners and/or Government funded outpatient clinics.

The instrument used was a translated and customised version of the Primary Care Assessment Tool, allowing some comparison with findings from other health care systems.

The topic of primary care in Hong Kong is of some interest, given its free market nature and the associated population health profile. Many primary care systems which score better in international comparison, such as the UK NHS, have substantially poorer population health than HK.

The value of the paper is enhanced by the contribution of Professor Starfield who is presumably responsible for setting the international scene and making comparisons, particularly with the US. Oddly, this contribution is not specified in the section on author contributions. The US acronym CHC (?Community Health Centers) is not given in full.

There is a thorough description of primary care in Hong Kong at the beginning, which is a useful addition to the literature, and essential for explaining the context for overseas readers.

The choice of telephone survey and N = 1000, are clearly pragmatic, serving only the purpose, presumably, of a fast, dipstick approach. The study can be no more than that, raising as many questions as it answers. How representative were the respondents of the HK population and of the households phoned (people available and willing to answer the phone at home in the evening)? Does this method of obtaining data introduce bias in terms of the sorts of responses given by different social groups? To what extent do the reports of encounters in the private sector reflect successful medical trade, responding to demand rather than need? Presumably, doctors in the GOPC are less dependent for their livelihood on providing a patient-centred service (perhaps continuity in the GOPC is determined by need and limited choice, while with private GPs it may depend more on positive patient experience). Despite the authors’ attempts to compare like with like, does this approach provide a fair basis for drawing conclusions comparing the two systems? Some of the conclusions about the quality of care
provided by the private sector, seem counter-intuitive in terms of the initial description of primary care in HK and the highly unregulated, untrained and single-handed nature of some parts of the primary medical care workforce.

88% of those attending private practitioners were under 60 years of age, compared with 54% of those attending GOPC clinics. How does that compare with what one would expect of a random sample?

Although GP mean scores are higher than GOPC scores for 5 of 9 components of the PCAT, reflecting more positive patient experiences of primary care, the reader is little the wiser as to how the two systems compare in terms of responding to need, providing evidence-based care, achieved outcomes and value for money. The main conclusions suggest improvements to the GOPC system, which are reasonable. But is the private system getting a clean bill of health?

In summary, this is an interesting but not definitive report, which provides a useful introduction to understanding primary care in Hong Kong but which needs more caveats than are currently provided.

**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