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Title	Processes of patient-centred care in Family Health Teams: access, continuity, and coordination: a grounded theory study
Authors	Judith Brown, Bridget Ryan, Cathy Thorpe
Reviewer 1	Elena Neiterman
Institution	University of Waterloo, School of Public Health and Health Systems
General comments (author response in bold)	Significance: 1. I think that the paper would improve if the authors would provide more explanations about the significance of this topic. The "SO WHAT?" question remains somewhat unanswered. Admittedly, the authors do discuss the importance of this topic in the interpretation section, but I think it would be more beneficial to stress the importance early on, so that the readers would be more engaged with the manuscript. For instance, at the end of page 1, the authors state: "While much is known about individual processes of care (access; continuity; coordination of care; and patient-centred care) [11-17], less is understood about if, and how, these processes are related." It would help if the authors could provide a very brief description of the individual processes of care – I am not entirely sure that we can assume that all the readers of the journal know much about the individual processes of care. This could also lead to a rationale of why it is important to understand if/how these processes are related. This would provide the much needed reference to significance early on in the manuscript. **This is a helpful comment. We have addressed it in two ways. First, we have provided definitions of the processes in the Introduction as suggested. Second, we have clarified the purpose of the study. The inter-connectedness of the processes was a result of the constant comparison analysis. We apologize that this sentence may have caused confusion (pages 1 and 2).** Methods: 2. In the methods section, the authors mention the mixed methods and the grounded theory study. A bit more details on the decision to use grounded theory would help. Specifically, the study design that is described by the authors does not really resemble the grounded theory approach: while the coding does follow the methods outlined by the grounded theory scholars, the processes of data collection and analysis seem to be consistent with a regular qualitative study (and not grounded theory) – the sites/participants were chosen a-priori, there is no mentioning of constant comparative analysis, no clear description of what categories were generated, etc. So, I am wondering if the authors can elaborate on their use of grounded theory or rethink the title/method altogether. **The reference to the mixed methods study has been removed (page 2) as it is unnecessary and confusing to the reader. Although this study was part of a larger mixed methods study, referencing the larger study adds nothing to the understanding of this paper. Additional detail has been added to the analysis section including the constant comparison analysis (page 3). As well, a sentence has been added to the Findings describing that the interwoven nature of the processes emerged from the data and was not an a-priori theme (page 4).** Findings: 3. I would reconsider presentation of findings. I think the most important finding that the authors want the readers to take home is that the four processes that they described were interrelated and that patient-centered care is the central organizing context for the participants to discuss their experiences of working in the FHTs. Therefore, I would start with that and then show other processes and/or HOW they were interrelated. My other concern about the findings is that each section ends somewhat abruptly. Including 1-2 sentences in the end of each section about the significance/importance of this finding (or providing a link to the overall theme) would go a long way to keep the presentation more coherent. **The authors appreciate this suggestion and have placed the patient-centred findings at the beginning of the Findings. We agree that this tells the story in a more compelling way. As well, linking sentences have been added between the findings on each process. We have also reordered the listing of the processes in the Introduction to be consistent throughout the paper.** Interpretation: 4. In the limitation section, the authors talk about the sample size and the challenges pertaining to transferability of the findings. They also talk about saturation as related to the number of interviews conducted. I think that the authors would agree with me that in a qualitative study the number of interviews is not related to saturation. Instead, the qualitative researchers focus on the quality of data and are concerned with

	theoretical saturation. I also do not necessarily see it as a problem that only 20 out of 200 sites were under study – the number of participants is large, and this is a qualitative study, so the numbers are not significant. An obvious limitation of the study is the lack of reference to gender/power within the teams. I would think that the status within the team (and one's profession) could have played a role in how the participants responded to questions/saw their FHTs. Did, for instance, physicians, nurses and social workers see access and coordination (or patient-centered care) in a same manner? Were there any differences pertaining to the position of the health care professionals and his/her interaction with patients? It is somewhat surprising that the authors do not really engage in intersectional analysis and I see it as a limitation of their study that is warranted to be acknowledged. I would also think about the potential of exploring the views/experiences of patients/recipients of care who could provide a different view of FHTs. **Regarding sample size, the authors agree and have removed reference to sample size as a limitation (pages 13 and 14). However, we have added in the Limitations that our findings cannot necessarily be transferred to other primary care models outside of the FHTs: "Another limitation of the study is that only FHTs in Ontario were examined and this limits the transferability of the findings to other primary care models" (page 14).** **The reference to saturation has been changed to better reflect the theoretical saturation that was achieved for this portion of the study. It is true that the sites were identified a priori but the authors believe that despite this, theoretical saturation was reached. By the 110th interview, no new themes or issues arose that suggested the need to conduct more theoretical sampling (page 3).** **The authors acknowledge under the Limitations that any power differential experienced by members of different professions was not examined in this study. We have not acknowledged within the text any discussion around gender and power. The majority of the participants were female because this reflects the composition of Family Health Teams, where as an example, 50% of the family physicians are female (page 14).** **A sentence has been added to the Conclusion indicating that future research needs to examine these processes of care from the perspective of patients: "Future research also needs to include patients' perceptions and experiences regarding these processes of care as they may differ from those of health care providers." (page 14)**
