

PEER REVIEW HISTORY

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This paper was submitted to a another journal from BMJ but declined for publication following peer review. The authors addressed the reviewers' comments and submitted the revised paper to BMJ Open. The paper was subsequently accepted for publication at BMJ Open.

ARTICLE DETAILS

TITLE (PROVISIONAL)	The Barriers and Facilitators of Family Doctor Contract Services in Caring for Disabled Older Adults in Beijing, China: A Mixed Methods Study
AUTHORS	Zhang, Zhiying; Zhang, Ruyi; Peng, Yingchun; Zhai, Shaoqi; Zhang, Jiaying; Jin, Qilin; Zhou, Jiaojiao; Li, Hanlin; Chen, Jingjing

VERSION 1 – REVIEW

REVIEWER	Kitreerawutiwong, Nithra Naresuan University, Phitsanulok, Thailand, Community health
REVIEW RETURNED	04-Feb-2023

GENERAL COMMENTS	<p>focus on one sector of healthcare provider not cover the perspective of all stakeholder.</p> <p>Abstract</p> <ol style="list-style-type: none">1. Design What are the data analysis used in quantitative and qualitative approach? What are the methods that used to integrate data from each approach?2. The randomly selected of the participants used of which method of selection such as simple random sampling or purposive sampling? <p>Result</p> <ol style="list-style-type: none">1. The first sentence of the result, what is this result come from which methodology?2. The results need to be rewrite to answer the research questions align with the research objective and present according to the data that delivered from the quantitative or qualitative approach. <p>Conclusion</p> <ol style="list-style-type: none">1. How does the author conclude this sentence? What are the results that show the relationship of barriers and roles? <p>Keywords</p> <ol style="list-style-type: none">1. Check the keywords with MeSH. <p>Value added</p> <ol style="list-style-type: none">1. The heading of "What is already known on this topic" need to be present on the variables that interest of this study such as the already known on family doctor contact services, responsibility of family doctors, and challenge and opportunities of FDs in providing of care to disabled older adult.
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	<p>2. The heading of “What does this study add” need to be present on identifying the new knowledge from this study rather than a broad concept that can be review from the literature.</p> <p>3. The heading of “How this study might affect research, practice or policy” need to be present on the specific area of research, practice, and policy based on the new knowledge from this study such inform policy maker to allocated resources on training of family doctor or.... etc.</p> <p>Introduction</p> <p>1. What are the roles of responsibility of family doctor in developed and developing country?</p> <p>2. What is the country policy on this group both the social care and health care?</p> <p>3. What is the magnitude of problems in utilizing FDCS?</p> <p>4. What are the problems of utilizing of family doctor contact services, the problems of responsibility of family doctors, and the challenge of FDs in providing of care to disabled older adult?</p> <p>5. Reconsider on the word "elderly" that reflect ageism. Rewrite the word such as the older adult or the senior citizen.</p> <p>6. What are the methods to screen the older adult functions that classified them in active, semi disable and disabled?</p> <p>7. What are the problems regarding current state of Family doctor contract services (FDCS) such the shortage of FDs, the skills or etc in Beijing? What are the implication of this research?</p> <p>Methods</p> <p>1. Describe the setting and the reason for conducted research in this setting.</p> <p>2. What is the method that integrate the data from quantitative to qualitative phase?</p> <p>3. The instrument used; data analysis technique needs to be move due to it is not relevant to this heading.</p> <p>4. What is the amount of population?</p> <p>5. What is the sample size calculation?</p> <p>6. What are the sampling methods used: nonprobability sampling or probability sampling?</p> <p>7. What are the qualifications of the research assistant and how many of them?</p> <p>8. Separate the data collection of quantitative and qualitative phase to make the reader understand the method of data collection. This heading indicates “2.2 Quantitative Phase Data Collection and Subjects” however the author present both of quantitative and qualitative.</p> <p>9. What are the inclusion criterions of the sample in the quantitative phase?</p> <p>10. Separate the data collection of quantitative and qualitative phase to make the reader understand the method of data collection.</p> <p>11. Who are the key informants in collecting data of qualitative phase?</p> <p>12. What are the sampling methods of the participant in the qualitative phase?</p> <p>13. What are the approaches used to contact the sample and participant in collecting data such as invited by the researcher or coordinate with the director and got the name list of sample/participant then communicate via email and make appointment for data collection. Describe the technique used.</p> <p>14. Number of participants in qualitative did not present.</p> <p>15. What is the process of development the questionnaire, how many parts, what is the format of scale?</p>
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	<p>16. The instrument used is the open-end questions and it needs to be aligned with the data analysis. How did the author analyze of the open-end questions?</p> <p>17. Heading: 2.2.2.3 FDs' evaluation of contracted services for the disabled elderly. Is this instrument present as the questionnaire or open-end questions or etc....?</p> <p>18. Identify the independent and dependent variable that used these statistics due to several of variables to make the reader understand this analysis.</p> <p>19. What is the multiple comparison used after the significant of KW test?</p> <p>20. What are the methods to confirm the validity and reliability of the instrument in quantitative phase?</p> <p>Qualitative phase</p> <p>21. How to approach the participants? How many participants approach and how many of them declined and come up with the participants who agree to participate?</p> <p>22. What is this bias called?</p> <p>23. Verbatim the transcript not the conversation during interview. During the interview, the interviewee or the research assistant note (Field note) for the main issue and after completing the interview verify the content by them. The notes were used to compare with the verbatim transcription. Due to a verbatim transcript captures every single spoken word in the recording and puts it into text.</p> <p>24. What is the trustworthiness used in this study?</p> <p>Result</p> <p>25. Table 2: Describe the method of ranking such as ranking by the proportion of person time by month hour.</p> <p>26. Table 4: Chi square? Is this statistics present in the data analysis?</p> <p>27. What is the result of KW test? Provide the statistics used under the table.</p> <p>Discussion</p> <p>28. Reorganize the discussion align with the objective. "Objective To evaluate the current state of Family doctor contract services (FDCS) in Beijing To identify current state of Family doctor contract services (FDCS) To investigate the challenges and opportunities faced by FDCS in providing care for them." 29. Discuss on the findings of this study, compare with literature, and draw the suggestion from this study to extent the knowledge.</p> <p>30. Rewrite this sentence in narrative not the question.</p> <p>31. Limitation of this study were collected data from one sector of healthcare provider does not cover the perspective of all stakeholders.</p>
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REVIEWER	Xiao, Yu The Clinical Hospital of Chengdu Brain Science Institute, MOE Key Lab for Neuroinformation, University of Electronic Science and Technology of China, Psychosomatic Medical Center
REVIEW RETURNED	11-Feb-2023

GENERAL COMMENTS	This is an interesting study, but there are still some problems to be further solved. 1.Abstract: Please avoid using too many abbreviations in the Abstract.
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	<p>2.Abstract: “..the responsibilities of (Family doctors) FDs who..” Abbreviations should be put in this bracket. Please check the full text to avoid the same mistake.</p> <p>3.Keywords: Please rearrange the key words in alphabetical order.</p> <p>4.Introduction: “Beijing, as a typical example, is characterized by advanced age and a high disability rate.” Beijing has a high level of economy and medical care. Why is there a high disability rate?</p> <p>5.Introduction: “Not only does the large number of disabled elderly imposes a heavy burden on society, but the disabled elderly’s needs for health and medical services also bring a great challenge to the primary care system.” Describing the elderly as a social burden may lead to discrimination.</p> <p>6.Quantitative findings: “Males occupied less than half (30.1%) of the participants.” Why is the proportion of male participants so low?</p> <p>7.Discussion: “It is worth mentioning that there is a significant difference in satisfaction among the four regions of FDCS.” What is the reason for the difference?</p> <p>8.Discussion: “The service provided by rural medical staff for the disabled elderly is better than that provided by urban medical staff, thus satisfying the medical needs of the disabled elderly. It means the living standard of the disabled elderly in urban areas is high, compared with the disabled elderly in rural areas, they may have more diverse medical service needs, so FDCS is difficult to meet their medical needs.” I don’t quite agree with the authors’ explanation of this phenomenon. In other words, although there is more demand for medical services in urban areas, FDs in these areas often have more medical resources.</p> <p>9.Discussion: “FDs in rural areas said that their CHC lacks basic inspection facilities, which brings a lot of inconveniences to conducting FD contract services” Punctuation is lacking at the end of the sentence. There are similar mistakes elsewhere in the whole text.</p> <p>10.Discussion: “How to improve the quality of FDCS for the disabled elderly?” Authors can introduce foreign advanced experience appropriately.</p> <p>11.FDs are vital to China’s primary health care system. The development dilemma of family medicine system in China is worthy of attention. The following document may provide some useful information: https://pubmed.ncbi.nlm.nih.gov/34096586/</p> <p>12.The language of the full text can be fully polished.</p>
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VERSION 1 – AUTHOR RESPONSE

