**Response to Reviewers**

# **Reviewer A**

**Comments to the author**
**Positive comments (strengths):**
This article is interesting to the readership of UOJM because it involves a Family Medicine partnership between Shanghai and Ottawa.

**Major comments:**The intro should clarify the differences between the already existing primary care setting in Shanghai vs the Family Medicine system being introduced. A brief synopsis of the existing model of Chinese medical care would be helpful (i.e. how do patients find doctors?  And self-select
specialists?) The methods section needs more details about how the survey was made to be
culturally appropriate. Include statement of REB approval in methods section.  The entire REB
approval is not required as an attachment. I don't think that the supplementary file in Mandarin will be useful for UOJM. Tables are mis-numbered.
Please comment on what follow-up future studies could/should be done.

**Minor comments:**
Please see comments embedded in attached file.
Streamline reference sections.

**35: Why?**

* This is due to a historical combination of lower levels of training, as well as red-pocket compensation (a type of medical corruption)

**89: Do you mean Family Medicine vs an existing general practice environment? Please elaborate on if/how these are different.**

* Family medicine in contrast with the existing primary care system which lacks coordination, continuity and comprehensiveness of care.

**99: Please elaborate on how the survey was made to be culturally appropriate.**

* Consultation for linguistic and cultural translation was provided by the Office of Internationalization at University of Ottawa, and validated by physician partners at the SJTUSM. In particular, survey questions were reviewed to respect cultural customs (e.g. personal questions) and edited with commonly used vocabulary in Shanghai to ensure patient comprehension.

**106: What’s a convenience sample?**

* <http://methods.sagepub.com/reference/encyclopedia-of-survey-research-methods/n105.xml>

**127: What does this mean? Does it mean that patients felt pressured into doing the survey because the physicians were providing care for them? Does this pose an ethical problem?**

* Because a number of surveys were administered by physicians and trainees patients may have believed that negative responses could affect their care. However, this ethical risk was addressed in two ways.
* Firstly, every participants were provided an informed consent form before being asked to complete the study survey which clearly summarized the purpose and protocol of the study, established that completing the survey is voluntary and that whether patients participate or not, will not affect the medical care or other services to which they are entitled or are presently receiving at the institution where they were approached;
* Secondly, all physicians and trainees acting as surveyors were given preparatory presentation and discussion session on TCPS2 ethical guidelines to ensure they would only distribute surveys to free and informed consenting patients.

**144: How does this align with the above statement that respondents indicated little concern about waiting for hospital doctors?**

* As explained in the discussion section (line 183-187), this leads us to believe that patients see hospital doctors and general practitioners for different healthcare needs. Patients see hospital doctors when in need of acute or serious care. Since this will involve transport for most patients, and since hospital wait times are within 30min average, patients are not concerned about wait times in tertiary setting.
* On the other hand, patients may see a GP for less serious healthcare, prescription renewals or chronic pain etc. Since this care is in their community, more accessible and less in demand, they are less willing to wait for consultations. This emphasis on the quality tradeoff for accessibility with GPs aligns with the importance given to opening hours by respondents.

**149: Be careful of tenses: use the same tense throughout the manuscript**

* This was addressed.

**212: Please comment on how what follow-up studies could/should be done**

* Future studies should distribute surveys with ethically trained volunteers to avoid power-dynamics from care providers distributing the forms to patients. Also the survey should not be distributed only to a convenience sample but should also be given to patients outside of the healthcare system. Participating patients in healthcare settings should also clarify the reasons of their visits to ascertain if they necessitate a certain kind of care based on their condition which may influence their preference for primary or tertiary care. Qualitative study should also be used to (in)validate and expand basis for quantitative findings (semi-structured interviews, focus groups).
* See next steps in conclusion

**302: Why are there two reference lists?**

* Duplicate references was removed (line 245-277).

# **Reviewer B**

**Comments to the author:
Positive comments (strengths):**
Excellent manuscript that you have produced here in describing a unique undertaking on the part of the University of Ottawa and your group in conducting this study. It is evident from your objectives and the methodology that you have an ambitious goal in mind and you have done well to meet it. The figures that you have created with the data that you collected no doubt reflect a lot of hard work. Your introduction and discussion do well to explain the topic to the reader as well as the meaning
of the data being collected.

**Major comments:**
I would have looked for the results section to have mentioned more of the data that you collected. I understand that you included some of the data in the discussion because you felt that it would transition better with your discussion of your research with the broader topic as you looked to address the objectives of your study. The other major point that I wanted to bring up, which you also identify in your study, is the dichotomous observations that seem to come out. I would have liked to see you offer a little more of a substantive explanation of that data and perhaps share more of the survey information that you collected or data from past studies, to try and explain. I also wonder if a "subgroup"-style analysis of the survey data may allow this point to be teased out.

**Minor comments:**
Just a small minor point about maybe changing some of the quoted remarks at
the beginning of the introduction with paraphrases/ summaries. See additional comments embedded in attached file.

