Thank you for the opportunity to review this very interesting manuscript that reports the results of a survey of Canadian integrative health care (IHC) clinics. The study attempts to answer much needed questions about which health outcomes are important to measure. The findings are relevant to researchers and health services in Canada, along with those in many other countries.

Recommended amendments and comments are listed below.

1. The appendix with the questionnaire is missing. Please upload and note that the following comments are made without being privy to this information.

2. Past and present tenses are used interchangeably throughout the manuscript when referring to the study design and the results. Please amend.

3. The title would benefit from further wordsmithing. The use of the word 'practitioners' in the title does not accurately reflect the sampling frame (IHC clinics), nor the characteristics of the respondents (that also included managers). The authors state that the focus of this survey was on clinical health outcomes, yet the title only says outcomes.

4. Lines 37 and 42 have punctuation typos. Please check the manuscript for other minor errors.
5. The author's statement that the concepts and definitions presented in Table 1 draw on the literature. Yet no references are cited either in the manuscript (lines 42-47) or the table.

The descriptions for 1) Whole person care/holistic and 4) Wellness orientation in Table 1 would benefit from further consideration to better reflect the literature. Currently, it is the authors' description. For example: reference to "body, mind and soul" is cliché and fails to adequately reflect the literature on the subject. Other dimensions such as social and environmental health are ignored. It also assumes there is such a thing as a soul, which is a religious rather than spiritual construct.

Consider including the term well-being - as wellness and well-being are not necessarily synonymous, and well-being was identified as an important outcome by many of the respondents.

Reference to "a healthy state" implies there an end-point of perfection. What about people with permanent disabilities or a life-limiting illness - does this preclude them from utilizing services that have a "wellness orientation"? An alternate rewording might be: "Emphasis or focus is placed on enhancing and supporting health and well-being".


6. Table 2 and Lines 163 - 168 needs to be clarified. Did each clinic only have one practitioner of each provider type working in the clinic? Or should the second last row in Table 2 be renamed from "Total Number of providers" to "Total Number of different types of providers"? If a correction is warranted, then it is only valid to report practitioner mix (ie the total number of different types of practitioners) and the range of services offered by the various clinics.

If it is indeed correct, then bear in mind that the questionnaire only measured the total number of practitioners. The number of full-time-equivalent practitioners or the number of hours each
service is available per week was not measured. Without this data, it is misleading to state the results reflect a dominance (or predominance) of one type of practitioner or service over another.

Furthermore, the term dominance in health service research usually refers to the sociology construct where one profession is dominating another. The number of practitioners, or availability of different services is only one indicator of potential dominance. Indeed, there are examples of biomedical dominance in clinics when the total number and FTE of CAM practitioners is larger than the number of conventional providers. Perhaps a better word to use is predominance.


7. Lines 194 and 196 - "In terms of" is used twice. Consider using more precise English e.g. regarding, concerning.

8. The discussion would benefit from considering how the five important health outcomes - fatigue, anxiety, stress, patient-provider relationship, and quality of life - compare to the outcomes that are already being measured by IHC in Canada (e.g. including those clinics who participated in this study) and abroad (e.g. BraveNet in the USA, and the IMPACT trial protocol published by this journal).

9. Line 269 - the representativeness of the survey results is further limited by the moderate response rate.

10. Discussion about the limitations of the data collection and interpretation of the results reported in Table 2 needs to be addressed.
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.
Yes

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?
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.
I am able to assess the statistics

Quality of written English
Please indicate the quality of language in the manuscript:
Acceptable

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?
3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?
4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?
5. Do you have any other financial competing interests?
6. Do you have any non-financial competing interests in relation to this paper?
If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I am engaged in integrative medicine, primary care clinical practice and an academic researcher at NICM, Western Sydney University. As a medical research institute, NICM receives research grants and donations from foundations, universities, government agencies, individuals and industry. Sponsors and donors provide untied funding for work to advance the vision and mission of NICM. The review of this manuscript was not undertaken as part of a contractual relationship with any donor or sponsor.

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal