

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Impact of Primary health care reforms in Quebec Health Care System: A Systematic Literature Review Protocol
AUTHORS	Landa, Paolo; Lalonde, Jean-Denis; Bergeron, Frédéric; Kassim, Said; Côté, André; Gartner, Jean-Baptiste; Tanfani, Elena; Resta, Marina

VERSION 1 – REVIEW

REVIEWER	Pan, Jay Sichuan University
REVIEW RETURNED	06-Dec-2022

GENERAL COMMENTS	<p>Evaluation The authors aimed to provide a comprehensive view and analysis of the primary care in Quebec Public Health Care System and its impact on equity, accessibility, costs, outcomes and services provided between 2000 and 2021. This study is a protocol of the systematic literature review. Overall, it's a very meaningful topic but there are still many shortcomings. Please see below for some comments for your consideration.</p> <p>Comments Abstract Methods and Analysis P41: The author mentioned PRISMA-P in the text, but used PRISMA in the abstract. Please change PRISMA to PRISMA-P.</p> <p>Ethics and dissemination P50-53: "Review findings will be used to advance understanding about primary care in QPHS, its characteristics, and the policies. The review will develop recommendations on possible improvements in health care policies to provide equal access to the population". This sentence is inappropriate in this part.</p> <p>Background Line 76-148: I'm just curious why the authors explain the background in 9 paragraphs? And the information in the Background is a bit complicated and redundant, please cut some unnecessary content.</p> <p>Objectives Line 151-166: This part needs to state the research purpose of this study concisely. In particular, the content of the first two paragraphs could be the content of Background.</p> <p>Research question Line 176-180: It doesn't seem like a research question.</p>
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	<p>Information sources Line 199-210: What is the searching approach of grey literature sources?</p> <p>Screening and data collection & Data extraction and synthesis Line 227-235 / Line 245-258: Data collection is mentioned in both "Screening and data collection" and "Data extraction and synthesis", and it's recommended to put them in one part. The specific extracted information can be listed in a specific table as an attachment to this study. In addition, how to implement the narrative approach in data synthesis (Line 259-262)? Please give detailed description.</p> <p>Quality assessment Line 238-243: What specific tools are used for quality assessment?</p> <p>Cumulative evidence Line 264-267: Just curious, the authors mentioned that GRADE system will be used for the quality of evidence, but in fact, many previous studies used GRADE system incorrectly. How does the author guarantee this process?</p> <p>Conclusion Line 269-276: Conclusion or Discussion? The first paragraph of ETHICS AND DISSEMINATION (Line 286-292) is suggested to be placed in Discussion.</p> <p>Other Comments: 1. It is recommended that the study should register in PROSPERO or other registration platforms. 2. It is suggested that the authors be more careful to avoid some minor mistakes, such as "Competing interests: The authors declare no potential conflict of interest". This sentence lacks a full stop. 3. The author mentioned in the text that the literature of this study was published from January 2000 to January 2022. Please present it in the Supplementary materials – Database search strategy.</p>
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REVIEWER	Ellegård, Lina Lund University, Economics
REVIEW RETURNED	17-Jan-2023