**7: Well written abstract that provides the reader with a good idea about the study’s purpose and what it contains inside**

* Cheers

**33: Good detailed introduction. You have done really well to introduce the topic and overview of your study. I understand that to get into the methods and results requires you to go through the full content first and you have done that well. You have also spelled out the objectives, which helps. One quick point for the first two paragraphs of your introduction: you have used a lot of quotes, which I understand the point of because you want to convey the sentiment exactly as it is, but I feel that some of it you have paraphrased.**

* The second and third quotes are not really quotes, and as such would be appropriate as a cited paraphrase, however the world bank quote is quite important and would benefit from being retained as a whole quote. The AAFP quote also provides a substantive quote that would be difficult to paraphrase more concisely

**71: There is a bit of repetition between this paragraph and the listing of your objectives. I feel that if you are going to separate out the objectives, anyways, you can keep this paragraph more generic.**

* Agree. The paragraph was shortened to avoid duplication with the listed objectives.

**89: I am assuming that you have decided to label the above points as anecdotal evidence because you were not able to find actual scholarly evidence for this. I urge you to look with more effort, because that would make your argument more valid.**

* A reference was added.

**93: Other than a couple minor points, I think that the methods have been well explained, especially because your study differs in some ways from other qualitative or descriptive research studies**

* Cheers

**99: Not so much of a point for your manuscript but rather a question about your research.
Any reason why the survey was not shared with patients as well to understand how they thought about the questions.**

* Good point. Further feedback on the survey was not collected from patients mostly due to time constraints.

**105: Might be worth explaining what you mean by convenience sample**

* The participant sample was established at these sites because they are affiliated to the Shanghai Jiao Tong University School of Medicine, the University of Ottawa’s international partner, and have physicians and trainees willing to support the study and help collect data.

**118: Your results are rather small given the amount of data that you have collected in this study. I understand that you do not want to share all of the findings, that are in the tables, in the body of your article, but I feel that you should add a little more detail that it allows the reader to understand what your survey brought out.**

* More findings have been summarized in the results section on patient demographics, tertiary care and general practice satisfaction as well as perceptions of family medicine.

**121: Good of you to explain the reasons for the low refusal rate**

* Cheers.

**151: Some of the content in your discussion, may belong in your results, especially for example the demographic characteristics obtained from the study. Other than that, I think that you have written a good, thorough discussion. You have definitely answered the objectives that you had set for yourself. There is a lot of information and data to go through for your study and it is made even more complex because the data is descriptive, so you have to try and explain what it means, which you have done.**

* Demographic characteristics are now covered in the results section and referred more in specifics in the discussion.

**170: You have stated a number of points in the results section and here in patient satisfaction and do go over the dichotomy that exists between patient’s appreciation of GP care, especially because it has fewer wait times or is more accessible, but at the same time preferring the quality of hospital-based care and how few respondents had contracts with GPs. I have a question and a comment; Question: is there a possibility that your survey could have identified two groups of people who could be creating a bimodal distribution in the survey responses; i.e., one group which really likes GP care and has contracts and goes to it most of the time, and another group which is the opposite. Comment: Because your collection of data produces these confusing dichotomous observations, it would have been good if you spent some more time going over it to explain it more clearly. I also wonder if you could have commented on whether there was a difference in responses between in-patients and out-patients.**

In regards to the dichotomous relationship, even if this assumption were to be true, it would have been expected that the relationship would be 50/50 in order to reflect the assumption you made. This 50/50 expectation is still quite different from the over 2:1 ratio in favour of family practise. (WILL NEED TO BE INSERTED IN DISCUSSION)

In terms of comparing in-patient vs. out-patient, there was not a significant enough amount of in-patient population to readily compare to outpatients as a whole. Perhaps this can be dealt with more in depth in a sub analysis

**186: Might be worth sharing some of your collected data here**

* Referred to Table 2 which states 77.6% and 81.1% agreed with valueing continuity and comprehensiveness of care

**199: Good that you have pointed out the major limitations of the study, particularly those created by some of the methodological challenges.**

* Cheers.

**208: Good summary of article**

* Cheers.

**278: For the income distribution, is it supposed to be per month**

* Yes. One of the cultural learning points is that income is calculated on a monthly basis in China.

**Reviewer C**
**Comments to the author**

**Positive comments (strengths):** This article focused on a very important topic and takes a unique approach in addressing it. The article is well written and presents abundance of data to provide support for the arguments.

**Major comments:** There needs to be one clear hypothesis in the introduction. Further, the author should be more clear regarding whether the hypothesis was supported/refuted by the data. Lastly, the discussion lacks sufficient support from the literature.

**Minor comments:** Please see comments in the attached file. There needs to be some re-organization of the content, particularly in the results and discussion. Also, I was not able to find figures 1-6 in the attached documents. Lastly, the left column of figure 7 is not formatted properly. Overall, a nicely written article but it needs some more work before publication.

**87: Reword second part of this sentence**

* Done

**89: I recommend you have one clear hypothesis. It is not clear what the difference between the initial hypothesis and this sentence is**

* Further elaboration and segmentation into a twofold hypothesis was given

**118: Might be a good idea to very briefly elaborate on what you mean by the Canadian team.**

* Done

**127: This last sentence is an interpretation and should be moved to discussion.**

* True, but this is also not a primary result, and therefore does not need to be re-mentioned in the main discussion

**142: (a bit confused. Could you explain what you mean by neutral and the gist of the questionnaire in the methods?)**

* Done

**183: Is there evidence from the literature supporting this stereotype?**

* Yes, cited.

**188: I recommend you move the last sentence to results and present a short summary refreshing those results here.**

* Done

**202: It would be nice if you could link these findings to existing literature.**

* Made reference to study in Guangdong

**211: Nice paragraph. It is important to more clearly state whether your results agree/disagree with your hypothesis.**

* Summary of hypothesis done in conclusion