Reviewer’s report

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

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Reviewer: Christopher Burton

Reviewer's report:

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!

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.

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.

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.
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?

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?

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.

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)

9. The data reporting in the two figures would benefit from a re-think. Both might be better as tables (especially Fig 2)

   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.

   a. Lines 48-50 "in order to foster…." The meaning is not clear.
   
   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) …. 
   
   c. Line 84 "their primary care's expectations" Did you mean "their expectations of primary care"?
d. Line 124 "patient's activation" Hibbard calls it "patient activation" (like "acid regurgitation")

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


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.

No

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

No

Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?
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