Revise opinion	Explanation	The modified content
<p>Reviewer 1</p> <p>Dear Dr. Nithra Kitreerawutiwong</p> <p>We sincerely thank you for your valuable feedback that we have used to improve the quality of our manuscript. As you are concerned, there are several problems in five sections, including abstract, introduction, methodology, results and discussion. We have made extensive modifications to our manuscript and the detailed corrections are listed below.</p>		
<p>Abstract:</p> <p>1. Design</p>	<p>Thank you for your comprehensive questions. Based on your questions, we</p>	<p>Design A convergent mixed methods study was carried out from October 2020 to January 2021 to collect and</p>

<p>What are the data analysis used in quantitative and qualitative approach? What are the methods that used to integrate data from each approach?</p>	<p>would like to make the following explanation.</p> <p>(1) Due to the word limit in the abstract section, we are very sorry for that we failed to write clearly about the methods used in the qualitative and quantitative phases.</p> <p>(2) The data analysis used in quantitative phase are frequency and rank, Wilcoxon rank sum test, and Kruskal-Wallis test, etc; The data analysis applied in qualitative phase is thematic framework method. These content are wrote detailed in the method section of our manuscript.</p> <p>(3) Thank your for your nice questions, after an extensive review of relevant literature and repeated discussion by our research team, we have defined the integration strategies in this study. It is connecting the results of the quantitative phase to data collection of the qualitative phase.</p>	<p>analyse both quantitative and qualitative data. The integration strategies in this study was connecting the results of the quantitative phase to data collection of the qualitative phase.</p> <p>Data analysis: Frequency and rank were applied to display the quantitative data of family doctors including demographic characteristics, gender, age, regions, education and positional title, rank sum test was used to analyze the content of the performance evaluation of FDCS based on family doctors, in which Wilcoxon rank sum test pointed to for two groups and Kruskal-Wallis test (K-W test) for multiple groups. After K-W test, we used Nemenyi method to compare pairwise group.</p> <p>Content Analysis: A thematic framework method was employed in the qualitative study. The data are classified and analyzed by identifying themes, labeling data, and extracting core information . With the help of the grounded theory , the data was divided into discrete parts that represented of raw data and open-coded in order to dig out as many themes as possible . The dominant themes were extracted from the comment that appeared repeatedly. Data reduction was performed manually.</p> <p>In this study, the quantitative phase and qualitative phase are conducted in parallel and then integrated. The integration strategies in this study was connecting the results of the quantitative phase to data collection of the qualitative phase. By using quantitative method to understand the current status of FDCS in caring for disabled older adults and the main factors which affect family doctors to provide contracted</p>
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		<p>services for disabled older adults. Then based on the results of the quantitative phase, this study further explored the roles of family doctors and barriers and facilitators of FDCS in caring for disabled older adults. In this study, using both quantitative and qualitative results will provide a better understanding of the roles and challenges faced by family doctors in the process of providing contracted services for disabled older adults and the factors associated with better quality of FDCS for disabled older adults.</p>
<p>Abstract:</p> <p>2. The randomly selected of the participants used of which method of selection such as simple random sampling or purposive sampling?</p>	<p>Thank you for your deep-thinking questions. Based on your questions, we would like to make the following explanation:</p> <p>(1) A cluster sampling of 283 family doctors was used in the questionnaire. (2) A purposive sample of 30 family doctors from the same CHCs was selected during the same period.</p>	
<p>Abstract:</p> <p>Result:</p> <p>1.The first sentence of the result, what is this result come from which methodology?</p>	<p>Thank you for your valuable questions. Based on your questions, we have rewrote the results section to answer the research questions align with the research objective and present according to the data that delivered from the quantitative or qualitative approach.(Page 2, Line 33)</p>	<p>Results Currently, family doctors provided various services to satisfy the health needs of disabled older adults, while the utilization of FDCS for disabled older adults are affected by many factors. The differences of the importance of family doctors' role($P < 0.001$) and service satisfaction ($P = 0.004$) were significant among four districts. Compared with contracted health senior citizen, this study has identified five unique roles of family doctors, including "psychological consultant", "rehabilitation physiotherapist", "health educator", "health manager", and "family health guardian". Moreover, family doctors are confronted with a myriad of barriers (including high risks in the process of home visits, a lack of supervisory and incentive mechanisms, insufficiency of time and energy, etc) and facilitators (including establishing a doctor-</p>

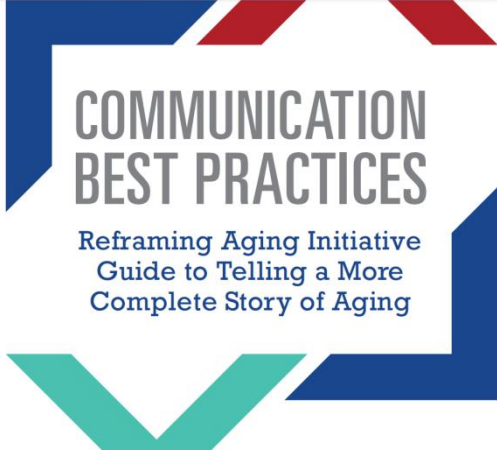
		patient trust relationship, developing humanistic care services, etc) in the FDCS for disabled older adults.
<p>Abstract:</p> <p>Result:</p> <p>2. The results need to be rewrite to answer the research questions align with the</p> <p>research objective and present according to the data that delivered from the</p> <p>quantitative or qualitative approach.</p>	<p>Thank you for your thoughtful questions. Based on your questions, we have rewrote the results section to answer the research questions align with the research objective and present according to the data that delivered from the quantitative or qualitative approach.(Page 2, Line 33)</p>	<p>Results Currently, family doctors provided various services to satisfy the health needs of disabled older adults, while the utilization of FDCS for disabled older adults are affected by many factors. The differences of the importance of family doctors' role($P<0.001$) and service satisfaction ($P=0.004$) were significant among four districts. Compared with contracted health senior citizen, this study has identified five unique roles of family doctors,including "psychological consultant", "rehabilitation physiotherapist", "health educator", "health manager", and "family health guardian". Moreover, family doctors are confronted with a myriad of barriers (including high risks in the process of home visits, a lack of supervisory and incentive mechanisms, insufficiency of time and energy, etc) and facilitators (including establishing a doctor-patient trust relationship, developing humanistic care services, etc) in the FDCS for disabled older adults.</p>
<p>Abstract:</p> <p>Conclusion:</p> <p>1:How does the author conclude this sentence? What are the results that show the relationship of barriers and roles?</p>	<p>Thank you for your in-depth thinking, we have carefully checked content in the conclusion section and found some sentences in the conclusion section may be not suitable here. It has following reasons:</p> <p>(1) "The results that show the relationship of barriers and roles" this comment is not mentioned in the previous results, so it's difficult in smoothly understanding the meaning of authors.</p> <p>(2) "The results that show the relationship of barriers and roles", which doesn't like a summary of the full text but like a results. Therefore, we have reorganized the words and sentence, and revised the conclusion sections of our manuscript.(Page 2, Line 43)</p>	<p>Conclusions Family doctors play a pivotal role in the FDCS for disabled older adults, while the effect and quality of FDCS in China needs to be improved. It is suggested that further research needs to focus on solving existing barriers of FDCS to optimize the health of disabled older adults and improve the quality of their lives.</p>

<p>Abstract:</p> <p>Keywords:</p> <p>Check the keywords with MeSH</p>	<p>Thank you for your valuable suggestions. We have carefully checked the keywords with MeSH, and rearranged the keywords in alphabetical order. (Page 2, Line 47)</p>	<p>Keywords: barriers, contract services, disabled older adults, facilitators, family doctors, roles</p>
<p>Value added:</p> <p>1. The heading of “What is already known on this topic” need to be present on the</p> <p>variables that interest of this study such as the already known on family doctor</p> <p>contact services, responsibility of family doctors, and challenge and opportunities of</p> <p>FDs in providing of care to disabled older adult.</p>	<p>We are very sorry to display “ What is already known on this subject, What this study adds, and How this study might affect research, practice or policy” these content in this section.</p> <p>After we read Author Guidelines and compared with other literature which published on BMJ Open, we found this section after the abstract section should write the Strengths and limitations. Therefore, we have revised our manuscript to align with the requirements of the editors.</p>	<p>Strengths and Limitations</p> <p>1.This study is the first time to identify the roles of family doctors in FDCS for disabled older adults in Beijing.</p> <p>2.This study has discovered the interests and demands of family doctors as well as potential obstacles and enablers in the implementation of FDCS for disabled older adults.</p> <p>3.This study has examined many aspects of the current FDCS for disabled older adults in Beijing, and enriched the international discussion of similar topics.</p> <p>4.This study were collected data from one sector of healthcare provider does not cover the perspective of all stakeholders in FDCS.</p> <p>5.The representativeness of this study was limited since only a sample of family doctors in 4 districts chosen from 16 in Beijing.</p>
<p>Value added:</p> <p>2. The heading of “What does this study add” need to be present on identifying the</p> <p>new knowledge from this study rather than a broad concept that can be review from the literature.</p>	<p>We are very sorry to display “ What is already known on this subject, What this study adds, and How this study might affect research, practice or policy” these content in this section.</p> <p>After we read Author Guidelines and compared with other literature which published on BMJ Open, we found this section after the abstract section should write the Strengths and limitations. Therefore, we have revised our manuscript to align with the requirements of the editors.</p>	<p>Strengths and Limitations</p> <p>1.This study is the first time to identify the roles of family doctors in FDCS for disabled older adults in Beijing.</p> <p>2.This study has discovered the interests and demands of family doctors as well as potential obstacles and enablers in the implementation of FDCS for disabled older adults.</p> <p>3.This study has examined many aspects of the current FDCS for disabled older adults in Beijing, and enriched the international discussion of similar topics.</p>

