Reviewer’s report

Title: Adaption and validation of Nijmegen continuity questionnaire to recognize the influencing factors of continuity of care for hypertensive patients in China

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Reviewer: Shou Cheng

Reviewer's report:

This study adapted the Nijmegen continuity of care questionnaire (NCQ) developed in Netherlands into a Chinese version, tested reliability and validity of the new Chinese version, and examined the factors associated with COC measured by the new NCQ. The study recruited 448 patients with hypertension referred to hospitals. The analysis showed the Chinese version of NCQ to be with reliability and validity. Concerns and comments are as follows.

First of all, the authors should explain why the Netherlands NCQ is suitable for the health care delivery system in China? Is there a gatekeeper and referral requirement for patients in China? What is the relationship between a doctor and a nurse in primary care settings, i.e. community health center or village clinic? The background of the Chinese health delivery system need to be described.

The authors failed to describe the definition and measurement of continuity of care from a historical perspective. What are the major dimensions of continuity of care in the literature? In addition, why the Netherland version is better than that developed by Haggerty et al. in 2012? Are the 448 subjects a representative sample of the patients with hypertension or ordinary patients in general?

The CFA of the Chinese version of NCQ defined 7 factors of continuity of care (Table 3) which is different from the original NCQ which defined 3 dimensions of continuity of care: (1)personal continuity: care provider knows me ; (2)personal continuity: care provider shows commitment, and (3)team/cross-boundary continuity. What would the results be if the authors fit a CFA with 3 factors? The authors might have mixed up the dimension of continuity and setting of care.
According to the literature, most of the patients are unable to judge the degree of collaboration between healthcare providers. What is the situation in this study? What are the scores of cross-boundary continuity in the Chinese version of NCQ?

Finally, there are plenty of factors might be associated with one's NCQ scores as well as one's blood pressure; the most important factors might be health status of the subject which has not been controlled for in the analysis. Therefore, the findings in Table 4 and 5 might be subject to biased estimation.

Are the methods appropriate and well described?
If not, please specify what is required in your comments to the authors.

No

Does the work include the necessary controls?
If not, please specify which controls are required in your comments to the authors.

No

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
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