Reviewer's report

Title: Patient perspectives on continuity of medication management: Results of a qualitative study

Version: 2 Date: 26 August 2014

Reviewer: Kevin Mc Namara

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REVIEWER COMMENTS
This is generally speaking a well-written article with a reasonably descriptive methods. Certainly, the general issue of medicines supply is an important issue, but often overlooked. My main observation is that the title and introduction somewhat overstate the scope of the article (see comments).

MAJOR COMPULSORY REVISIONS
INTRODUCTION
The introduction and title both give the impression of a very broad examination of medication management, whereas in fact this manuscript really on examines the impact on medication supply. Please amend generally to focus more on the results presented. In fact, only the first quote and related text are at all directly relevant to more general management of medicines beyond the supply issue. Previous literature examining general med management have a number of important themes not identified here. Consider changing the title to 'continuity of medication access/supply' or similar.

The first line of the introduction discusses the issue of medication management with relation to multimorbidity. However, Table 1 suggests a relatively 'straightforward' group of patients, with only 30% with three or more conditions. If diabetes, HT and HF are included in these figures, I think it is important to identify that most participants have consistent co-morbidities (i.e. with reinforcing therapeutic principles), which is overall less complicated wrt coordination and decision-making than situations where competing clinical priorities exist. Some comments on this would be welcomed in the discussion.

DISCUSSION
Affordability was obviously a huge issue in the Results section, and I think this has not been considered adequately in the Discussion with reference to previous literature. Consider also the competing effects on adherence of less coordinated care vs increased affordability/access with increasing numbers of prescribers.

MINOR ESSENTIAL REVISIONS
INTRODUCTION
‘We were interested in veterans’ experiences with having
47 multiple prescribers of cardiometabolic medications as well as their perceptions of advantages and disadvantages of having multiple prescribers.' Be more specific in stating this aim, relate it specifically to supply.

METHODS
‘60 addressing other study aims (results not presented herein). From the 1,999 veterans who were 61 sent surveys, 300 veterans were randomly selected to receive a recruitment letter for this focus group study.’

Please clarify in the results section if the 23 participants represented all of the respondents – this is the impression I get but it is ambiguous.

‘90 After all focus groups were conducted, the transcripts were content-analyzed by the social psychologist and health economist’.

Clarify whether or not the data was coded independently by these parties, or together. If not independently, please explain why.

‘93 These emergent codes were refined by a systematic process of consensus among the two coders.’

Were there any contingency plans in place for a situation where consensus between the two coders was not possible.

‘97 (e.g., VA vs. non-VA prescribers among dual users). Analyses were conducted with Atlas.ti’

Please reference Atlas.ti

DISCUSSION
This is a US-centric discussion of a global issue. Consider reference to other health systems with respect to external validity, so readers can judge its relevance locally. I am mindful of the large number of issues identified in these results that would potentially be less pertinent in many other countries (e.g. varying cost of a prescription depending on prescriber, use of multiple health systems as opposed to prescribers, 90 day supplies, phone based automatic refills). With respect to internal/US validity, it would be useful to see any empirical evidence regarding prevalence of people with both VA and non-VA insurance, and generally how relevant it is to other groups not in this situation. For example, non-veterans, the uninsured etc.

**Level of interest:** An article of importance in its field
Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.