		<p>4.This study were collected data from one sector of healthcare provider does not cover the perspective of all stakeholders in FDCS.</p> <p>5.The representativeness of this study was limited since only a sample of family doctors in 4 districts chosen from 16 in Beijing.</p>
<p>Value added:</p> <p>3.The heading of “How this study might affect research, practice or policy” need to be present on the specific area of research, practice, and policy based on the new knowledge from this study such inform policy maker to allocated resources on training of family doctor or.... etc</p>	<p>We are very sorry to display “ What is already known on this subject, What this study adds, and How this study might affect research, practice or policy” these content in this section.</p> <p>After we read Author Guidelines and compared with other literature which published on BMJ Open, we found this section after the abstract section should write the Strengths and limitations. Therefore, we have revised our manuscript to align with the requirements of the editors.</p>	<p>Strengths and Limitations</p> <p>1.This study is the first time to identify the roles of family doctors in FDCS for disabled older adults in Beijing.</p> <p>2.This study has discovered the interests and demands of family doctors as well as potential obstacles and enablers in the implementation of FDCS for disabled older adults.</p> <p>3.This study has examined many aspects of the current FDCS for disabled older adults in Beijing, and enriched the international discussion of similar topics.</p> <p>4.This study were collected data from one sector of healthcare provider does not cover the perspective of all stakeholders in FDCS.</p> <p>5.The representativeness of this study was limited since only a sample of family doctors in 4 districts chosen from 16 in Beijing.</p>
<p>Introduction :</p> <p>1.What are the roles of responsibility of family doctor in developed and developing country?</p>	<p>Thank you for your comprehensive comments. According to your nice suggestions, we have improved our manuscript in following steps.</p> <p>(1) Used “roles”, “responsibility ”, “family doctors”, “family physician”, “general practitioner”, “GP” etc. as key words to search related studies on PubMed, Web of Science.</p> <p>(2) Read relevant literature to understand the roles of family doctors in developed and developing country.</p> <p>(3) Found that Like other developed countries, such as US, UK and Germany, family doctors in China play a more and more vital role in the primary care system.</p>	<p>As a core component of the primary healthcare system, FDCS is the most available health care services to cater to older adults’ long-term care needs in China. Like other developed countries, such as US, UK and Germany, family doctors play a more and more vital role in the primary care system . As the gatekeeper of residents’ health, family doctors play six roles in the primary care system, including triage and treatment, resource allocation, surveillance and monitoring, preventive care, integrated care, and continuity of</p>

	<p>As the gatekeeper of residents' health, family doctors play six roles in the primary care system, including triage and treatment, resource allocation, surveillance and monitoring, preventive care, integrated care, and continuity of care.</p> <p>(4) According to our findings, we have revised our introduction section. (Page 4, Line 107)</p>	<p>care. By utilizing FDCCS, family doctors in CHCs establish a long-lasting, ongoing, and stable contractual relationship with disabled older adults. And it is natural to provide medical care, and essential public health management services for them, including establishing health records, physical examinations, chronic disease follow-ups, etc.....</p>
<p>Introduction :</p> <p>2.What is the country policy on this group both the social care and health care?</p>	<p>Thank you for your nice suggestions, we have modified our manuscript in following steps.</p> <p>(1) Searched laws and policies related to disabled older adults from the Chinese People's Government and other relevant official websites.</p> <p>(2) Focused on the country policies on disabled older adults both the social care and health care.</p> <p>(3) Combined relevant policies to in line with our themes, and supplemented them into our manuscript.(Page 3, Line 86)</p>	<p>To address the challenges of rapid growth and massive demand of the older adults with disability, China has released a series of policies. The Law of the People's Republic of China on the Protection of the Rights and Interests of Elderly(2012), which clearly stated that local government at all levels should give care subsidies to older adults who are unable to take care of themselves for a long time or have difficulties in finance based on their disability level. In 2016, the State Council Medical Reform Office and other seven ministries launched the Guiding Opinions on Promoting Family Doctor Contract Services(FDCCS), it marked the formal implementation of FDCCS in China and had a positive significance for enhancing the health level of community residents and achieving the goal of hierarchical diagnosis treatment. The National Health Commission in 2019 gave further guidance on FDCCS, which required family doctors to provide door-to-door medical and health services for disabled older adults, terminally ill patients and other people who are in urgent need, and extend the contracted services from institutions to communities and families. In 2022, the State Council issued a guideline to promote the development of national undertakings for the aged and improve the elderly care service system during the 14th Five-Year Plan period (2021-2025), which encouraged medical and</p>

		<p>health institutions providing FDCS such as family care beds or home visits to solve the basic care needs of disabled older adults. With relevant policies on disabled older adults released in recent years, the living conditions and lives quality of disabled older adults have improved. However, currently, China has not yet established a long-term care system for disabled older adults due to lots of factors, such as lack of qualified professionals, limited service types, and unrealized integrated care, etc.....</p>
<p>Introduction:</p> <p>3.What is the magnitude of problems in utilizing FDCS?</p>	<p>Thank you for your comprehensive suggestions. According to your nice suggestions, we have revised our manuscript in following steps.</p> <p>(1) Read relevant literature to understand the magnitude of problems in utilizing FDCS among different countries.</p> <p>(2) Sorted out and analyzed the main problems in the family doctor contract service and found that the urgency of addressing the issues of family doctor contract service.</p> <p>(3) Supplemented the issues into our introduction section.(Page 4, Line 119)</p>	<p>Although the number of contracted residents is increasing every year, the overall performance of utilizing FDCS at CHCs is in a bad condition. Previous studies have shown that FDCS is plagued with severe problems, such as lack of community health resources, the shortage of family doctors, the low awareness of contracted residents to FDCS, and the absence of supporting policies, which results in the actual utilization of FDCS has not increased.....</p>
<p>Introduction :</p> <p>4.What are the problems of utilizing of family doctor contact services, the problems of responsibility of family doctors, and the challenge of FDs in providing of care to disabled older adult?</p>	<p>Thank you for your comprehensive suggestions. According to your nice suggestions, we have revised our manuscript in following steps.</p> <p>(1) Read relevant literature to understand the problems of utilizing of family doctor services, the problems of roles of family doctors, and the challenge of family doctors in providing of care to disabled older adults.</p> <p>(2)Sorted out and analyzed the main problems in the family doctor contract service and found that the urgency of addressing the issues of family doctor contract service.</p> <p>(3)Through describing the issues of above problems in our manuscript to manifest the urgency of dealing with the issues of family doctor contract service.(Page 4, Line 120)</p>	<p>Although the number of contracted residents is increasing every year, the overall performance of utilizing FDCS at CHCs is in a bad condition. Previous studies have shown that FDCS is plagued with severe problems, such as lack of community health resources, the shortage of family doctors, the low awareness of contracted residents to FDCS, and the absence of supporting policies, which results in the actual utilization of FDCS has not increased.....</p> <p>Meanwhile, the current effect of utilizing FDCS for disabled older adults is not obvious in Beijing due to limited medical resources, less service types of FDCS, and low contract spirit between doctors and patients..... However, no previous</p>