Reviewer 2	Leslie Carlin
Institution	University of Toronto, Physical Therapy
General comments (author response in bold)	1) Style: needs copy-editing and clarification of some grammar issues, as well as reduced reliance on the passive voice **We have attempted to address the reviewer's concerns.** 2) Introduction: please provide brief definitions of the four healthcare processes **The definitions have been added in the Introduction as noted in the response to Reviewer 1 (pages 1 and 2).** 3) Methods: these are well-described. Perhaps you could clarify the meaning of 'this portion of the study' **The reference to the mixed methods study and hence, "this portion of the study" has been removed as it is unnecessary and confusing to the reader. Although this study was part of a larger mixed methods study, referencing the larger study adds nothing to the understanding of this paper (page 2).** 4) Recruitment: 'to represent maximum variation' could use a little more detail; also, the selection process of individuals by the EDs and office managers seems rather vaguely described. I like the helpful table with details of the participating individuals, but since the main recruitment was at FHT level, perhaps you could also include a table of FHTs' characteristics (urban/rural, size, etc.) [COREQ #16] **We have added to the recruitment (page 2) that the Executive Director and office manager were the designated contacts for the study and we stated that they were asked to choose participants who would reflect the team composition (page 2). Additionally, the parameters around maximum variation for the sites was described in the text (page 2). A table of site characteristics has been added as Table 2 and referenced at the beginning of the Findings (page 4).** 5) Data collection: were the interviews conducted in a private space? Were respondents assured of confidentiality? **The fact that confidentiality was assured has been added to the Participant Recruitment (page 2). A sentence has been added to Data Collection indicating that Interviews were conducted in a private space (page 3).**

	C. Issues around analysis, findings, interpretation, and conclusions [COREQ #29-32] 1) The quotes would pack a bigger punch if they included fewer ellipses and brackets, as these devices indicate assumptions of meaning by the authors. **We have not changed the quotes. We followed the convention where ellipses were used to remove words such as 'you know' or duplicate words. Brackets were used when referring to a confidential piece of information or the participant was referencing a comment made earlier in the interview and outside of the quoted passage, thereby requiring elaboration to be understood by the reader.** 2) How many and whose voices are we hearing? I would like to see the quotes attributed to (anonymized) speakers, identified by profession, age and gender (if doing so would not compromise confidentiality) **The quotations have been identified with the participants' numbers and professions.** 3) To me there seems to be a discrepancy between the reported results and their analysis and interpretation. You describe the four health care processes as 'inextricably woven together' and this forms your main, strong and perspicacious conclusion; however, you still report findings by each health care process separately. Using a grounded-theory approach, the categories of analysis emerge from the data. If I understand your interpretation correctly, these were a) the central need for mental health care provision, b) the importance of taking a 'whole patient' approach, and c) the efforts of participants to convince patients and the wider health system that the FHT is a valid and integrated entity. Reporting the results by process does not highlight, and in fact tends to obscure these interesting findings. **This comment is consistent with Reviewer 1 and we have placed the patient-centred findings at the beginning of this section. This provides upfront the importance of the inter-woven nature of the processes. As well, linking sentences have been added between the findings on each process to highlight the inter-relatedness. We have also reordered the listing of the processes in the Introduction to be consistent throughout the paper.**
Reviewer 3	Sarah Munce
Institution	Toronto Rehabilitation Institute
General comments (author response in bold)	Major Comments INTRODUCTION 1. It is suggested that the authors reword the purpose statement (and any references to the purpose of the study) to the following: "Therefore, this study sought to understand…" rather than "sought to examine…" (page 2). **The purpose has been clarified and now indicates that "this study sought to provide a further understanding of how these processes of care are enacted by FHTs." (page 2).** METHODS 2. For transparency, it is suggested that the authors state explicitly how this study differed from the previous study [18] given the mention of teamwork/team collaboration in the FINDINGS section (page 2; lines 16-17). **This reference is confusing and has been removed. The article to which we refer discussed the level of team functioning among the team members. This current article looks at patient care and how it was delivered. (page 2)** Data Collection 3. The authors should specify whether or not the interview guide was pilot tested and who the guide was pilot tested with. Also, it is unclear from the example questions provided how the authors fulfilled their study purpose of understanding how the processes are inter-related (i.e., from the questions provided it appears as if the individual processes were asked about rather than questions about how the processes are related, as specified in the purpose statement). Please clarify this (page 2). **The interview guide was not pilot tested, although modifications were made through the iterative on-going data collection and analysis of interviews. Questions about the inter-relatedness were not in fact asked; rather this theme emerged from the data during the analysis and constant comparison.** 4. The authors should also specify whether or not saturation was achieved either in the Data Collection section or the Data Analysis section (page 2 or page 3). **That saturation was reach has been placed in the Data Collection section (page 3).** Data Analysis

