Reviewer's report

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

Version: 2 Date: 2 March 2010

Reviewer: Mark Hann

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General Comment

This is an informative and, generally, well written article. I believe that it would be of interest to policy makers in Hong Kong and other countries where similar health systems exist.

My main concern – one that the authors are openly honest about – is the high proportion of patients who expressed having used ‘joint care’ arrangements at some point. Despite being asked about their primary source of care, the potential for ‘response contamination’ is high. Potentially, it might have been better to compare GOPCs and private care in patients that had used both, maybe as part of a discrete choice experiment.

That said, the article is worthy of publication subject to addressing the following points:

Major Revisions

1. The paper has frequent spelling mistakes and grammatical errors, particularly in the Background section. Page 5 consists almost entirely of one sentence, which I’m sure could be fragmented. On the same page, the acronym HWFB appears, but I couldn’t find its full description.

2. The methodology appears weak, but maybe it’s the way it’s written. For example:
   - How was the final sample size of 1,000 determined? Was it based on a power calculation and, if so, on what outcome? More likely, it is just a convenient ‘round number’.
   - This type of survey might have benefited from systematic sampling (where you choose every nth person from an (alphabetically) ordered list, e.g. telephone directory – as used here).
   - This is a two-stage sampling procedure: first randomly selecting households, then an individual within the household. Was this accounted for in the analyses?
   - Was any data collected from the ‘non-responders’?

3. There are a number of points regarding the analyses that need to be
developed:

- Individual Likert-scale questions were combined into ‘domains’. These domain scores are likely to be highly skewed, but the authors do not allude to distributional considerations. Although the sample size is large enough, some form of sensitivity analysis is probably in order, e.g. a Mann-Whitney test instead of a t-test; ordered logistic regression instead of linear regression.
- Was any adjustment made for ‘clustering’, i.e. the likelihood that many patients may visit the same service provider?
- ‘Design’ considerations, e.g. two-stage sampling; stratification.
- The authors should also mention which software was used to analyse the data.

Minor Revisions

1. I would suggest that the authors quote #2 statistics and t-values as well as the p-value and comment on these from a clinical perspective. In a sample of 1,000, significant differences can be small in absolute terms.

2. In the final paragraph on page 13 the authors state that “GOPC participants were more likely to have visited their doctors more than 7 times …” and quote a p-value of 0.01. This p-value refers to the test ‘overall’ and not this specific comparison. It is easy to verify (using ordered logistic regression) that GOPC participants generally visited their doctors more often.

3. The sentence following this, which refers to specialist services, is correct. However, this difference is no longer significant following age standardisation (Table 1). The authors could comment on this.

4. With reference to Table 2 and minor revision 1 above: many of the significant differences are ‘small’; GOPC patients also scored the ‘comprehensiveness of the service provided’ no worse than private patients.

5. There is no table corresponding to the results of the regression analyses (last paragraph of the Results section). This would, arguably, be more interesting than Tables 2 and 3.

6. In the Discussion paragraph which starts on page 16 the authors state that “This implies … more specialist visits for GOPC patients … larger proportion of patients with chronic diseases …”. Could the reason for this be associated with a physicians’ level of experience? After all, a large proportion who work in GOPCs have “… no formal training in family medicine” or are trainees.

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

Quality of written English: Needs some language corrections before being published
**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

'I declare that I have no competing interests'