		<p>study has explored the roles of family doctors in the process of providing FDCS for disabled older adults, and there is less research to figure out what barriers and facilitators of FDCS will have in the process of caring for disabled older adults based on the viewpoints of healthcare providers.....</p>
<p>Introduction :</p> <p>5. Reconsider on the word "elderly" that reflect ageism. Rewrite the word such as the older adult or the senior citizen.</p>	<p>Thank for your in-depth thinking, we have carefully thought your comments and revised our manuscript in following steps.</p> <p>(1) According to Reframing Aging Initiative(a guide to avoid ageism), we have reconsidered the word like "elderly", and replaced it as older adult and the senior citizen in the whole article.</p>  <p>(2) Tried to use more neutral and inclusive terms in other manuscript.</p> <p>(3) Avoid using general terms such as "people over 65" when more specific information is available.</p> <p>(4) Avoid using the word ageism without explanation.</p>	<p>The Barriers and Facilitators of Family Doctor Contract Services in Caring for Disabled Older Adults in Beijing, China: A Mixed Methods Study</p> <p>To evaluate the current state of family doctor contract services(FDCS) in Beijing, identify the roles of family doctors who have worked with disabled older adults and investigate the challenges and opportunities faced by family doctors in providing care for them.</p> <p>Beijing, as a typical example, is characterized by advanced age and a high disability rate. In 2021, there are about 205,000 disabled older adults in Beijing, the disability rate of the senior citizen is 4.78% and the older adults with moderate or severe disability account for 70% of the whole disabled older adults.....</p> <p>To solve the dilemma of FDCS and let family doctors provide more high quality services for disabled older adults, this study is the first to identify the roles of family doctors contracted with disabled older adults in Beijing and investigated the barriers and facilitators of utilizing FDCS from the perspectives of family doctors.....</p>
<p>Introduction :</p> <p>6. What are the methods to screen the older adult functions that classified them in</p>	<p>Thank you for your valuable questions, we have carefully thought your question and answered in this way.</p> <p>Disabled older adults in Beijing are evaluated uniformly by the Beijing Municipal Bureau of Civil Affairs.The assessment of the disabled older adults firstly is applied by the senior citizen or their family members,</p>	<p>/</p>

<p>active, semi disable and disabled?</p>	<p>then assessed by professionals from health institutions according to the “Implementation Measures for Comprehensive Assessment of the Ability of the Elderly in Beijing”. The assessment focuses on older adults who are unable to take care of themselves due to injury, illness, disability, infirmity, etc., as well as those people who have a clear medical diagnosis and they are still unable to take care of themselves after more than six months of treatment. Finally, according to the results of the assessment, older adults are classified into active, semi disable and disabled.</p>	
<p>Introduction</p> <p>7. What are the problems regarding current state of Family doctor contract services (FDCS) such the shortage of FDs, the skills or etc in Beijing? What are the implication of this research?</p>	<p>Thank you for your comprehensive questions. Based on your questions, we have we have revised our manuscript in following steps.</p> <p>(1) Reviewed relevant literature to know the problems regarding current state of family doctors contract services. (2) Combined with the implementation of family doctor contract services in other countries or regions, and found the shortage of family doctor contract services in Beijing. (3) Discussed with all the members of our research team to define the implication of this study. (4) According to your questions, supplemented the current state of family doctor contract services, especially the problems in Beijing to introduction section.(Page 5, Line 123) (5) Added the implication of this research in our manuscript.(Page 5, Line 129)</p>	<p>Meanwhile, the current effect of utilizing FDCS for disabled older adults is not obvious in Beijing due to limited medical resources, less service types of FDCS, and low contract spirit between doctors and patients.</p> <p>Family doctors, as ideal medical service providers, are expected to take a pivotal role in the provision of medical care services for the disabled older adults and meet the disabled older adults’ diversified needs. However, no previous study has explored the roles of family doctors in the process of providing FDCS for disabled older adults, and there is less research to figure out what barriers and facilitators of FDCS will have in the process of caring for disabled older adults based on the viewpoints of healthcare providers. To solve the dilemma of FDCS and let family doctors provide more high quality services for disabled older adults, this study is the first to identify the roles of family doctors contracted with disabled older adults in Beijing and investigated the barriers and facilitators of utilizing FDCS from the perspectives of family doctors.</p>
<p>Methods</p> <p>1. Describe the setting and the</p>	<p>Thank you for your valuable comments, we have carefully thought your suggestions</p>	<p>4 districts of Beijing (2 from urban areas, namely Xicheng District, Fengtai District; 2 from rural areas, namely Daxing District, and Huairou</p>

<p>reason for conducted research in this setting</p>	<p>and improved our manuscript in following steps.</p> <p>(1) The four districts of Beijing we selected based on the level of economic development and the linear distance from Tiananmen Square.</p> <p>(2) Described the special characteristics of each district and the reason for conducted research in these setting.</p>	<p>District) were selected based on the level of economic development and the linear distance from Tiananmen Square. The prominent feature of Xicheng District is the functional core area of Beijing. As one of six urban districts of Beijing, Xicheng District is the core bearing area of political center and cultural center, the protection of famous historical and cultural city, and also is “an important window” to reflect the national image and international communication. Fengtai District is the central city area of Beijing. It is positioned as “an important guarantee area for supply high quality life services in the capital” from the Beijing City Master Plan. Daxing District is located in the southeast of Beijing, which is an important base of agricultural and sideline food production. Huairou District is one of rural areas of Beijing, located in the northeast of cities. It has many mountains, which formed the natural barrier of Beijing. Huairou District also is called the Green Great Wall of Beijing.</p>
<p>Methods</p> <p>2. What is the method that integrate the data from quantitative to qualitative phase?</p>	<p>Thank your for your nice questions, after an extensive review of relevant literature and repeated discussion by our research team, we have defined the integration strategies in this study. It is connecting the results of the quantitative phase to data collection of the qualitative phase.</p>	<p>Convergent mixed methods were used in data collection and the analytical process.</p> <p>In this study, the quantitative phase and qualitative phase are conducted in parallel and then integrated. The integration strategies in this study was connecting the results of the quantitative phase to data collection of the qualitative phase. By using quantitative method to understand the current status of FDCS in caring for disabled older adults and the main factors which affect family doctors to provide contracted services for disabled older adults. Then based on the results of the quantitative phase, this study further explored the roles of family doctors and barriers and facilitators of FDCS in caring for disabled older adults. In this study, using both quantitative and qualitative results will provide a</p>

		better understanding of the roles and challenges faced by family doctors in the process of providing contracted services for disabled older adults and the factors associated with better quality of FDCS for disabled older adults.
<p>Methods</p> <p>3.The instrument used; data analysis technique needs to be move due to it is not relevant to this heading.</p>	<p>Thank you for your valuable comments. We have carefully thought your suggestions and improved our manuscript in following steps.</p> <p>(1)Discussed with all the members of our research team to refine the research method and re-identify the instrument and data analysis technique used in this study.</p> <p>(2)Standardized the language expression of the method section to avoid causing ambiguity.</p> <p>(3)Deleted some instrument and data analysis techniques and let the content related to the heading.</p>	/
<p>Methods</p> <p>4.What is the amount of population?</p>	<p>Thank you for your thoughtful question. We have carefully thought your question and answered in this way.</p> <p>(1) There were a total of 283 family doctors participating in this study by using cluster sampling method.</p>	<p>Methods A cluster sampling of 283 family doctors was used in the questionnaire. A purposive sample of 30 family doctors from the same CHCs was selected during the same period.</p> <p>In the third stage, due to 3~5 family doctor teams in each CHC, and the family doctor team was composed of three medical-nursing-prevention personnel, so all the family doctor teams were selected by using cluster sampling method. There were a total of 283 family doctors participating in this study. At the same period, 2~3 family doctors were selected from 15 CHCs by purposive sampling method and joined in-depth interview.</p>
<p>Methods</p> <p>5. What is the sample size calculation?</p>	<p>Thank you for your valuable question. We have carefully thought your question and answered in this way.</p> <p>Stratified random sampling method and cluster random sampling method were used in different stages of our research.</p>	<p>First, through stratified random sampling method, we selected four districts of Beijing based on the level of economic development and the straight-line distance of Tiananmen. Then, 3~4 CHCs were selected in each district based on the status of utilizing family doctor contract</p>