GENERAL COMMENTS	<p>My reading of the protocol is that the researchers plan to search for all studies available that i) have examined reforms of the primary care system in Quebec over the past two decades and ii) have looked at impacts of these reforms on accessibility and equity.</p> <p>- The research question is phrased in a way that makes it difficult to understand. To quote: "This systematic literature review poses the question about a new reform for Primary care and GPs activities, together with a collection of evidence of the impact of the actual PHC organisation in Quebec, in order to assess the health care services accessibility and equity". This sentence leads me to wonder the following: -- What 'new reform'? Do you refer to the possibility to give policy advice, based on the literature search? -- What does it mean "to pose a question about a new reform"? How will I as a reader find out if the authors have posed such a question? This is unclear and probably something that just needs to be rephrased.</p>
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	<p>-- The second part of the question: it is unclear whether the aim is to assess the impact of any specific reform(s), or to assess how the system works in general. Earlier in the protocol (row 152f), it seems as though the authors want to focus on a specific reform (“the PHC reform”). But it is then not clear which reform this refers to.</p> <p>- On manuscript row 222f, the authors state that the guiding research question is “What is the impact of last two decades of primary health care reform for GP activities on health outcomes, costs, equity and accessibility for Quebec adult population?”. Please note that health outcomes and costs were not included among the outcomes in the PICO table. They should be added, or the guiding question rephrased.</p> <p>- The PICOs indicate that “Any health care treatment” is to be considered as suitable for inclusion in the review. Potentially, the literature search may lead to a lot of results that are not linked to reforms as such. For instance, the search may pick up case reports where a single GP practice has tried out some special activity for their diabetes patients, which does not say anything about the system as a whole. I wonder if the broad definition of interventions is adequate for the purpose of the study? Otherwise, the authors may wish to consider to narrow down their definition of interventions before they conduct their literature search.</p> <p>- Study design: in addition to the mentioned target studies (rows 190-193), I would suggest that the authors add some methods that are popular in program evaluation literature. Some suggestions of relevant terms: difference-in-differences analysis (DID), quasi-experimental studies, natural experiments, regression discontinuity design. At least DID should definitely be included as a search term.</p> <p>- On rows 138-140, the authors state that “In Nunavik and Bay St. James health districts (HDs) only the 3% of population has a GP, while in Montréal HD there is the largest part of the population without a GP (31%)”. This sounds contradictory – please clarify what you mean. If in Nunavik 97% of the population does not have a GP, it does not seem correct to say that Montreal is the place with the largest share of the population lacking a GP (31%).</p>
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REVIEWER	Batista, Ricardo University of Ottawa, Faculty of Health Sciences
REVIEW RETURNED	21-Jan-2023

