Reviewer’s report

Title: Skill mix in Swiss primary care group practices - A nationwide online survey

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Reviewer: Luiz Miguel de Mendonça Soares Santiago

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Skill mix in Swiss primary care group practices - A nationwide online survey

This is an interesting and very challenging paper. Good writing but with economical ideas being presented leading readers to believe that multimorbidity can be dealt by any medical specialty and, perhaps more challenging, that multimorbid patients can efficiently be advised by non-medics.

Here are my comments:

Page 5, Line 1:

The reader must be able to fully understand the knowledge background of those other professions the authors claim can work with patients with multi-morbidity. In theory and in practice only few medical specializations take doctors to well deal with multimorbidity: General Practitioners and Internists.

It was previously stated that in "The Swiss primary care sector mainly consists of general practitioners (GPs) working in individual private practices."

And the reader must also be introduced to the definitions the authors use for tertiary-level health clinics.

How are we to believe in the knowledge of such professions if we do not know their curriculum?

Page 6, Lines 10 to 28:

How can we be sure that this methodology is representative of the Swiss universe of clinics working, outside hospitals, with multimorbidity? Why this criterion of at least three physicians, regardless of their specialization?

Page 8, Line 2:
43% of the group. Does this represent the Universe in Switzerland or only your population?

Page 8, Line 41:

This is not in accordance to the inclusion criteria of at least three doctors.

Page 9, line 17:

What is a medical Practice assistant? What ow can their competency on advice be believed? Do they substitute a doctor specialty in a such a complicated field as multimorbidity?

Page 11, line 19:

What is the reliability of the data when "information was not given for all health professions"? Under count or upper classification?

Page 11, line 39: Does the number of ECTS mean better qualification?

Page 13, line 1:

Once more are medical assistants doctors?

Page 14, line 3:

Even if the dealing with multimorbidity can be done by reducing obesity or overweight how does bring better outcomes in multimorbidity?

Page 15, line 33:

"A strength of this study was the relatively robust response rate. Our survey achieved a response rate of 43% which can be considered high, given the setting in which it was conducted." Is this sentence on-line with methodology?

Page 17, line 13:

"Switzerland will be challenged by an increasing number of chronically ill patients as well a shortage of primary care physicians in the future." I have not read a line about why not to have some more doctors on this field. Is it just for the authors come from economy? Is it because other professions are cheaper? Is it because the medical profession must have a red-line for end of
efforts when treating multimorbid patients? Of course, other professions are needed, and in what way!, so making it necessary a team development, I have not been discussed here.

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

Unable to assess

Does the work include the necessary controls?
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Unable to assess

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