	<p>First, through stratified random sampling method, we selected four districts of Beijing based on the level of economic development and the straight-line distance of Tiananmen. Then, 3~4 CHCs were selected in each district based on the status of utilizing family doctor contract services, a total of 15 CHCs participated in our research. In the third stage, due to 3~5 family doctor teams in each CHC, and the family doctor team was composed of three medical-nursing-prevention personnel, so all the family doctor teams were selected by using cluster sampling method. There were a total of 283 family doctors participating in this study. At the same period, 2~3 family doctors were selected from 15 CHCs by purposive sampling method and joined in-depth interview. Lastly, the research team(one graduate tutor and three graduate students) went to each sampling CHC to conduct this study</p>	<p>services, a total of 15 CHCs participated in our research. In the third stage, due to 3~5 family doctor teams in each CHC, and the family doctor team was composed of three medical-nursing-prevention personnel, so all the family doctor teams were selected by using cluster sampling method. There were a total of 283 family doctors participating in this study. At the same period, 2~3 family doctors were selected from 15 CHCs by purposive sampling method and joined in-depth interview. Lastly, the research team(one graduate tutor and three graduate students) went to each sampling CHC to conduct this study</p>
<p>Methods</p> <p>6. What are the sampling methods used: nonprobability sampling or probability sampling?</p>	<p>Thank you for your valuable question. We have carefully thought your question and answered in this way.</p> <p>(1)There were a total of 283 family doctors participating in this study by using cluster sampling method.</p> <p>(2) 2~3 family doctors were selected from 15 CHCs by purposive sampling method and joined in-depth interview</p>	<p>A cluster sampling of 283 family doctors was used in the questionnaire. A purposive sample of 30 family doctors from the same CHCs was selected during the same period.</p>
<p>Methods</p> <p>7. What are the qualifications of the research assistant and how many of them?</p>	<p>Thank you for your valuable question. In our research, the education background of the research assistant is bachelor degree and above. There are 7 undergraduates and 3 graduate students in our research team.</p> <p>In general, one graduate tutor and three graduate students have formed a field research team.</p>	<p>Lastly, the research team(one graduate tutor and three graduate students) went to each sampling CHC to conduct this study.</p>
<p>Methods</p> <p>8. Separate the data collection of quantitative and qualitative phase to make the</p>	<p>Thank you for your nice suggestions. We have carefully thought your comment and improved our manuscripts.</p> <p>(1)Discussed with all the members of our research team to refine the research</p>	<p>2.2 Quantitative Phase</p> <p>Under the national and Beijing's relevant policies of FDCCS for disabled older adults, the research team has considered the humanistic environment, regional characteristics and the actual situation of the</p>

<p>reader understand the method of data collection. This heading indicates “2.2</p> <p>Quantitative Phase Data Collection and Subjects” however the author present both</p> <p>of quantitative and qualitative.</p>	<p>method and re-identify the instrument and data analysis technique used in this study.</p> <p>(2) Reviewed some valuable literature of yours and cited them into our manuscript, and standardized the language expression of the method section to avoid causing ambiguity.</p> <p>(3) Separated the data collection of quantitative and qualitative phase to make the reader understand the method of data collection. (Page 7, Line 136& Page 8, Line 232)</p>	<p>contracted services in Beijing and compiled a self-designed questionnaire after an extensive review of relevant literature and repeated discussion by panel experts. The questionnaire was revised based on feedback from a pretest performed in one CHC. Moreover, the questionnaire design and the whole process of questionnaire exploring were applied the Guideline Implementation Planning Checklist developed by Gagliardi et al.</p> <p>2.3 Qualitative phase</p> <p>2.3.1 Sampling and Interviews</p> <p>The sampling strategies applied in this stage were purposive sampling. At the start of this research, purposive sampling was used to selected family doctors who met the following inclusion criteria: 1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults at least 5 years. The exclusion criteria was that family doctors were unwilling to participate or not able to cooperate with the research. The research team initially connected with 15 managers of CHCs by telephone, email, WeChat to confirm the time, place and the number of family doctors who may accepted interview. Then, the manager of CHC provides a list containing contact information of family doctors who meet the eligibility criteria and their contact information. The research team members contact the intended interviewees and provide a detailed introduction to the research purpose. Finally, 30 family doctors have informed consent and voluntarily participate in the interview. The ethics approval was given by the Medical Ethics Committee of Capital Medical University.</p>
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<p>Methods</p> <p>9. What are the inclusion criterions of the sample in the quantitative phase?</p>	<p>Thank you for your valuable question. We have carefully thought your question and answered in this way.</p> <p>The inclusion criteria of the questionnaires were as follows:1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults more the 6 months.</p> <p>We have supplemented above inclusion criteria in the qualitative phase. (Page 8,Line 217& Page 8, Line 234)</p>	<p>2.2.2 Data collection</p> <p>The inclusion criteria of the questionnaires were as follows:1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults more the 6 months. A random sample of 283 family doctors participated in the questionnaire survey in the 15 selected CHCs, among which 90% are the center's registered doctors. The returned questionnaires with invalid data were to the exclusion of data analysis, and hence final samples of 276 were gathered..</p>
<p>Methods</p> <p>10. Separate the data collection of quantitative and qualitative phase to make the reader understand the method of data collection.</p>	<p>Thank you for your nice suggestions. We have carefully thought your comment and improved our manuscripts.</p> <p>(1)Discussed with all the members of our research team to refine the research method and re-identify the instrument and data analysis technique used in this study.</p> <p>(2) Reviewed some valuable literature of yours and cited them into our manuscript, standardized the language expression of the method section to avoid causing ambiguity.</p> <p>(3)Separated the data collection of quantitative and qualitative phase to make the reader understand the method of data collection.</p>	<p>2.2 Quantitative Phase</p> <p>Under the national and Beijing's relevant policies of FDCS for disabled older adults, the research team has considered the humanistic environment, regional characteristics and the actual situation of the contracted services in Beijing and compiled a self-designed questionnaire after an extensive review of relevant literature and repeated discussion by panel experts. The questionnaire was revised based on feedback from a pretest performed in one CHC. Moreover, the questionnaire design and the whole process of questionnaire exploring were applied the Guideline Implementation Planning Checklist developed by Gagliardi et al.</p> <p>2.3 Qualitative phase</p> <p>2.3.1 Sampling and Interviews</p> <p>The sampling strategies applied in this stage were purposive sampling. At the start of this research, purposive sampling was used to selected family doctors who met the following inclusion criteria:1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults</p>

		<p>at least 5 years. The exclusion criteria was that family doctors were unwilling to participate or not able to cooperate with the research. The research team initially connected with 15 managers of CHCs by telephone, email, WeChat to confirm the time, place and the number of family doctors who may accepted interview. Then, the manager of CHC provides a list containing contact information of family doctors who meet the eligibility criteria and their contact information. The research team members contact the intended interviewees and provide a detailed introduction to the research purpose. Finally, 30 family doctors have informed consent and voluntarily participate in the interview. The ethics approval was given by the Medical Ethics Committee of Capital Medical University.</p>
<p>Methods</p> <p>11. Who are the key informants in collecting data of qualitative phase?</p>	<p>Thank you for your thoughtful question. We have carefully thought your question and answered in this way.</p> <p>By using purposive sampling, family doctors who have excellent experience to family doctor contract service for disabled older adults are the key informants in collecting data of qualitative phase.</p>	<p>The sampling strategies applied in this stage were purposive sampling. At the start of this research, purposive sampling was used to selected family doctors who met the following inclusion criteria:1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults at least 5 years.</p>
<p>Methods</p> <p>12. What are the sampling methods of the participant in the qualitative phase?</p>	<p>Thank you for your thoughtful question. We have carefully thought your question and answered in this way.</p> <p>The sampling strategies applied in this qualitative stage were purposive sampling. At the start of this research, purposive sampling was used to selected family doctors who met the following inclusion criteria:1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults at least 5 years. The exclusion criteria was that family doctors were unwilling to</p>	<p>The sampling strategies applied in this qualitative stage were purposive sampling. At the start of this research, purposive sampling was used to selected family doctors who met the following inclusion criteria:1) family doctors, 2) contracted with disabled older adults, 3) engaged in the related work for disabled older adults at least 5 years. The exclusion criteria was that family doctors were unwilling to participate or not able to cooperate with the research.</p>

