Reviewer’s report

Title: The impact of patient advisors on healthcare outcomes: A systematic review.

Version: 0 Date: 22 Jul 2017

Reviewer: Danielle Hitch

Reviewer’s report:

Thank you for your review of this topic, which I note builds on previous work by Crawford - such updates are extremely useful. Overall, I think this is a well written and rigorous study, but there are several areas which I believe could benefit from further development.

Abstract

* In the first sentence of the conclusion, you highlight the included studies demonstrate promising results, but don't mention that they also indicated some impact on client outcomes.

Background

* Are PCMHs a US / UK term? BMC Health Services Research is an international journal, and terms such as this need to be placed in context or explained, as do any national standards referred to

* In Australia, consumer consultant positions are also available in mental health services, who often contribute to committee as part of their role

* The end of the final sentence - 'and other changes to the healthcare setting' is a bit vague - please write more clearly

Method

* You should state you have followed the PRISMA guidelines at the beginning of this section

* When was your search undertaken?

* How did you adapt the initial search strategy in PUBMED - did you change terms or anything?

* You haven't really addressed how you searched for grey literature and what types of grey literature was included (you mention white papers and foundation documents, but was anything else considered) - this is the main weakness in the paper at the moment and needs more clarity.
* Your definition of PAC's (currently in the study selection section) could be in the section about search terms

* While the exclusion criteria may seem self evident, it would be good to include them in Table 2 for the sake of clarity in two columns (inclusion / exclusion) - at present they seem to be listed under the inclusion criteria but in the negative

* The inter-rater agreement for abstract screening were both in the good range - add in this interpretative detail for the convenience of the reader

* What were the secondary outcomes related to PAC impact - provide some examples. You could also delete the following sentence as it is repetitive.

* Terms such as Accountable Care Organization are not universal and require explanation - see comment in background.

* While rating the articles in terms of risk is appropriate for quantitative, scientific studies, the nature of your included studies limits its application. Did you consider alternative means of assessing rigour which may have been more suitable to the body of articles you were reviewing - for examples the Mixed Methods Appraisal Tool (http://mixedmethodsappraisaltoolpublic.pbworks.com/w/page/24607821/FrontPage) would enable you to give standardised star ratings to both quantitative and qualitative studies and could also be suitable for some of your case studies. I think that would provide a more comprehensive understanding of the rigour of the evidence base overall.

* I'm not clear on why you eliminated the two studies around community leadership councils in the community - how are they distinct from PACs

* Your findings that the primary mode of Patient Advisor intervention was a PAC wasn't surprising as this was the focus of your search terms and aim of the study - I'm not sure if you need to report this as a finding

* What were the "other" activities you mention specifically ... provide some examples

* US abbreviations for states need to be written in full - for example, WA could also stand for Western Australia

* Type in first sentence under patient satisfaction - case based, not cases based

* Final paragraph - This study could also be acknowledged in the background section as an important prior review of the topic, before being described in full here

Discussion
* The group of quasi-experimental studies from one initiative should be acknowledged as being geographically bounded - this is a limitation for them, despite their number and findings.

* The description of the single cluster randomised trial is quite brief - what was your critique of this article

* Sometimes you use the abbreviation PAC and sometimes it is written in full - please be consistent in your use of the abbreviation

* A knowledge translation perspective could also be very useful in regards to future research in this area, as you've acknowledged that there is very little information about how they actually work in practice

* CG-CAHPS - This abbreviation doesn't appear to have been introduced in full previously

* Typo in paragraph beginning 'Our study limitations ....' - Another limitation of is possible (remove of)

* Please expand a little on the need for analysis which takes confounding variables into account - I think this is an important point for future research in this area

Table 2

*Final row - do you man the protocols were used to find studies when you refer to snowballing?

Table 3

* Remove the location section, as this is also reported in Table 4 and you have already addressed this in the text

Figure 1

* Are the 38 other records identified the grey literature - could be good to flag that

I look forward to the opportunity to re-review this manuscript after your response to this feedback and the feedback given by the other reviewer.

**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.

Yes

**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

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Please indicate the quality of language in the manuscript:

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