

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Exploration of the psychometric properties of the Person-Centered Primary Care Measure (PCPCM) in a Chinese primary care population in Hong Kong: a cross-sectional validation study
AUTHORS	Tse, Emily Tsui Yee; Lam, Cindy; Wong, Carlos; Chin, Weng Yee; Etz, Rebecca; Zyzanski, Stephen; Stange, Kurt

VERSION 1 – REVIEW

REVIEWER	Díez, Nieves Universidad de Navarra, Patología, Anatomía y Fisiología
REVIEW RETURNED	05-Jun-2021

GENERAL COMMENTS	<p>Overall evaluation</p> <p>I enjoyed reading the paper and found it to be a highly relevant area.</p> <p>The authors have shown that The Chinese PCPCM appears to be valid, reliable and sensitive instruments for evaluating the quality of person-centered care among primary care patients in Hong Kong.</p> <p>There are a few places the authors can make clarifications</p> <p>Methods</p> <p>Patient and public involvement Are the 300 patients you recruited, patients who visited the clinic consecutively during the period?</p> <p>How many physicians were included and what characteristics did they have?</p> <p>Can you clarify who administered the questionnaires, doctors or researchers?</p> <p>How long did patients have to respond?</p> <p>Study instruments Why are three items considered as the limit of missing data?</p> <p>Data analyses Correct</p> <p>Discussion</p>
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	<p>Strengths of the study</p> <p>You said: “The study subjects were representative of the spectrum of primary care patients”. However, in the section on Article Summary, you said: “Limitations of this study: Patients were from only one Chinese-speaking clinic setting in Hong Kong”.</p> <p>I think is a limitation more than strengths.</p> <p>In the results section you said: “The percentages of missing data for items 1 to 11 were 0%, 0.33%, 0%, 4.00%, 0.33%, 2.00%, 0.33%, 3.67%, 3.33%, 0.67% and 0%). Other authors have reported a higher number of “missing data” responses to items 4, 7 and 8? Do you think these data have any explanation?</p> <p>I understand that the comparisons are made with the results of the original version, but you could add another validation article: “Performance of the Person Centered Primary Care Measure in Pediatric Continuity Clinic. Ronis SD, et al. Acad Pediatr. 2020. PMID: 33359516”</p>
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REVIEWER	Trout, Kimberly University of Pennsylvania School of Nursing
REVIEW RETURNED	18-Jun-2021

GENERAL COMMENTS	Interesting study that demonstrates the utility of this instrument in a Chinese population for assessing comprehensive, person-centered care.
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1’s Comments to Author

Dr. Nieves Díez, Universidad de Navarra Comments to the Author:

Overall evaluation

I enjoyed reading the paper and found it to be a highly relevant area.

The authors have shown that The Chinese PCPCM appears to be valid, reliable and sensitive instruments for evaluating the quality of person-centered care among primary care patients in Hong Kong.

Our response:

Thank you for your affirmation.

There are a few places the authors can make clarifications

Methods

Patient and public involvement

Are the 300 patients you recruited, patients who visited the clinic consecutively during the period?

Our response:

We recruited the 300 subjects by purposive sampling from August to December, 2019 as they visit the clinic for doctor consultations. Subjects were purposively sampled to achieve a balance between gender and reason for consultation (i.e. chronic follow-up versus episodic visit).

How many physicians were included and what characteristics did they have?

Our response:

A total of 12 family physicians were regularly working in the clinic during the period of subject recruitment. Their clinical experience ranged from 3rd year trainee in family medicine to family medicine specialist with more than 30 practice-years. Majority of the doctors were family medicine specialists with more than 10 years' practice experience.

This information was newly added to the manuscript under the subsection of Subject Recruitment.

Can you clarify who administered the questionnaires, doctors or researchers?

Our response:

During the data collection, a research assistant encouraged the subjects to administer the questionnaires by themselves outside the consultation room after their doctor consultations. About 50% of the subjects could complete the questionnaires on their own but the other 50% requested the help from our trained research assistant responsible for subject recruitment to read out the questions to them due to visual impairment or subjects' preference.