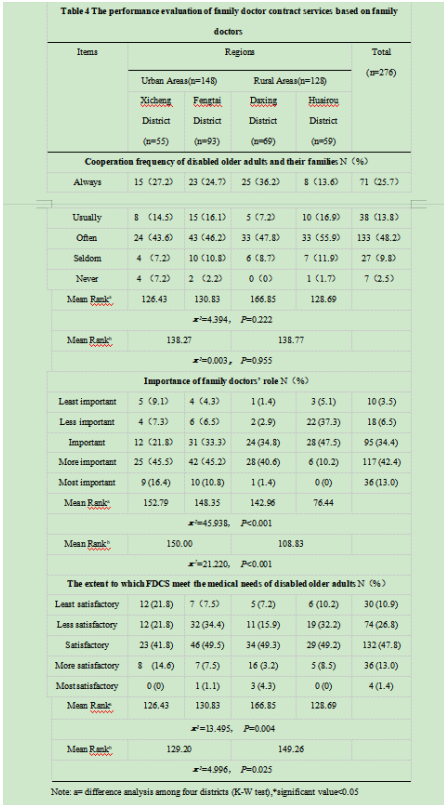
	participate or not able to cooperate with the research.	
<p>Methods</p> <p>13. What are the approaches used to contact the sample and participant in collecting data such as invited by the researcher or coordinate with the director and got the name list of sample/participant then communicate via email and make appointment for data collection. Describe the technique used.</p>	<p>Thank you for your valuable question. We have carefully thought your question and answered in this way.</p> <p>The research team initially connected with 15 managers of CHCs by telephone, email, WeChat to confirm the time, place and the number of family doctors who may accepted interview. Then, the manager of CHC recommended two family doctors who had a high degree of understanding FDGS for disabled older adults participate in our interview. After an expression of interest, there are 30 family doctors participated in our study and received study descriptions and consent forms. Family doctors are required to read the informed consent form and obtain consent, and took part in our interview.</p>	<p>The research team initially connected with 15 managers of CHCs by telephone, email, WeChat to confirm the time, place and the number of family doctors who may accepted interview. Then, the manager of CHC recommended two family doctors who had a high degree of understanding FDGS for disabled older adults participate in our interview. After an expression of interest, there are 30 family doctors participated in our study and received study descriptions and consent forms. Family doctors are required to read the informed consent form and obtain consent, and took part in our interview.</p>
<p>Methods</p> <p>14. Number of participants in qualitative did not present.</p>	<p>Thank you for your valuable comments. We have carefully thought your suggestions and improve our manuscripts in following steps.</p> <p>(1) There are a total of 30 family doctors participated in our study. (2) We have supplemented this information in the abstract section, method section and results section.</p>	<p>Methods A cluster sampling of 283 family doctors was used in the questionnaire. A purposive sample of 30 family doctors from the same CHCs was selected during the same period.....</p> <p>Finally, 30 family doctors have informed consent and voluntarily participate in the interview.....</p>
<p>Methods</p> <p>15. What is the process of development the questionnaire, how many parts, what is the format of scale?</p>	<p>Thank you for your nice question. We have carefully thought your question and answered in this way.</p> <p>(1) The process of development the questionnaire: under the national and Beijing's relevant policies of FDGS for disabled older adults, the research team has considered the humanistic environment, regional characteristics and the actual situation of the contracted services in Beijing and compiled a self-designed questionnaire after an extensive review of relevant literature and repeated discussion by panel experts. The questionnaire was revised</p>	<p>To explore the status of FDGS for disabled older adults in Beijing, the questionnaire consisted of four sections. The first part was a total of four questions regarding demographic characteristics of family doctors, including gender, age, education level and position title. The second part was the utilization of family doctor contract services for disabled older adults. It consisted of four multiple choice questions : 1) the type of contract services that family doctors provided for disabled older</p>

	<p>based on feedback from a pretest performed in one CHC. Moreover, the questionnaire design and the whole process of questionnaire exploring were applied the Guideline Implementation Planning Checklist developed by Gagliardi et al.</p> <p>(2) The questionnaire consisted of four sections, each section includes 3~5 questions. There are a total of 15 questions in this study.</p>	<p>adults; 2) the top three services that disabled older adults needed most from the perspective of family doctors; 3) the most concerning factors of disabled older adults while family doctors providing medical services; 4) the main factors that affect family doctors to provide contracted services for disabled older adults. Respondents needed to list the top three answers in question 2 and question 4. The third part was the workload for home visits by family doctors, to describe the workload of home visits by family doctors, three aspects were taken into consideration: 1) the frequency per year of home visits provided by each family doctor for disabled older adults; 2) the treatment time in hours quantified the time of treatment for each home visit. 3) the workload for home visits by family doctors was calculated by multiplication of the treatment time with the frequency per year. The final part was the performance evaluation of family doctor contract services based on family doctors, which included three multiple choice questions: 1) the cooperation frequency of disabled older adults and their families when family doctors operate home visits service; 2) the importance of family doctors' role in the FDCS for disabled older adults; 3) the extent to which FDCS meet the medical needs of disabled older adults.</p>
<p>Methods</p> <p>16. The instrument used is the open-end questions and it needs to be aligned with the data analysis. How did the author analyze of the open-end questions?</p>	<p>Thank you for your nice question. We have carefully thought your question and answered in this way.</p> <p>We are so sorry for that maybe some sentences in our manuscript have confused you. The instruments used in our questionnaire are not open-end questions. Therefore, we used the statistical approach mentioned in the method section to analyze the quantitative data.</p>	

<p>Methods</p> <p>17. Heading: 2.2.2.3 FDs' evaluation of contracted services for the disabled elderly. Is this instrument present as the questionnaire or open-end questions or etc....?</p>	<p>Thank you for your nice question. We have carefully thought your question and answered in this way.</p> <p>(1)Heading: 2.2.2.3 FDs' evaluation of contracted services for the disabled elderly, which is a section of questionnaire.</p> <p>(2)After discussed with all the member in our research team, we found the word "FDs' evaluation" may not suitable to express our initial intention, so we changed "FDs' evaluation of contracted services for the disabled elderly" into "the performance evaluation of family doctor contract services based on family doctors".</p>	<p>The final part was the performance evaluation of family doctor contract services based on family doctors, which included three multiple choice questions: 1) the cooperation frequency of disabled older adults and their families when family doctors operate home visits service; 2) the importance of family doctors' role in the FDCS for disabled older adults; 3) the extent to which FDCS meet the medical needs of disabled older adults.</p>
<p>Methods</p> <p>18. Identify the independent and dependent variable that used these statistics due to several of variables to make the reader understand this analysis.</p>	<p>Thank you for your nice question. We have carefully thought your comments and answered in this way.</p> <p>(1) After discussed with the members of our research team, we found that many independent and dependent variables were not involved in this study.</p> <p>(2) To measure the performance evaluation of family doctor contract services based on family doctors, we identified the independent was different regions and the dependent variable was cooperation frequency of disabled older adults and their families, importance of family doctors' role and the extent to which FDCS meet the medical needs of disabled older adults.(Page7,Line 210)</p>	<p>The final part was the performance evaluation of family doctor contract services based on family doctors, which included three multiple choice questions: 1) the cooperation frequency of disabled older adults and their families when family doctors operate home visits service; 2) the importance of family doctors' role in the FDCS for disabled older adults; 3) the extent to which FDCS meet the medical needs of disabled older adults. To measure the performance evaluation of family doctor contract services based on family doctors, we identified the independent was different regions and the dependent variable was cooperation frequency of disabled older adults and their families, importance of family doctors' role and the extent to which FDCS meet the medical needs of disabled older adults.</p>
<p>Methods</p> <p>19. What is the multiple comparison used after the significant of KW test?</p>	<p>Thank you for your nice question. We have carefully thought your comments and answered in this way.</p> <p>We used the Least Significant Difference method (LSD) to compare between-group differences in FDCS across regions.</p>	<p>Data analysis: Frequency and rank were applied to display the quantitative data of family doctors including demographic characteristics, gender, age, regions, education and positional title, rank sum test was used to analyze the content of the performance</p>

		evaluation of FDCS based on family doctors, in which Wilcoxon rank sum test pointed to for two groups and Kruskal-Wallis test (K-W test) for multiple groups. After K-W test, we used Least Significant Difference method (LSD) to compare pairwise group.
<p>Methods</p> <p>20. What are the methods to confirm the validity and reliability of the instrument in quantitative phase?</p>	<p>Thank you for your nice question. We have carefully thought your comments and answered in this way.</p> <p>The research team has discussed the rationality and appropriateness of each questions, and the content validity of the questionnaire was tested by an expert with extensive experience in FDCS and an clinical expert who work in a CHC. After experts' feedback, a pilot study was conducted in a CHC with 40 samples twice within a 2-week interval to check reliability of the questionnaire. The 40 samples were same population and they have same characteristics as those used in the present study. The test-retest reliability coefficient after 2 weeks was 0.73. (Page 8, Line 214)</p>	<p>The research team has discussed the rationality and appropriateness of each question, and the content validity of the questionnaire was tested by an expert with extensive experience in FDCS and an clinical expert who work in a CHC. After experts' feedback, a pilot study was conducted in a CHC with 40 samples twice within a 2-week interval to check reliability of the questionnaire. The 40 samples were same population and they have same characteristics as those used in the present study. The test-retest reliability coefficient after 2 weeks was 0.73.</p>
<p>Qualitative phase</p> <p>21. How to approach the participants? How many participants approach and how many of them declined and come up with the participants who agree to participate?</p>	<p>Thank you for your valuable question. We have carefully thought your questions and answered in this way.</p> <p>In each community health service center, the research team selected family doctors with rich family work experience (such as having engaged in related work for more than 5 years or more) as the interviewees, introduced their research objectives, and invited them to participate in the study. Finally, a total of 30 family doctors participated in face-to-face interviews.</p>	<p>In the third stage, ...At the same period, 2~3 family doctors were selected from 15 CHCs by purposive sampling method and joined in-depth interview.</p>
<p>Qualitative phase</p> <p>22. What is this bias called?</p>	<p>Thank you for your valuable question. We have carefully thought your questions and answered in this way.</p> <p>There is a certain degree of research bias in qualitative research, and the subjective bias of interviewers is one of the common types. This means that when the research team contacts participants, it may raise inductive questions to guide them to give positive answers. Therefore, in order to reduce subjective bias, research team</p>	<p>All the interviewers have received a unified standard training in advance, so as to avoid the induced problems and reduce research subjective biases. Before the interview, the interviewee introduced the research purpose, methods, content and confidentiality principles to the interviewees in detail, and obtained informed consent</p>

