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: 02 Mar 2017

Reviewer: Esther Yu

Reviewer’s report:

This manuscript titled "changes of the perceived quality of care for older patients with hypertension by community health centres between 2011 and 2013: a comparative analysis two cross-sectional surveys in Shanghai" described the changes in the primary care quality and attribute scores reported by 2 different groups of elderly aged over 60 year-old with hypertension at 2 time points. While the results allowed a better glimpse of the perceived quality of primary care service at the 4 selected community health centres in China in recent years, they were not particularly useful to improve the readers' understandings on the quality of hypertension care in China. Therefore, the conclusion drawn about hypertension care "i.e. enrolling to a list with a primary care provider team in community health centres ... may be an effective approach to improve utilization and continuity of primary care" seemed just hypothetical and not appropriate. For a more balanced presentation of the results, the authors may consider providing a more detailed description of current model of hypertension care at these CHC in China, and perform appropriate statistical analysis to justify their conclusion about the quality of HT care in China.

Comments by section:

- Abstract: The conclusion was not supported by the results presented nor could be concluded from the design of the study

- Background: The author can provide more information about the model of Hypertension care in shanghai/China, especially to describe in details about the role of CHC in hypertension care in terms of case detection, complication screening, medication refill, lifestyle advises.... and in particular: 1. WHO are providing these cares (?TCM practitioners / public health doctors vs. general practitioners) in view of the interesting and unique mixture of healthcare professionals working at the CHC? 2. HOW does the current model influence each of the primary care attributes? Some information was put in the discussion section instead. Conversely the description on the burden of HT worldwide and China could be more concise.

- Methods: Results from 2 rounds of cross-sectional survey were compared. The main outcome measure was PCAT score. However the statistical analysis did not appear to be driven by hypotheses. There was little hypertension-related information collected, as clearly stated in the LIMITATION of the discussion section, making it very difficult to justify that the data and subsequent analysis could be used to explain / support its relevance to quality of HT care. E.g. whether the patient was attending the CHC for HT
or not during the visit when the survey interview was conducted, or whether the patient was at all followed-up at CHC for HT was not stated. On the other hand, registration status, which should be one of the most important covariates, was collected and just used as confounders. It should be more informative to test whether the interaction effect between individual/total primary care attributes scores and the covariates. The results would provide which group of patients received the most benefit between the periods to support your conclusions. On the other hand, the reasons to evaluate the scores by monthly household income levels and multi-morbidities in each round of survey were not clear. I don't see that these factors were more important than other HT related factors to influence QOC based on the background except that the respondents in the 2 rounds were slightly different in terms of income / co-morbidities. Please mention the reasons / your research hypothesis in the statistical analysis or introduction.

2 minor comments on Statistical analysis:

1. Please report how to test the assumptions of multiple linear regression models and whether the models satisfied assumptions.

2. Typo in table 3, the heading in the table 3 should be "Round 2, mean (SE)" instead of "Shanghai, mean (SE)".

Results: the characteristics of the respondents were not presented. In addition to knowing whether the 2 batches of respondents were different, I think it's very important for the reader to know WHO were the respondents, especially for the key features such as the enrollment status, length of CHC visit..... Please also see methodology section on the preferred results to be presented, especially the enrolment / registration status.

Discussion: The discussion was quite long and difficult to read. While it's encouraging to see that the perceived primary care quality of CHC in Shanghai improved over time, how the different primary care attributes were related to / associated with the quality of hypertension care was not clearly presented (should actually be in the background), in terms of e.g. first contact <-> Insurance issue <-> hypertension (because we don't even know if the patient is going to the CHC for hypertension care), enrollment status of the respondents <-> continuity of care. Also, some of the points were only described in the discussion but not in the results? "e.g. older adult hypertensive patients were more likely to recommend hypertensive care delivered by CHC to their friends and relatives?" Please reorganize this section.

- Conclusion: as aforementioned, the conclusion did not seem to be supported by the result at the moment.

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

No
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?
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No

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I am able to assess the statistics

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