GENERAL COMMENTS	<p>This is a study protocol for a systematic literature review seeking to identify and examine existing literature and evidence on the impact of the primary care reforms in Quebec. The topic is relevant and can have important policy implications for improving the PHC system in Quebec. The protocol is well organized, following standard guidelines for conducting systematic literature reviews.</p> <p>However, there are some aspects that should be revised to improve the clarity of the protocol. Thus, I made some observations to be considered by the authors</p> <p>Introduction. A few comments on the clarity of the description in this section</p> <p>When describing the two levels of Quebec's health care governance system, it is stated that the local level has 34 health care organizations, but “... only one organization between them is responsible for responsible for five specific subjects: ..” (line 116, page 6); which organization is that and how is it relevant? It would</p>
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	<p>be helpful to understand this issue.</p> <p>At the end of the following paragraph, there is a statement “However, this new model did not reach the expected results within the primary care organization” (line 122, page 6). Is there any evidence or reference to support that?</p> <p>In the next paragraph, it is said that “This reform included the creation of new models of PHC, Family Medicine Groups (e.g. multidisciplinary health teams with extended ..” (line 125, page 6). This new model is the same as the one mentioned in the previous paragraph: Family Medicine Groups (GMF). Do they have the same denomination? How are they different?</p> <p>At the end of the same paragraph “If general practitioners failed to achieve the minimum number of patients requested from the Bill 20, then the general practitioner might have financial penalties” (line 133, page 6). Is there a reference for that, or any document (Government regulation or standard) where the reader can find out more about this? Is this from Bill 20?</p> <p>The authors should consider a different subtitle for this section, instead of Objectives. There is additional information there on the rationale and the objective is only at the very end.</p> <p>The statement “Since the beginning of the COVID-19 pandemics, the accessibility to primary health care worsened, as most resources were concentrated on secondary care, and the gap between available resources in QHCS and the population health needs increased” (lines 158-160, page 7); is there evidence of that, or this just speculation from the authors? If the former, then a reference is needed. If the latter, the wording should be revised to reflect that. Perhaps the evidence comes from the following sentence. In that case, the text, “The problem already reported previously...”, seems unnecessary and just keeps the references.</p> <p>The authors should consider revising the wording of the study aim for a more clear and concise statement of the primary objective. Something around: the aim of this review is to identify the relevant literature to examine the impact of the health policies/ PHC reforms in Quebec??, over the last 2 decades on the health organization, costs, health outcomes, accessibility, and services?? Perhaps adding secondary objectives to reflect the intention of getting both, patient and QHCS perspectives.</p> <p>Methods</p> <p>The authors should consider moving up the section ‘Search strategy’ (lines 214-225, page 9) after ‘Research question’, extracting and integrating the text specific to the question guiding the study (lines 221-223, page 9) into the Research question section itself.</p> <p>The text starting with “The search will look for ...” (line 203, page 9) until the end of the paragraph, seems more pertinent for the ‘Search strategy’ subsection, as it explains further how the search process will be conducted.</p> <p>It would also be important in the Search strategy, to identify and list the key ‘search terms’ to be used to conduct the search of the relevant literature. I assume that it is what you call ‘predefined strategies’. There is an example as supplementary material 2, but it should be included in the main document as part of the Methods.</p> <p>The phrase “... and other analyses to source relevant primary papers.” (lines 195-196, page 8), is unclear. Do you mean, to ‘identify relevant primary papers’?</p> <p>In the objectives of the review, the authors stated that they intend to get ‘patient and QHCS perspectives’ on the effect of the reforms. However, it is not clear how the patients’ perspectives will be obtained/examined. In the ‘Data extraction and synthesis’ section</p>
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	<p>there are some GPs parameters (e.g. role of the GP in the study, GPs activities), but there is no patients-related role or perspective among those parameters.</p> <p>In the 'Cumulative evidence' section it is stated that the GRADE framework will be used "... to assess the certainty of the evidence for each outcome" (line 266, page 11). What type of outcomes are you refereeing to here? Are you talking about the specific outcomes of individual studies (e.g. quality of life, mortality), or other types of outcomes of the review? Please, clarify.</p> <p>It is also said that you will "present data 'Summary of Findings' tables"; what do these tables look like? Perhaps a mock or dummy table included as supplementary material will be helpful to illustrate that.</p> <p>Other comments</p> <p>The terms 'review authors' and 'reviewers' are used indistinctively. I think it would be better to choose one term (reviewer or author) and use it consistently throughout the paper.</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Comments to the Author:

Evaluation

The authors aimed to provide a comprehensive view and analysis of the primary care in Quebec Public Health Care System and its impact on equity, accessibility, costs, outcomes and services provided between 2000 and 2021. This study is a protocol of the systematic literature review. Overall, it's a very meaningful topic but there are still many shortcomings. Please see below for some comments for your consideration.

We want to thank you the reviewer for the useful and precious comments provided during the review process. We have made significative changes to the manuscript, following the indication provided, and adding information where it was required in order to provide a clear detail of each part. We agree about all the indication provided by the reviewer. We will report the answer to each question raised by the reviewer.

Comments

Abstract

Methods and Analysis

P41: The author mentioned PRISMA-P in the text, but used PRISMA in the abstract. Please change PRISMA to PRISMA-P.

The mention was changed from PRISMA to PRISMA-P.

Ethics and dissemination

P50-53: "Review findings will be used to advance understanding about primary care in QPHS, its characteristics, and the policies. The review will develop recommendations on possible improvements in health care policies to provide equal access to the population". This sentence is inappropriate in this part.

We have changed the sentence. The new "Ethics and dissemination" has reported the following sentences: Research ethics approval is not required as exclusively secondary data will be used. Review findings will synthesise the characteristics and the impact of the reforms of Quebec Public Health Care System of the last decades. Findings will therefore be disseminated in peer-reviewed journals, conference presentations and through discussions with stakeholders.

