Author’s response to reviews

Title: Satisfaction with service coverage and drug list may influence patients’ acceptance of general practitioner contract service: a cross-sectional study in Guangdong, China

Authors:
aiyun chen (aiyunch1221@163.com)
shanshan feng (fengshsh@126.com)
wenxi Tang (tokammy@163.com)
Liang Zhang (zhangliang@mails.tjmu.edu.cn)

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Author’s response to reviews:

Response letter
Declaration - Please provide 'Declaration' header after Abbreviation section.
Thank you for the kind reminder. We have added the header after the abbreviation section.

Editor Comments:
Title
Given that you have asked the satisfaction of patients with the list of drugs and the service coverage, so it (satisfaction) should be noted in the title.
Thank you for the suggestion. We have modified the title as Satisfaction with service coverage and drug list may influence patients’ acceptance of general practitioner contract services: a cross-sectional study in Guangdong, China

Is the “drug” a suitable word? Is not better to use the word “medicine”? Think about it.
That is a good question! Yes, medicine is a more formal and usual word, but given the fact that the government has been used drug in the acts they proved, e.g: the National Essential Drug List, etc., the authors decided to stay with it after discussion.

introduction:
1 ) I suggest that you pay more attention to details of this model: for example, financial issues. Is this program funded by the government? Insurance program Or patients payments? What is included in the service package? Only outpatient services? Paraclinic services such as imaging and tests? medicine? Is this program implemented in urban areas only? And other details.
Thank you for raising this issue. We now have made more detailed introduction of the GPC model (see...
Is there any difference in access to PHC services between two accepting and non-accepting groups? Since the access to PHC was required by the government to be geographically equally distributed, we did not hypothesize the access to be a potential influencing factor.

3) Is this the “family physician” program? Yes it is. Though differently addressed in different policies, the PHC and family physician could be treated the same in term of the target and reform design.

Methods:
1) You mentioned “PHCs in each chosen pilot city were divided into 4 groups”. What do you mean by group? It is vague. We grouped the PHCs into 4 categories as with excellent, good, acceptable and poor performance, simply to make the sampling more representable of the total PHCs.

2) How to choose each patient from the PHC centers. How randomly? We sent out our investigators to the sampled PHC in a random time of the day, and by checking the eligibility and acquiring the consent of interview, we surveyed the patient who showed up in the PHC by a random chance of acquaintance.

3) The questionnaire needs to be further described. For acceptance, How many questions were asked? Satisfaction with 8 aspects, but how many questions? For example, asked a few questions about service coverage? What was its content? How was the scoring scale of questionnaire? Thank you for the critical suggestion. The detailed information of questionnaire was included in the updated manuscript (third paragraph, Method section, line 167-181)

4) you have mentioned that factor analysis has been used? But in results we do not see it. I think you should revise the validity of the tool. Thank you for raising this concern. There was only one question under each aspect, therefore we only did the reliability test for the questionnaire (the Cronbach’s $\alpha = 0.87$) but not for each of the aspect. This was a limitation we have to admit, given the fact that this survey was nested into a whole set of questionnaires, and we have assumed the reliability was acceptable by logical check with other questions and comparison of consistency with what had been found in the previous studies.

5) What was your criteria for categorizing satisfaction into three groups? We adopted the Likert scale with three levels to categorize the outcome variable, and the design information of questionnaire was included in the updated manuscript. (line 178.)

Results
Page 12, line 211, “Satisfaction of medical service accessibility” or medical service coverage? Thank you for the suggestion. We have considered both, and believe accessibility of medical care matters more for patient level instead of the total coverage.

Discussion
The first paragraph (226-241) is redundant and is not related to the discussion. If necessary, it must be moved to the introduction. Thank you for the kind suggestion. We have moved the paragraph into introduction.
Reviewer reports:

Yingyao Chen, PhD (Reviewer 1): The authors answered previous questions clearly. The manuscript has been much improved after their careful revision. There are only some minor issues remaining to be solved.

1. There was a typo in table 2. Data on satisfaction with medical equipment (the eighth dimension) was misplaced and should be moved the line below.
2. Table 3 was presented at line 462. I suppose it should be inserted at line 224.
3. I would recommend converting CNY monetary unit into USD for readers' convenience (line 105 & table 1).

Thank you for kindly pointing these out. We have revised the typos and money conversion in the updated manuscript.