Reviewer's report

Title: An integrated primary care approach for frail community-dwelling older persons: A step forward in improving the quality of care

Version: 0 Date: 22 Aug 2017

Reviewer: Gregory Stevens

Reviewer's report:

This is a very interesting study looking at practice changes to improve health care delivery for frail, older adults. I think there is a lot to learn from this work, especially considering that it combines both qualitative and quantitative data in ways that help us understand lessons for other providers (and health systems). I have a few questions and suggestions that the authors may wish to consider:

1. How were the GP practices identified and enrolled into the intervention vs. control groups? This may matter if the GP practices undergoing the intervention are particularly motivated to change their practice in some way (compared to the control group), then the results you observe the study may not be broadly applicable to GP practices more broadly.

2. The measure used to assess "quality of primary care" is arguably more of a measure to assess chronic disease care. The authors may wish to rephrase unless they feel the ACIC is representative of primary care. For example, Starfield and colleagues have defined the practice of primary care, only some of which overlaps with the ACIC model per se. And efforts to measure primary care have been completed in much more detailed ways in the past, including my own work. The authors may wish to point out the differences between their quality measure and the work of others. See the following as examples:

https://www.ncbi.nlm.nih.gov/pubmed/19569570


3. Table 3 is helpful for understanding the differences between groups at baseline and at follow-up. The authors may wish to consider comparing the "change" from baseline to follow-up" rather than just comparing the difference at baseline between groups and the difference again at follow-up between groups. And importantly, it might be good to limit your current analyses (and any analysis of "change") to those who completed both baseline and follow-up survey. The reason is that the addition of new respondents may be creating the appearance of a change; for example, is there reason to be suspect of scores (in Table 3) for the control group that appear to have declined from baseline to follow-up (e.g., self-
management support went from 5.47 to 4.80; and decision support decreased from 5.07 to 3.98; and clinical information systems declined from 6.18 to 4.95). Could the reason be the additional of 5 additional respondents in the T1 control group?

4. The authors may want to be cautious about concluding that "care congruent with the CCM improved quality of primary care". There is nothing in the data, I believe, that firmly demonstrates causality. Better to phrase as "care congruent with the CCM is associated with better quality of primary care".

5. Are there unique circumstances of the health care system in Netherlands that allows this primary care model to be successful? For example, is there incentive for the providers to reach out to patients (e.g., and identify frailty) in the community or be otherwise proactive in this way? Are there reimbursements for this, or savings that accrue to providers or the system?

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

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 declare that I have no competing interests

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

Do you want to get recognition for reviewing this manuscript? Add a record of this review to Publons to track and showcase your reviewing expertise across the world’s journals. Signing up is quick, easy and free!

Yes