Background

Line 76-148: I'm just curious why the authors explain the background in 9 paragraphs? And the information in the Background is a bit complicated and redundant, please cut some unnecessary content.

We have removed a large part of the introduction as was considered too large for the objective of the protocol. We have rephrased part of the background paragraphs.

Objectives

Line 151-166: This part needs to state the research purpose of this study concisely. In particular, the content of the first two paragraphs could be the content of Background.

We have followed your suggestion. The new "Objective" section was reformulated in the following sentence:

The aim of this work consists in studying, through this systematic literature review, the last two decades of the QPHCS primary care and the reforms developed on health organisation, costs, health outcomes, accessibility, and services, considering health care system perspective.

Research question

Line 176-180: It doesn't seem like a research question.

We have followed your suggestion. It was reformulated in the following sentence:

The aim of this work consists in studying, through this systematic literature review, the last two decades of the QPHCS primary care and the impact of the reforms developed on health organisation, costs, health outcomes, accessibility, equity and services, considering health care system perspective.

Information sources

Line 199-210: What is the searching approach of grey literature sources?

We have forgot to mention in the manuscript but it was reported in the strength and limitation of the manuscript. However, it is important to report everything clearly, as you suggested. In the manuscript it was added the following sentence in the "Information sources" section:

Grey literature will be included in order to explore all the available documentation published.

Screening and data collection & Data extraction and synthesis

Line 227-235 / Line 245-258: Data collection is mentioned in both "Screening and data collection" and "Data extraction and synthesis", and it's recommended to put them in one part. The specific extracted information can be listed in a specific table as an attachment to this study.

In addition, how to implement the narrative approach in data synthesis (Line259-262)? Please give detailed description.

We thank you for this useful comment. We have merged the two sections, and modified them. About the data synthesis, we have added the following sentence:

We will use a convergent synthesis design to synthesise qualitative, quantitative and mixed-method results

[30]. Thus, using a thematic synthesis procedure, we will synthesise the evidence from the selected studies.

Quality assessment

Line 238-243: What specific tools are used for quality assessment?

This comment was really helpful. Considering the information reported and the bias present in the GRADE system, we have decided to adopt the Mixed Methods Appraisal Tool (MMAT) for the quality assessment. This tool is more appropriate as it is designed for the appraisal stage of systematic

mixed studies reviews that include qualitative, quantitative and mixed methods studies. It enables the appraisal of five categories of methodologies such as qualitative research, randomized controlled trials, non-randomized studies, quantitative descriptive studies, and mixed methods studies. In supplementary file 4 it is reported the tool at the version of 2018.

Cumulative evidence

Line 264-267: Just curious, the authors mentioned that GRADE system will be used for the quality of evidence, but in fact, many previous studies used GRADE system incorrectly. How does the author guarantee this process?

Considering your suggestions, we have decided to adopt the Mixed Methods Appraisal Tool (MMAT).

Conclusion

Line 269-276: Conclusion or Discussion? The first paragraph of ETHICS AND DISSEMINATION (Line 286-292) is suggested to be placed in Discussion.

Considering your indications, we have changed both "Ethics and dissemination" and "Discussion" sections.

Other Comments:

1. It is recommended that the study should register in PROSPERO or other registration platforms.

The study was registered in PROSPERO. It has been submitted for publication and we are waiting for the reply of the editorial team. We hope to provide the registration number as soon as possible.

2. It is suggested that the authors be more careful to avoid some minor mistakes, such as "Competing interests: The authors declare no potential conflict of interest". This sentence lacks a full stop.

We have added the full stop at the end of the sentence. We have checked if there were other mistakes, and we haven't found any.

3. The author mentioned in the text that the literature of this study was published from January 2000 to January 2022. Please present it in the Supplementary materials – Database search strategy.

We have added in the Supplementary material 2 the following sentence:

The selection of the studies will be limited January 2000 to January 2022.

Reviewer: 2

Comments to the Author:

My reading of the protocol is that the researchers plan to search for all studies available that i) have examined reforms of the primary care system in Quebec over the past two decades and ii) have looked at impacts of these reforms on accessibility and equity.

We want to thank you the reviewer for the useful and precious comments provided during the review process. We have made significant changes to the manuscript, following the indication provided, and adding information where it was required in order to provide a clear detail of each part. We agree about all the indication provided by the reviewer. We will report the answer to each question raised by the reviewer.

- The research question is phrased in a way that makes it difficult to understand. To quote: "This systematic literature review poses the question about a new reform for Primary care and GPs activities, together with a collection of evidence of the impact of the actual PHC organisation in Quebec, in order to assess the health care services accessibility and equity". This sentence leads me to wonder the following:

-- What 'new reform'? Do you refer to the possibility to give policy advice, based on the literature search?

We have rephrased the sentences. However, our objectives are the development of a systematic review that can inform about the impact of the last two decades reforms in Primary health care in Québec. The two reforms are the introduction of Family Medicine Groups (2003) and the Bill 20 (2015).

-- What does it mean “to pose a question about a new reform”? How will I as a reader find out if the authors have posed such a question? This is unclear and probably something that just needs to be rephrased.

This sentence was creating confusion, so we have removed it and rephrased it.

-- The second part of the question: it is unclear whether the aim is to assess the impact of any specific reform(s), or to assess how the system works in general. Earlier in the protocol (row 152f), it seems as though the authors want to focus on a specific reform (“the PHC reform”). But it is then not clear which reform this refers to.

We have rephrased it. The study refers to the reforms of the last two decades (the first in 2003 about the introduction of Family Medicine Groups and the second related to the Bill 20 in 2015).

- On manuscript row 222f, the authors state that the guiding research question is “What is the impact of last two decades of primary health care reform for GP activities on health outcomes, costs, equity and accessibility for Quebec adult population?”. Please note that health outcomes and costs were not included among the outcomes in the PICO table. They should be added, or the guiding question rephrased.

We have updated the PICO table including them.

- The PICOs indicate that “Any health care treatment” is to be considered as suitable for inclusion in the review. Potentially, the literature search may lead to a lot of results that are not linked to reforms as such. For instance, the search may pick up case reports where a single GP practice has tried out some special activity for their diabetes patients, which does not say anything about the system as a whole. I wonder if the broad definition of interventions is adequate for the purpose of the study? Otherwise, the authors may

wish to consider to narrow down their definition of interventions before they conduct their literature search.

We have updated the PICO table providing larger detail on the intervention

PICOS strategy Inclusion criteria

Exclusion criteria

P – Population Primary health care Infants and adolescents treated in

reform/setting/practice/activities in Quebec

Quebec province and adults treated

outside Quebec province

I – Intervention Any health care treatment and activity

Any individual activity in Primary

performed by Primary Care organisations and

Care that is not related to primary

GPs that are affected from primary health

health care reforms

Care reforms

C – Comparison

No comparator

O – Outcomes Health outcomes, costs, equity and

accessibility

T - Timing

Studies from 2000 onwards

Studies published before year 2000

S – Study design

Meta-Analysis, Systematic

Review, Protocols

Randomized Controlled Trial, Cohort Study

(Prospective Observational Study), Case-

control Study, Cross-sectional study, Case

Reports and Series, Quasi-experimental

design, Difference in Difference analysis,

natural experiments, regression discontinuity

design

- Study design: in addition to the mentioned target studies (rows 190-193), I would suggest that the authors add some methods that are popular in program evaluation literature. Some suggestions of relevant terms: difference-in-differences analysis (DID), quasi-experimental studies, natural experiments, regression discontinuity design. At least DID should definitely be included as a search term.

We have added these terms in the methods in the study design

- On rows 138-140, the authors state that “In Nunavik and Bay St. James health districts (HDs) only the 3% of population has a GP, while in Montréal HD there is the largest part of the population without a GP (31%)”. This sounds contradictory – please clarify what you mean. If in Nunavik 97% of the population does not have a GP, it does not seem correct to say that Montreal is the place with the largest share of the population lacking a GP (31%).