	members underwent unified training and learning before the start of the study.	
<p>Qualitative phase</p> <p>23. Verbatim the transcript not the conversation during interview. During the interview,</p> <p>the interviewee or the research assistant note (Field note) for the main issue and</p> <p>after completing the interview verify the content by them. The notes were used to</p> <p>compare with the verbatim transcription. Due to a verbatim transcript captures every</p> <p>single spoken word in the recording and puts it into text</p>	<p>Thank you for your thoughtful question. We have carefully thought your questions and answered in this way.</p> <p>The research assistant records the dialogue verbatim during the interview, and invites the interviewees to verify their main points of view after the interview is completed. The interviewers combine the interview recording to capture their oral language and convert it into text.</p>	<p>During the interview, the interviewee or the research assistant note (Field note) for the main issue and after completing the interview verify the content by them. The notes were used to compare with the verbatim transcription. Due to a verbatim transcript captures every single spoken word in the recording and puts it into text.</p>
<p>Qualitative phase</p> <p>24. What is the trustworthiness used in this study?</p>	<p>Thank you for your comprehensive question. We have carefully thought your questions and answered in this way.</p> <p>To ensure the trustworthiness of the definitive study, the research team invited an expert group to conduct three rounds of discussion, determine the interview outline, and select two directors of the community health service center for pre-interview.</p> <p>In addition, before the formal interview begins, the research team selected a quiet and independent place to inform the interviewee of the research purpose in detail and gain their trust in order to obtain a true answer.</p>	<p>The interview outline formulated based on an extensive review of relevant literature and repeated discussion by panel experts. And two participants were also invited to conduct pre interviews before the formal interview to ensure the integrity of the outline content. The content of the interview outline contained the demographic characteristics of family doctors, the differences of health management between contracted healthy senior citizen and disabled older adults, and the barriers and facilitators of FDOS for disabled older adults.</p>
Result	Thank you for your nice question. We have carefully thought your comments and described the method of ranking by the	After ranking above services by proportion of person time by month hour, this study has shown that


<p>25. Table 2: Describe the method of ranking such as ranking by the proportion of person time by month hour</p>	<p>proportion of person time by month hour. (Page 13, Line 11)</p>	<p>primary care is the most common services for disabled older adults, following by health consultation and education, and medication examination.</p>																																																																																																																																																																																																		
<p>Result 26. Table 4: Chi square? Is this statistics present in the data analysis?</p>	<p>Thank you for your nice question. We have carefully thought your comments and answered in this way. Actually we didn't use Chi square in our study, χ^2 in the table 4 is the results of sum rank test.</p>	<p>/</p>																																																																																																																																																																																																		
<p>Result 27. What is the result of KW test? Provide the statistics used under the table.</p>	<p>Thank you for your nice comment. We have carefully thought your nice suggestions , completed the statistics we used in the Table 4, and supplemented useful information under the table.</p>	 <p>Table 4 The performance evaluation of family doctor contract services based on family doctors</p> <table border="1"> <thead> <tr> <th rowspan="3">Items</th> <th colspan="4">Regions</th> <th rowspan="3">Total (n=276)</th> </tr> <tr> <th colspan="2">Urban Areas(n=148)</th> <th colspan="2">Rural Areas(n=128)</th> </tr> <tr> <th>Xicheng District (n=55)</th> <th>Fengtai District (n=93)</th> <th>Daxing District (n=69)</th> <th>Huairou District (n=99)</th> </tr> </thead> <tbody> <tr> <td colspan="6">Cooperation frequency of disabled older adults and their families: N (%)</td> </tr> <tr> <td>Always</td> <td>15 (27.2)</td> <td>23 (24.7)</td> <td>25 (36.2)</td> <td>8 (13.6)</td> <td>71 (25.7)</td> </tr> <tr> <td>Usually</td> <td>8 (14.5)</td> <td>15 (16.1)</td> <td>5 (7.2)</td> <td>10 (16.9)</td> <td>38 (13.8)</td> </tr> <tr> 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<p>Discussion 28. Reorganize the discussion align with the objective. "Objective To evaluate the current state of Family doctor</p>	<p>Thank you for your comprehensive suggestions, we have reorganized the discussion part in following steps. (1) Use the subheadings to highlight the point in the discussion section to align with the objective. (2) To summarize the current state, challenges and opportunities of FDCC in</p>	<p>4.Discussion The performance of FDCC for disabled older adults in Beijing The roles of FDCC for disabled older adults in Beijing </p>																																																																																																																																																																																																		

<p>contract services (FDCS) in Beijing</p> <p>To identify current state of Family doctor contract services (FDCS)</p> <p>To investigate the challenges and opportunities faced by FDCS in providing care for them.</p>	<p>Beijing based on performance, roles, differences, barriers and facilitators.</p>	<p>The differences of FDCS for disabled older adults between urban and rural Beijing</p> <p>.....</p> <p>The barriers of FDCS for disabled older adults in Beijing</p> <p>.....</p> <p>The facilitators of FDCS for disabled older adults in Beijing</p> <p>.....</p>
<p>Discussion</p> <p>29. Discuss on the findings of this study, compare with literature, and draw the suggestion from this study to extent the knowledge.</p>	<p>Thank you for your comprehensive suggestions, we have revised the discussion by comparing it with the literature.</p> <p>(1) Each time we discuss the results of this study, we have cited relevant literature for comparison.</p> <p>(2) To summarize the suggestion the suggestion from this study to the health management and primary health care for the disabled older adults.</p>	<p>The facilitators of FDCS for disabled older adults in Beijing</p> <p>“By comparing with existing literature, our research finds that the successful implementation of FDCS in other countries has the following commonalities...”</p> <p>...</p> <p>“In some developed countries, such as the U.S., Canada, French...”</p>
<p>Discussion</p> <p>30. Rewrite this sentence in narrative not the question.</p>	<p>Thank you for your comprehensive suggestions, we have transformed the question form into a declarative sentence.</p>	<p>The facilitators of FDCS for disabled older adults in Beijing</p> <p>“Therefore, in order to solve the problems in FDCS for disabled older adults and improve the quality of FDCS, first of all,”</p>
<p>Discussion</p> <p>31. Limitation of this study were collected data from one sector of healthcare provider does not cover the perspective of all stakeholders.</p>	<p>Thank you for your comprehensive suggestions, we have added this point when stating the limitations that the study is not sufficient to cover all stakeholders' perspectives since it is drawn from only one sector.</p>	<p>4. Strengths and Limitations</p> <p>.....</p> <p>“However, our research inevitably has some shortcomings, which can be roughly divided into two aspects. First, this study were collected data from one sector of healthcare provider does not cover the perspective of all stakeholders in FDCS.”</p>
<p>Reviewer 2</p>		

Dear Dr. Yu Xiao

Thank you for your nice comments on our article. According to your suggestions, we have supplemented several data here and corrected several mistakes in our previous draft. Based on your comments, we have made extensive revisions to our previous draft. The detailed point-by-point responses are listed below.

