Author’s response to reviews

Title: COMMUNICATION, CONTINUITY AND COORDINATION AND OF CARE ARE THE MOST IMPORTANT PATIENTS’ VALUES IN FAMILY MEDICINE IN SWITZERLAND

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Reviewer reports

Igor Švab (Reviewer 1):

It represents an analysis on a limited number of patients (200). Conclusions from the study can not be extrapolated to the Swiss population, let alone to the European context.

We agree that the conclusions cannot be extrapolated to the Swiss population since the interviewed population is composed of patients already in family medicine. With respect to this targeted population, we believe that the very good participation rate has limited the selection bias. Regarding the extrapolation to European countries, we agree indeed that the results could be partly country-specific. However, they seem interesting to us to be described at least for similar health systems. Moreover, the link with socio-demographic variables should not be country-specific..

Although the paper is technically well written, the issue of relevance to the international audience has not been addressed at all. The way the paper is presented now does not add to new knowledge for a wider audience. Perhaps the authors could correct the paper in such a way that the generalizability of their findings would be addressed. So far, this reads like a local paper based on a very sound methodology.

We have now tried to better compare our results with other from Qualicopc studies conducted in other countries. However, few results are available in the literature. We also discussed the results in the perspective of the evolution of patients values over time.
The authors should also answer the question whether the six years old data are still relevant today.

We added this limitation and discussed it in the limitation section. We can reasonably assume that changes in patients’ values are not quickly labile.

Christopher Burton, MD (Reviewer 2):

This paper reports a questionnaire study from Switzerland as one component of an international comparative study of quality in primary care. While the sample size is modest (N=200) it is comparable to the size of a similar patient values study from a different healthcare system so permits comparison.

I have a number of major concerns about the focus and the structure of the paper as well as a number of minor issues for clarification / correction of language.

1. The focus of the paper - is this about a sample from one healthcare system and comparing / contrasting with that from another or is it about the differences within one system? I think the introduction suggests the former, the results the latter. I prefer the introduction's perspective!

Thank you for this interesting comment, with which we agree. We have now reoriented the paper, in particular the discussion, in two directions:

- First, we propose comparisons with other published results from the same study, i.e those of Canada and Greece,

- Second, we comment the results in terms of evolution over time, in particular in relation with Wensing literature review.

2. What does this tell us that's new? The reference in the discussion to Wensing's very substantial review begs the question "if we knew that already why do the study?". I think it's important to bring out the new aspects of this study more clearly.
We now oriented the discussion regarding which of the results are similar to those from Wensing literature review conducted in 1998 and which of them are innovative. It concerns especially the continuity and coordination of care, two domains which were not highly evaluated in the past.

We hope the discussion is now improved.

3. **The Italian-speakers:** if the differences between them and others should be "considered with extreme caution" (line 229) why are they so prominent in the results and the discussion? Firstly, we need to know if the proportion of 10% Italian speaking is comparable to that of the country as a whole (Wikipedia suggests it is but you need to say that!). Second the authors should decide whether this sub-group are systematically different in their pattern of results or just score everything a bit higher. If the former then some form of subgroup testing MAY be appropriate, but if not then I think it would be better to lump together.

We agree that there is a discrepancy indeed! The Italian speakers results are only based upon 20 persons and therefore we do not consider them as enough reliable to be discussed. And they are minor differences between French and German speaking people (and not significant). So, we removed any reference to linguistic area. However, in order to take into account the cultural aspect of the issue we chose to maintain the variable in our modelisation as an adjustment variable.

4. **The Canadian data** is hinted at in the introduction and then disappears. Is this published in sufficient detail to make some comparisons here? I think international comparisons between systems, rather than population sub-groups, are more informative for the rest of us.

The fact is that few published results are available to be compared to ours. We only found results for Canada and Greece. However, we tried to orientate the discussion in this comparison perspective.

5. **There is no estimate of power here.** I think post-hoc power calculations are better than no calculation at all. What would have been a meaningful difference and could you have demonstrated it?

We would prefer not providing power calculations. In this kind of study, we do not answer to a specific question for which it would have been relevant to estimate power. The first part is really descriptive about 200 people; we do not think that would add anything to the study. On the other hand, we have added confidence intervals in the tables to be more specific about the distributions of the answers.
6. The concept of language proficiency is introduced but not really described. Proficiency in what language? How measured? Is this a proxy for immigrant status or for low educational achievement? As Switzerland has several official languages does this mean proficient in any of them?

Language proficiency referred to the many foreign communities in Switzerland, which are not familiar with French or German. The percentage of this kind of population is actually very low in the sample. We have added this clarification in the methods section.

7. While the paper is generally clear and concise, the discussion is over-long and unstructured. Some structure and subheadings (and fewer words) would improve this.

We have added subheadings to structure the discussion and reduced the size (~250 words).

8. The conclusion that family medicine is all about communication could take a bit more of a critical look. Is communication just being empathic (the way we communicate) or is it about WHAT we communicate[1]? (sorry, it's one of mine, you don't have to quote it but please think about it)

Thank you for the paper we read with interest. Thus, we have tried to broaden the perspectives of the conclusion.

9. The data reporting in the two figures would benefit from a re-think. Both might be better as tables (especially Fig 2) – We changed figures 1 and 2 in one unique table, also introducing p values

a. Figure 1 - It would be easier to read if the categories were grouped together

b. Figure 1 - as differences are modest between most items it would be sensible to provide confidence intervals. These could be as error bars or the figure could be replaced by a table

c. Figure 2 - there are too many closely positioned points here. This would be much easier to read in a table.

10. Language clarifications - this is not a complete list and it would be worth a careful read by a native English speaker before further submission. Done
a. Lines 48-50 "in order to foster…" The meaning is not clear. Corrected

b. Lines 61-63 "this list of four dimensions has 6 components" (the correct punctuation should be A, B, C and D, and E and F. But even then it may be better to make it an indexed list eg. (i) care access; (ii) …. Corrected

c. Line 84 "their primary care's expectations" Did you mean "their expectations of primary care"? Corrected

d. Line 124 "patient's activation" Hibbard calls it "patient activation" (like "acid regurgitation") Corrected

e. Line 130 "women systematically overvalue" overvaluing implies greater than it should be. "women value X more highly" is better. Corrected