We have removed the sentences as it had errors in it. We have added a table in the supplementary file that explains the population and the coverage by GPs and the ratio GP/1000 inhabitants.

Reviewer: 3

Comments to the Author:

This is a study protocol for a systematic literature review seeking to identify and examine existing literature and evidence on the impact of the primary care reforms in Quebec. The topic is relevant and can have important policy implications for improving the PHC system in Quebec. The protocol is well organized, following standard guidelines for conducting systematic literature reviews.

However, there are some aspects that should be revised to improve the clarity of the protocol. Thus, I made some observations to be considered by the authors

We want to thank you the reviewer for the useful and precious comments provided during the review process. We have made significative changes to the manuscript, following the indication provided, and adding information where it was required in order to provide a clear detail of each part. We agree about all the indication provided by the reviewer. We will report the answer to each question raised by the reviewer.

Introduction. A few comments on the clarity of the description in this section

When describing the two levels of Quebec's health care governance system, it is stated that the local level has 34 health care organizations, but "... only one organization between them is responsible for responsible for five specific subjects: .." (line 116, page 6); which organization is that and how is it relevant? It would be helpful to understand this issue.

Thank you for the indication. The other reviewers indicated that this section was too large and we decide to reduce the length (it was nine paragraphs) and the part related to the organisation was removed. We will consider your indication for the future manuscript that will analyse the systematic literature review.

At the end of the following paragraph, there is a statement "However, this new model did not reach the expected results within the primary care organization" (line 122, page 6). Is there any evidence or reference to support that?

We have removed the sentence. However, in 2022 there is still a very limited number of GP for each 1000 inhabitants (Supplementary material 5), especially if we compare to European countries where the ratio is the double.

In the next paragraph, it is said that "This reform included the creation of new models of PHC, Family Medicine Groups (e.g. multidisciplinary health teams with extended .." (line 125, page 6). This new model is the same as the one mentioned in the previous paragraph: Family Medicine Groups (GMF). Do they have the same denomination? How are they different?

There are two reforms on Primary Health Care. The first reform introduced the Family Medicine Groups in 2003, while the second one is the Bill 20 in 2015. The goal of Bill 20 was to optimize the utilisation of medical and financial resources to improve access to primary care, imposing the obligations of general practitioners to register a minimum number of patients, ensuring the continuity of care of that population, and practicing a minimum number of hours in hospitals.

We have rephrased the sentence in order to remove any misunderstanding.

At the end of the same paragraph “If general practitioners failed to achieve the minimum number of patients requested from the Bill 20, then the general practitioner might have financial penalties” (line 133,

page 6). Is there a reference for that, or any document (Government regulation or standard) where the reader can find out more about this? Is this from Bill 20?

Thank you for the suggestion. We have added the reference about the financial penalties (Laberge and Gabreault, 2019). You can find the following statement in Laberge Maude, Gaudreault Myriam. Promoting access to family medicine in Québec, Canada: Analysis of bill 20, enacted in November 2015. *Health Policy*. 2019 Oct;123(10):901-905. doi: 10.1016/j.healthpol.2019.08.003.

The original Bill 20 had set high targets for physicians to achieve within restricted timelines. Although there were no major changes in the payment structure for physicians, Bill 20 had provisions for enforcing behavioral change from physicians, such as inducing them to register more patients, in the form of financial penalties. These penalties could represent up to 30% of a physician’s remuneration but details on the calculation of these penalties were not available.

The authors should consider a different subtitle for this section, instead of Objectives. There is additional information there on the rationale and the objective is only at the very end.

We thank you for the suggestion. We removed the Objectives section and we have included at the end of the background.