<p>Abstract:</p> <p>Please avoid using too many abbreviations in the Abstract.</p>	<p>Thank you for your nice suggestions. We have carefully considered your comments and modified our manuscript in following steps.</p> <p>(1) We have carefully reviewed the full text of the abstract, and found that too many abbreviations in the Abstract section influence on reading and comprehension of readers.</p> <p>(2) We have revised all the abbreviation of “FDs” to the full name “Family doctors” in our manuscript.</p>	<p>Objective To evaluate the current state of family doctor contract services(FDCS) in Beijing, identify the roles of family doctors who have worked with disabled older adults and investigate the barriers and facilitators faced by family doctors in providing care for them.</p> <p>Design A convergent mixed methods study was carried out from October 2020 to January 2021 to collect and analyze both quantitative and qualitative data. The integration strategies in this study was connecting the results of the quantitative phase to data collection of the qualitative phase.</p> <p>Setting A multi-stage sampling strategy was used to select 15 community health centers (CHCs) in four districts of Beijing. Of the four districts, two were from urban areas and two were from rural areas.</p>
<p>Abstract:</p> <p>“..the responsibilities of (Family doctors) FDs who..”</p> <p>Abbreviations should be put in this bracket. Please check the full text to avoid the same mistake.</p>	<p>Thank you for your comprehensive suggestions. We have carefully considered your comments and modified our manuscript in following steps.</p> <p>(1) We have carefully checked the full content of our manuscript and searched all the abbreviations.</p> <p>(2) Revised some mistake that abbreviations put out of bracket.</p> <p>(3) Thank you for your carefully review again, we will avoid the same mistake in the future.</p>	<p>/</p>
<p>Abstract:</p> <p>Keywords: Please rearrange the key words in alphabetical order.</p>	<p>Thank you for your valuable suggestions. We have carefully checked the keywords with MeSH, and rearranged the keywords in alphabetical order.</p>	<p>Keywords: barriers, contract services, disabled older adults, facilitators, family doctors, roles</p>

<p>Introduction:</p> <p>“Not only does the large number of disabled elderly imposes a heavy burden on society, but the disabled elderly’s needs for health and medical services also bring a great challenge to the primary care system.” Describing the elderly as a social burden may lead to discrimination.</p>	<p>Thank you for your valuable and thoughtful suggestions. We have carefully thought your comments and revised our manuscript in following steps.</p> <p>(1) According to Reframing Aging Initiative(a guide to avoid ageism), we have reconsidered the word like “elderly”, and replaced it as older adult and the senior citizen in the whole article.</p>  <p>(2)Tried to use more neutral and inclusive terms in other manuscript.</p> <p>(3)Tried to use more neutral and inclusive terms in other manuscript.</p> <p>(4)Avoid using general terms such as “people over 65” when more specific information is available.</p> <p>(5)Avoid using the word ageism without explanation.</p>	<p>The Barriers and Facilitators of Family Doctor Contract Services in Caring for Disabled Older Adults in Beijing, China: A Mixed Methods Study</p> <p>Therefore, satisfying the health and older adults care needs and improving the basic living conditions of disabled older adults is not only an urgent needs of the senior and their families, but also a serious social issue to be considered.....</p> <p>To solve the dilemma of FDCS and let family doctors provide more high quality services for disabled older adults, this study is the first to identify the roles of family doctors contracted with disabled older adults in Beijing and investigated the barriers and facilitators of utilizing FDCS from the perspectives of family doctors.....</p>
<p>Results:</p> <p>“Males occupied less than half (30.1%) of the participants.” Why is the proportion of male participants so low?</p>	<p>Thank you for your valuable suggestions. We have carefully thought your comments and answered in this way.</p> <p>(1)With regard to the male ratio of 30.1%, this is due to the fact that men mainly choose to work in general hospitals, which has led to female medical staff becoming the backbone of the family doctor team in primary health care.</p> <p>(2)GAO H, LIU S Z, LI H. The safety support and willingness of providing home care services by medical staff of primary health care institutions[J]. Chinese General Practice, 2022, 25(34):4326-4331.</p> <p>This article from the Chinese Journal of Family Medicine talks about how "women are far more numerous than men among</p>	<p>/</p>

	<p>primary care staff...young and middle-aged women and junior staff are predominant in primary care facilities."</p>	
<p>Discussion:</p> <p>"It is worth mentioning that there is a significant difference in satisfaction among the four regions of FDCS." What is the reason for the difference?</p>	<p>Thank you for your comprehensive suggestions, we should focus on the differences of FDCS between urban and rural areas in the discussion.</p> <p>(1) We modify the reference to significant differences among the four regions in the discussion to significant differences between urban and rural areas based on the presentation of the results, thus specifically including the comparison of urban and rural differences as part of the discussion to explain the differences between regions in an integrated way.</p> <p>(2) We explain the reasons for this based on the relevant literature.</p>	<p>The differences of FDCS for disabled older adults between urban and rural Beijing</p> <p>.....</p> <p>"In this study, there is a significant difference($P=0.025$) in satisfaction of FDCS between urban and rural areas, the rural medical staff are more satisfied with the provision of FDCS for the disabled older adults than urban."</p> <p>.....</p> <p>"One possible explanation to describe this phenomenon is that disabled older adults living in rural areas may have relatively simple health needs compared to urban areas."</p>
<p>Discussion:</p> <p>"The service provided by rural medical staff for the disabled elderly is better than that provided by urban medical staff, thus satisfying the medical needs of the disabled elderly. It means the living standard of the disabled elderly in urban areas is high, compared with the disabled elderly in rural areas, they may have more diverse medical service needs, so FDCS is difficult to meet their medical needs." I don't quite agree with the authors' explanation of this</p>	<p>Thank you for your comprehensive suggestions, we revised the statements.</p> <p>(1) We recognized the ambiguity that the satisfaction of family doctors with their own service delivery does not equate to quality of service and revised it.</p> <p>(2) We added the value you mentioned "although there is more demand for medical services in urban areas, family doctors in these areas often have more medical resources" as a part of explanation.</p> <p>(3) Based on literature review to explain the possible reasons for urban-rural differences in service satisfaction.</p>	<p>The differences of FDCS for disabled older adults between urban and rural Beijing</p> <p>.....</p> <p>"Although there is more demand for medical services in urban areas, FDs in these areas often have more medical resources."</p> <p>"In this study, there is a significant difference($P=0.025$) in satisfaction of FDCS between urban and rural areas, the rural medical staff are more satisfied with the provision of FDCS for the disabled older adults than urban."</p> <p>"One possible explanation to describe this phenomenon is that disabled older adults living in rural areas may have relatively simple health needs compared to urban areas."</p>

<p>phenomenon. In other words, although there is more demand for medical services in urban areas, FDs in these areas often have more medical resources.</p>		
<p>Discussion:</p> <p>“FDs in rural areas said that their CHC lacks basic inspection facilities, which brings a lot of inconveniences to conducting FD contract services” Punctuation is lacking at the end of the sentence. There are similar mistakes elsewhere in the whole text.</p>	<p>Thank you for your comprehensive suggestions, we have carefully checked the whole the content of our manuscript and added period to sentences where punctuation was missing.</p>	<p>The barriers of FDCS for disabled older adults in Beijing</p> <p>.....</p> <p>“Family doctors in rural areas said that their CHCs lacks basic inspection facilities, which brings a lot of inconveniences to conducting FDCS.”</p> <p>.....</p> <p>The facilitators of FDCS for disabled older adults in Beijing</p> <p>.....</p> <p>“Therefore, in order to solve the problems in FDCS for disabled older adults and improve the quality of FDCS, first of all,</p>
<p>Discussion:</p> <p>“How to improve the quality of FDCS for the disabled elderly?” Authors can introduce foreign advanced experience appropriately.</p>	<p>Thank you for your helpful suggestions, we added the successful implementation of FDCS from other countries for the disabled adults.</p> <p>(1)Based on the literature review, we summarized the foreign experience into 3 points.</p> <p>(2)And subsequently we summarized the corresponding strategies to solve the problems in FDCS for disabled older adults and improve the quality of family doctors.</p>	<p>The facilitators of FDCS for disabled older adults in Beijing</p> <p>“By comparing with existing literature, our research finds that the successful implementation of FDCS in other countries has the following commonalities:1) The development of FDCS is based on community health institutions ...2) Education and training of family doctors is an important prerequisite to ensure the implementation of FDCS... 3) A reasonable and effective incentive mechanism of FDs is a necessary guarantee for FDs to insist on FDCS...”</p>
<p>Other valuable suggestions:</p>	<p>Thank you for your helpful suggestions, which are greatly appreciated.</p>	<p>/</p>

<p>FDs are vital to China's primary health care system. The development dilemma of family medicine system in China is worthy of attention. The following document may provide some useful information: https://pubmed.ncbi.nlm.nih.gov/34096586/</p>	<p>We used this document as a reference and cited it in our discussion of the development dilemma of the Chinese family medicine system.</p>	
<p>Other valuable suggestions:</p> <p>The language of the full text can be fully polished.</p>	<p>Thank you for your comprehensive suggestions,</p> <p>we have touched up the language of the whole text and checked the length of statements, grammar, and punctuation.</p> <p>Meanwhile, the language of the full text has been fully polished by two masters of English Translation who have passed TEM-8.</p>	

We would love to thank you for allowing us to resubmit a revised copy of the manuscript and we highly appreciate your time and consideration.

VERSION 2 – REVIEW

REVIEWER	Kitreerawutiwong, Nithra Naresuan University, Phitsanulok, Thailand, Community health
REVIEW RETURNED	29-Apr-2023

GENERAL COMMENTS	Acceptable for the revision.
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REVIEWER	Xiao, Yu The Clinical Hospital of Chengdu Brain Science Institute, MOE Key Lab for Neuroinformation, University of Electronic Science and Technology of China, Psychosomatic Medical Center
REVIEW RETURNED	16-Apr-2023

GENERAL COMMENTS	I am basically satisfied with the revisions made by the authors.
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