Reviewer's report

Title: Chronic Obstructive Pulmonary Disease (COPD) management in the community: how could primary care team contribute?

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Reviewer's report:

This is an interesting paper presenting audit on COPD care. The sample is large. It represents some quality aspects/indicators of COPD patient care. However there are some points I would like to discuss.

The sample includes all patients that attended outpatient clinics of one are during the study period for a follow up of COPD. The article does not show what is the expected prevalence of COPD patients in this area and what share of COPD patients was followed on secondary care level before the audit? Did it change after the introduction of care according to ABCD system? It also does not show how many have been referred to the secondary level. This interface of primary and secondary care is completely missing.

Background:
page 3: line 12: what is meant by "victims" of COPD?
Page 3 line 12: what is doctor-diagnosed COPD (are there any others who confirm diagnosis?).
Page 3 line 30: "by" is redundant.
Page 3 line 38: any citation to confirm that? A short description of care would explain how the care was organized before the project. Was it multidisciplinary? Also, What is the difference between general outpatient clinic and family medicine specialist clinic?
Some description of COPD is placed in the discussion but would be more appropriate to be placed in the Introduction.

Methods:
audit criteria are well described and the table 2 shows the project well.
But please explain what was the rationale for a decision for quality indicators (45%, 50% etc). For example I would think that % of patients referred to smoking cessation (process indicator) and % attended smoking cessation (outcome indicator) would be different. It's a pity that we don't find out how many quit smoking.
Sample: Why did you include chronic bronchitis into an audit on COPD care when those are two different diseases? The study also included patients with a diagnosis based on clinical criteria suggesting that a proportion of patients did not have confirmed diagnosis. That should be at least mentioned in the limitations.
page 5, line 9 past tense?

Results:
Sample characteristics:. On page 11 line 49 (discussion) it is written that the patients' care was managed according to the ABCD system, but this has not been shown in the results. I suggest to present the sample also according to the ABCD system. On the other hand - why is BMI important if there is no analysis or action toward it?
Several results shown in Table 4 are repeated in the text below the table.
Discussion:
Should start with a few sentences of main results.
Beside that it could be shorter and more focused. Please add some newer references. Interesting point - there is higher % of smokers in the phase 2: explanation?

My general remark to the text is that English should be corrected by native speaker and that there are too many abbreviations. Because of them the text is more difficult to read and I suggest to keep only well known abbreviations (COPD, BMI, CAT etc),

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No

**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.

Unable to assess

**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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