**Reviewer's report**

**Title:** Interprofessional Collaboration in Diabetes Care: Perceptions of Family Physicians Practicing in or Not in a Primary Health Care Team

**Version:** 0  **Date:** 20 May 2018

**Reviewer:** Mark Harris

**Reviewer's report:**

This paper describes the results of a cross sectional survey of family physicians (FPs) in Alberta - comparing the reported interprofessional teamwork of those part of a Primary Care Network (PCN) with those not part of such a network. There is insufficient information about the nature of collaboration in the Alberta PCNs - in particular it is unclear which health professionals are involved and whether these are co-located or share information systems with the FPs. Also more details need to be provided on the ways in which interprofessional teamwork is encouraged in PCNs - for example are shared multidisciplinary team care plans routinely used for patients with complex or long term care?

Questionnaire development needs more detail. What were the questions based on? Was any piloting performed? What was the response scale for frequency of referral? What does "regularly" mean?

The 34% response rate is commented on in the discussion as a potential bias/limitation. In the analysis, were any of the providers in the same practice? Were cluster effects explored at the practice and PCN level? Were there differences in response rate by PCN?

Information on the respondents is very limited. Is there information on age or years in practice of the respondents? How many patients with type 2 diabetes (T2D) did the providers have - and were there differences in the number between PCN and non-PCN FPs?

The authors emphasis the one significant difference in the referral of patients with T2D (to pharmacists). The striking thing about Figure 1 is the similarity in referral rates of PCN and non PCN to endocrinologists, dieticians, diabetes educators and internal medicine specialists. It is also unclear why a quarter of non-PCN physicians reported referring to other family physicians? This suggests different structural issues (eg referral while the principle FP was away?). Despite differences in referral rate to pharmacists there were no statistically significant differences in FPs confidence with or satisfactions in other HPs being involved in medication management. This deserves more discussion.
Collaborative arrangements were reported much less frequently by non PCN than PCN FPs. Figure 2 shows this was the case across almost all health professionals. The authors state that they assumed that "collaborative arrangements" refer to "interactions and sharing of responsibilities for patient care with other professionals". However, it is unclear on what the authors base this assumption. It is also unclear what scale was used to assess frequency of "collaborative arrangement". It would be helpful to see the questionnaire in an appendix.

Care is needed with the discussion and reporting of the findings. For example, the first sentence of the discussion states that that "the study findings reveal that family physicians who are affiliated with a PCN do involve other health professionals in the care of patients with T2DM to a greater degree than family physicians who are not part of the PCN". However the findings are reported by FPs thus they should be stated as "family physicians who are affiliated with a PCN report involving other health professionals…". This is not just a pedantic point. FPs report of care they provide is significantly different from that audited from records or reported by patients.

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.

Yes

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

Yes

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