This information was newly added to the manuscript under the Result section.

How long did patients have to respond?

Our response:

The time needed for the subjects to complete the PCPCM ranged from 5 to 12 minutes. Generally speaking, it took the elderly patients more time to complete the Measure.

The total time needed for the subjects to complete all the questionnaires (including the demographics, CARE, PEI, PCAT) ranged from 15 to 35 minutes.

This information was newly added to the manuscript under the Result section.

Study instruments

Why are three items considered as the limit of missing data?

Our response:

Although we would like every patient to answer all eleven items in order to get the most comprehensive assessment of their primary care, we recognize that occasionally some items are left blank, e.g., due to being a new patient or other personal reasons. Since each of the 11 items measures an important aspect of primary care, to get a valid score estimate one needs to have at least a majority of the items answered. By choosing 8 out of 11 items needed for a valid score this indicates 73% of the items answered. Eight of eleven items answered not only indicates that a clear majority of the items have been answered but also a majority of the 11 components of primary care have been addressed as well. To go with a higher number of missing items as the rule risks important components not being addressed and the total score, being based on fewer items, is likely to be more variable (larger confidence interval about the true mean score).

Data analyses

Correct

Our response:

Thank you for your affirmation.

Discussion

Strengths of the study

You said: "The study subjects were representative of the spectrum of primary care patients".

However, in the section on Article Summary, you said: "Limitations of this study: Patients were from only one Chinese-speaking clinic setting in Hong Kong".

I think is a limitation more than strengths.

Our response:

Thank you for pointing out the contradictory statements. The statement of 'The study subjects were representative of the spectrum of primary care patients' has been deleted from the manuscript. We acknowledge that single centre studies (used in pilot studies such as this study) are limited by lack of generalizability. The final paragraph under the subsection of 'Limitations and suggestions for future studies' has been revised.

In the results section you said: "The percentages of missing data for items 1 to 11 were 0%, 0.33%, 0%, 4.00%, 0.33%, 2.00%, 0.33%, 3.67%, 3.33%, 0.67% and 0%).

Other authors have reported a higher number of "missing data" responses to items 4, 7 and 8?

Do you think these data have any explanation?

Our response:

Thank you for your enquiry. We believe you are referring to items 4, 8, 9 with missing data percentage being higher amongst the others (4.00%, 3.67% and 3.33% respectively). Item 4 enquired the role of the primary care practice being a coordinator of the care a patient got from multiple places, whilst item 8 and 9 assessed how the knowledge of the practice towards the patient's family and the community had affected the quality of the primary care offered. We believed the lower response rates to these items were due to subjects feeling the questions were not directly relevant to them if they did not have complex medical problems requiring coordination (item 4), or did not have complicated family or community issues (items 8 and 9). This is actually coherent with the findings of our previous cognitive debriefing study of the Chinese translation of the PCPCM in which the average content validity index (CVI) on relevance of items eight and nine were both relatively low at 0.55.

A new subsection 'Lower response rates to individual items' has been added under Discussion to make clear our interpretation of these results.

I understand that the comparisons are made with the results of the original version, but you could add another validation article:

"Performance of the Person Centered Primary Care Measure in Pediatric Continuity Clinic.

Ronis SD, et al. Acad Pediatr. 2020. PMID: 33359516"

Our response:

Thank you for your suggestion. A discussion has been held amongst the authors including Prof. Kurt Stange who was also one of the co-investigators of Ronis' study. We believe that the Ronis et al's findings are not a good comparison to our current study because they actually validated a slightly modified version of the PCPCM and their study population consisted of high-needs children in a pediatric training practice in the US. We did not think it was sufficiently relevant to do a formal comparison with our study results.

Reviewer 2's Comments to Author

Dr. Kimberly Trout, University of Pennsylvania School of Nursing Comments to the Author:

Interesting study that demonstrates the utility of this instrument in a Chinese population for assessing comprehensive, person-centered care.

Our response:

Thank you for your affirmation.