Reviewer's report

Title: Wake up, wake up! It's me! It's my life! Patient narratives on person-centeredness in the integrated care context: A qualitative study

Version: 3 Date: 23 September 2014

Reviewer: Kara Walker

Reviewer's report:

Overall:
Overall this manuscript about person-centered care is timely and relevant. As healthcare systems around the world work to involve patients and become more patient-centered, it is critical to understand what patient perspectives are in the very definition. Although I continue to quibble with separating person vs. patient centered terminology, this paper does an excellent job of refining the terms for the reader.

Strengths: The manuscript uses existing literature on the subject matter to guide the reader. Clearly the semi-structured interviews gave a wealth of data for analysis, among patients who use care frequently.

Weaknesses: The patient population may have some very unique views, as they are older and diabetic. The introduction should provide some context to why this is important and how many typical visits or types of providers that the typical patient in the study may be seen on a routine basis. Additionally, the overarching theme of Space and Translucence should be combined as they reflect opposites of one another to clarify and underscore the findings. Finally, some of the quotes do not add to the discussion and should be removed or revised.

Recommended revisions:
I have detailed recommended both minor and major revisions point by point below:

Major compulsory revisions:
1. In the first paragraph on page 4, background, the citations suggested that patient centeredness is linked to higher quality of life, lower anxiety and depression. Given that this patient population has diabetes, it would be excellent to include a citation that suggests an improvement in diabetic outcomes when there is greater shared decision making, continuity of care, or patient empowerment. There is a literature that exists in this space and should be discussed and included.

2. On page 5, the introduction of the term “knowledge dominance” is also linked to “paternalism” and again this need to move away from the physician assuming they have all the decision making ability. I would again encourage the authors to include this term and a link to a few more references.
3. On page 5, at the bottom of the page, the authors state that integrated care models are in “only 2 of 9 European countries”. I would be interested in who is making that judgment. Is this patients who state their care is not integrated or is this based on some external criteria and label of care models.

4. On line 118, page 6, the sentence is confusing. I would remove the part of the sentence relevant more to “continuity” of care rather than “shared decision-making” and just leave the latter part of the sentence about “felt less involved”.

5. On page 7, top of the page, this sentence about governments’ ethos implies that it is government’s role to deliver person centered-care. For an international audience and to make the statement more generalizable to other countries, I would recommend taking the second part of this sentence out.

6. On page 8, in the description of the sample, it leaves the reader wanting a bit more detailed information on the patients included in the findings section. I would recommend a short tabular summary of the patients included (ie average age, average comorbidities, % of those who know their GP, HbAIC or any other health outcomes that may be available and relevant)

7. As a major recommendation to the presentation of the themes, the authors should eliminate the theme of Translucence. All of the other themes are in the positive and connected by “Space”. The findings captured by translucence could be described but not labeled in the paragraph on page 17. The mix of themes with a positive and negative is confusing to the reader. The other subthemes do not have a positive and negative. The figure should be revised to only include “Space”. The table should then be revised to just be the presence and absence of space.

8. Suggestions to revised the quotes:
   a. Page 11, line 236, please remove this quote as it is inflammatory. Recommend shortening it at “… Because they’re giving me no respect…” If this quote is shortened, please clarify the use of parenthesis for “person”. It may need to be replaced by brackets.
   b. Page 12, line 256, both of the quotes are about mental health needs. I would recommend replacing this quote that pertains to another healthcare need to describe this theme.
   c. Page 15, line 137, please exchange or remove this quote. It does not clarify the theme for the reader.

9. On page 20, please cite literature on the importance of “continuity of care”

Minor essential revisions:
1. On page 7, top of the page, line 132, suggest revision to “receive more person-centered care”.
2. On line 138, remove the extra comma.
3. Revise line 445, to capitalize “Current”
Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:
I declare that I have no competing interests.