The statement “Since the beginning of the COVID-19 pandemics, the accessibility to primary health care worsened, as most resources were concentrated on secondary care, and the gap between available resources in QHCS and the population health needs increased” (lines 158-160, page 7); is there evidence of that, or this just speculation from the authors? If the former, then a reference is needed. If the latter, the wording should be revised to reflect that. Perhaps the evidence comes from the following sentence. In that case, the text, “The problem already reported previously...”, seems unnecessary and just keeps the references.

We have rephrased the sentence and we have updated it with the references.

The authors should consider revising the wording of the study aim for a more clear and concise statement of the primary objective. Something around: the aim of this review is to identify the relevant literature to examine the impact of the health policies/ PHC reforms in Quebec??, over the last 2

decades on the health organization, costs, health outcomes, accessibility, and services?? Perhaps adding secondary objectives to reflect the intention of getting both, patient and QHCS perspectives.

We have rephrased the sentence

Methods

The authors should consider moving up the section 'Search strategy' (lines 214-225, page 9) after 'Research question', extracting and integrating the text specific to the question guiding the study (lines 221-223, page 9) into the Research question section itself.

We have changed the sections in order to include your suggestion.

The text starting with "The search will look for" (line 203, page 9) until the end of the paragraph,

seems more pertinent for the 'Search strategy' subsection, as it explains further how the search process will be conducted.

We have changed the sections in order to include your suggestion.

It would also be important in the Search strategy, to identify and list the key 'search terms' to be used to conduct the search of the relevant literature. I assume that it is what you call 'predefined strategies'. There is an example as supplementary material 2, but it should be included in the main document as part of the Methods.

We have introduced the key search terms as you suggested in the search strategy.

The phrase "... and other analyses to source relevant primary papers." (lines 195-196, page 8), is unclear. Do you mean, to 'identify relevant primary papers'?

Yes. Thank you for noticing it. We have changed the sentence as you proposed.

In the objectives of the review, the authors stated that they intend to get 'patient and QHCS perspectives' on the effect of the reforms. However, it is not clear how the patients' perspectives will be obtained/examined. In the 'Data extraction and synthesis' section there are some GPs parameters (e.g. role of the GP in the study, GPs activities), but there is no patients-related role or perspective among those parameters.

We have rephrased the sentence and removed the patient perspective. After a discussion with colleagues with decided that the most important and relevant perspective for this study is the health system.

In the 'Cumulative evidence' section it is stated that the GRADE framework will be used "... to assess the certainty of the evidence for each outcome" (line 266, page 11). What type of outcomes are you refereeing to here? Are you talking about the specific outcomes of individual studies (e.g. quality of life, mortality), or other types of outcomes of the review? Please, clarify.

We have decided to remove the GRADE as it may leads to bias in the evaluation. On the other hand, we have included the Mixed Methods Appraisal Tool (MMAT), that is a critical appraisal tool that is designed for the appraisal stage of systematic mixed studies reviews that include qualitative, quantitative and mixed methods studies. It enables the appraisal of five categories of methodologies such as qualitative research, randomized controlled trials, non-randomized studies, quantitative descriptive studies, and mixed methods studies

It is also said that you will "present data 'Summary of Findings' tables"; what do these tables look like? Perhaps a mock or dummy table included as supplementary material will be helpful to illustrate that.

Considering that the sentence was related to GRADE framework, we have removed the sentence.

Other comments

The terms 'review authors' and 'reviewers' are used indistinctively. I think it would be better to choose one term (reviewer or author) and use it consistently throughout the paper.

We thank you for the suggestion, we have changed the terms using only author

VERSION 2 – REVIEW

REVIEWER	Ellegård, Lina Lund University, Economics
REVIEW RETURNED	11-Jun-2023

GENERAL COMMENTS	I am satisfied with the revisions of the manuscript.
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REVIEWER	Batista, Ricardo University of Ottawa, Faculty of Health Sciences
REVIEW RETURNED	31-May-2023

GENERAL COMMENTS	Thank you to the authors for addressing and responding to the comments. I'm satisfied with the responses and changes to the manuscript. I have no additional observations.
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