Reviewer’s report

Title: An international cross-sectional survey, Quality and Costs of Primary Care (QUALICOPC): lessons learned in recruitment and data collection in primary care across Canada

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Reviewer: Danica Rotar-Pavlic

Reviewer’s report:

Title: the reader cannot find out if the recruitment and data collection lesions came out from physicians level, practice level or patients level. What is the main focus: physician and the recruitment, practice and the recruitment or patient and the recruitment?

Abstract: It is not clear if the paucity of information is really linked to the payment system (single payer) and organisation of private small businesses or many other factors. Do we have any reports that private owners report less on their activities or that big health centres have information of good quality.

If there are messages for future large scale studies, than we should know if QUALICOPC-Canada is large scale study.

There are three “linguistic” key words named at the end of the abstract: language, English, French. It seems that language is an important factor with respect to data collection and response rate. I wonder why these aspects are not mentioned in the abstract.

Background:

I do not agree that outside Canada reporting on PHC performance is limited.

Citation (14, p.62,15) is unusual.

What is the definition of acceptable response rate?

Canadian provincial principle is not well described in background section. What is the definition of a small province and what of large?

Historical view, i.e. the role of capitation payment versus fee system is not mentioned. Capitation could influence reporting system as well.

It is not clear if the basic approach, written in this article, was to calculate response rates of family physicians or providers or businesses or patients.

Methods

Is this section trying to explain an approach to recruitment of individuals (family physicians), businesses, providers, practices? Terminology is not exact.

Table 1. The same concept or elements of the QUALICOPC study has been published in 2011. I would suggest to skip this table and to use citation. (Willemijn LA Schäfer.QUALICOPC, a multi-country study evaluating quality, costs and equity in primary care).
Results
Please, give details about exact start of the study in Canada (month and year) and the end of it (month and year).
There are no data from reports of research team members. The European branch collected data from field workers as well. How did you observe and collect barriers from the field? This is important source of information. We even do not know how many field workers were involved in Canada?
What is provider in Table 3. Is this a physician?
Table 3. Respondent characteristics: Is patient group problematic regarding the recruitment. If yes, there shall be more words on this. If recruitment of patient is not the focus of this article, than this part of table 3 should be changed.
What is the proportion of private and group practices?
Figure 1. On the first level we see invitations which were sent to physicians. One level down we see response rate of practices. We do not know how this change from individual (person) to practice has been reached. On the first glimpse one could think that level of cooperation is higher that the level of participation. There should be notes about denominator and the numerator of each level.
Discussion
You have to explain which Canadian provinces have proved better than others and why. These figures should be compared with shares of participation in other published studies.
Family physicians were compensated 200 CDN as a compensation of disruption to their work. Is this comparable with other studies? Is this a lot?
Conclusion
Completion is not based on the results

Level of interest: An article of importance in its field

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