	5. It would be helpful if the authors could specify whether "the next iteration of the analysis" involved all three coders or just one coder (page 3). **This has been added to the text under Data Analysis (page 3).** Ethics Approval 6. The authors should specify the protocol number for their ethics approval (page 3). **This has been added to the text under Ethics Approval (page 4).** FINDINGS (pages 4-9). 7. In keeping with the COREQ checklist, each quotation should have an associated participant number. The reader would then be able to discern whether or not the results were found across a diversity of cases. It would be helpful to indicate the type of professional/staff member that each quote is assigned to (e.g., Participant 1, Physician). **The quotations have been identified with the participants' numbers and professions.** INTERPRETATION 8. The authors state, "The greatest challenges the FHTs faced were the logistical and bureaucratic barriers they encountered". This sentence could be clarified if examples of these barriers were provided (page 11, lines 11-13). **An example was provided and follows the aforementioned sentence (page 13). However, we recognize it may not have been clearly stated as an example of a challenge and so this has been made more explicit.** 9. Other limitations of the study should be discussed including the fact that the majority of participants were female (page 11). **We did not see this as a limitation because it reflects the make-up of Family Health Teams. As an example, 50% of family physicians are female, and the vast majority of team members from other professions such as social work, nursing, dietician, and administrative staff were female.** Minor Comments FINDINGS Access 1. "…articulated…an execution of access" is awkwardly stated and should be re-worded (page 4, line 30). **This has been reworded (page 6).** INTERPRETATION 2. The sentence, "Our participants' unsolicited emphasis on the unique access to mental health services within their FHTs, as "added value", was a new and important finding" is unclear given that "finding" has been crossed out (page 10, lines 9-11). Please review this. **This was a typographical error that has been fixed (page 12).** 3. All acronyms should be introduced when they are first used (throughout the manuscript). **We have reviewed the manuscript but do not see any acronyms that are not first spelled out in full. If we have overlooked some, we would be happy to fix them.** 4. Given the importance of illuminating these processes of care, the authors could consider including a diagram/figure about how these processes are inter-related and the mechanisms by which they occur. **We have considered this suggestion and believe that the reordering of the Findings now clearly illuminates the inter-relatedness of the processes. We do not think a diagram will add to this understanding.** 5. Finally, another future direction to be included in the text could be the replication of this study in patient participants (page 11). **The authors agree and this has been added to the Conclusion (page 14).**
Reviewer 4	Saad Shakeel
Institution	McMaster University, Surgery
General comments (author response in bold)	Minor Revisions 1) Introduction: - It may be helpful to provide definitions of key processes, in specific patient-centered care. It becomes evident in interpretation section that these measures were defined differently by individual participants. Based on the review of literature, it appears that a unified approach to defining these measures is absent. **o The way we define key processes has implications on evaluating**

	performance of FHT's. Lack of proper definition induces subjectivity, which may point towards a need to standardize these important frameworks of care quality. **o An acknowledgement of the fact that there exist no unanimous definitions for these measures may be adequate. If the authors do choose a definition, it may be pertinent to comment (in discussion section) on whether the interviewees perceived these concepts differently than the chosen definitions. It could represent a need for attitude change/training.** **We appreciate and agree with the reviewer's comments and reflections on the important role of definitions. We did not offer our participants' definitions of these processes of care as we felt it would be too prescriptive and not in line with grounded theory methodology. The descriptions of the processes of care emerged from the data. That being said, at the reviewers' request we have added definitions in the Introduction that are commonly used in the context of primary health care (page 1 and 2).** 2) Methodology: - It is unclear why the Ontario College of Family Physicians (OCFP) chose FHT practice sites? It could be helpful to provide an explanation of how this might have impacted or potentially biased the results. The authors do mention that the goal of site selection was to ensure diversity of participants but it would be valuable to describe the process in a bit more detail. **We have clarified in the Participant Recruitment that the recruiting of the FHTs was done with administrative assistance from the Ontario College of Family Physicians. Additionally, the parameters around maximum variation for the sites was described in the text (page 2).** **o Address the limitations associated with sampling technique e.g. executive director or office manager may be more likely to choose participants that can present an 'idealist' version of the practice.** **While the authors acknowledge the conceptual reality of this limitation, the candor of the participants assured the authors that this indeed was not the case. Participants mentioned areas of concern such as long wait lists for mental health access and challenges in managing transitions of care noted, for example, in the coordination section of the paper.** - Consider providing a list of questions asked in semi-structured interviews. Do we know that leading questions were not asked that may sway findings in a particular direction? **o For instance, instead of asking 'describe how your team provides timely access?', would it make any difference to the findings if the question was, 'Do you believe your organization provides timely access? If yes, describe the process".** **We have added an appendix with the semi-structured interview guide.** 3) Discussion: - It could be added in the limitations section that the interviews provide one-dimensional view of how the care is delivered. It seems obvious that provider(s) will regard their quality of provided care to be 'excellent' since funding bodies were involved in the study. **We do not believe that this was a limitation because the participants openly discussed their challenges and sub-optimal care such as the concerns expressed around difficulties in transitions of care.** - For future research, may be point towards a need to conduct patient's interviews at these sites to gain their perspective on FHT's and insights into any recommended improvements in care processes and outcome. **The need to gain the patient perspective on these processes of care is acknowledged in the Conclusion of the paper (page 14).**