Reviewer’s report

Title: Changes of the perceived quality of care for older patients with hypertension by community health centers in Shanghai

Version: 0 Date: 15 Apr 2017

Reviewer: Shlomo Vinker

Reviewer’s report:

To the Editor

BMC Family Practice

Re: FAMP-D-16-00282 - Changes of the perceived quality of care for older patients with hypertension by community health centers between 2011 and 2013: a comparative analysis of two cross-sectional surveys in Shanghai

1. The title of the manuscript is too long and should be shorten

Abstract: Needs clarification about the clinical significance of the findings

2. The results seem statistically significant but the differences are very small and it is not clear if they are practically different

Background: needs a major revision

3. The 1st paragraph is not relevant to the study and should be shorten to one sentence about the rising prevalence of hypertension in China.

4. The 2nd paragraph should also be shortening, as it is not relevant to the study about "perceived quality of care".

5. The 3rd paragraph again is not relevant to the "perceived quality of care" as it deals with the measured quality of care

6. "In urban China, Community Health Centers (CHCs)…" - This is the real place where the introduction should start. And some literature review about perceived quality of care should be added

Methods:

7. Please clarify if this sub-analysis was pre-specified? Why did you choose hypertension and not other chronic diseases?
8. The study tool had been reviewed in the following manuscript: D'Avila OP et al. The use of the Primary Care Assessment Tool (PCAT): an integrative review and proposed update. Cien Saude Colet. 2017 Mar;22(3):855-865. In this review they found 124 studies that used this tool, and choose 42 of them for review. Of them only two studies described a comparison of results along two points of time. Both by the same team of researchers in the same area. This may be a limitetaion for the interpretation of the changes and should be discussed.

Results:

9. Clear and Well written

Discussion

10. Please include in the discussion an evaluation of the tool you used especially in using it for longitudinal comparisons.

11. "Fourthly, clinical indicators of hypertensive patients were not collected in our study." - This is not a limitation since it was not in the scope of the study.

12. "Additionally, the awareness rate of hypertensive care delivered by CHCs may have increased due to the rapid coverage of health insurance (13) and free provision of health examinations (including measurement of blood pressure) for older residents (12)." - This is not relevant to the study design or study question, please omit.

13. The authors add a lot of data about the health care system in the discussion this data should be available to the reader in the introduction amd in the methods sections.

14. Conclusion: "Financial incentives and improved capacity of CHC doctors are shown to be alternatives for improvement of hypertensive care quality." - It should be perceived care quality - here and along the discussion

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

Yes

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

Unable to assess

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in your comments to the authors.

Yes
Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

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None

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