PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	HOW PRIMARY HEALTHCARE IN ICELAND SWIFTLY CHANGED ITS STRATEGY IN RESPONSE TO THE COVID-19 PANDEMIC
AUTHORS	Sigurdsson, Emil Larus; Blondal, Anna Bryndis; Jonsson, Jon Steinar; Tomasdottir, Margret Olafia; Hrafnkelsson, Hannes; Linnet, Kristjan; Sigurdsson, Johann Agust

VERSION 1 – REVIEW

REVIEWER	Victor Santana Núcleo de Epidemiologia e Saúde Pública. Universidade Federal de Alagoas, Brazil.
REVIEW RETURNED	12-Aug-2020

GENERAL COMMENTS	This study describes how the primary healthcare (PHC) in Iceland changed its tasks to handle the coronavirus disease (covid-19) pandemic. The manuscript is well written and presents important information about how PHC can work in coping with covid-19. In spite of that, I would like to raise some concerns. 1) Abstract a) Study design. For me, this is a descriptive observational study. b) Conclusion. The conclusion is not supported by the results presented. Furthermore, it is not linked to the objective of the study. I suggest rewriting the conclusion of the abstract or add a sentence to the abstract results that supports the conclusion. 2) Methods a) A division of the sub-header is recommended. I would like to suggest: METHODS >> Study design >> Setting and population >> Data sources >> Data analysis. b) Setting. In this section there are many sentences that have already been mentioned in the introduction. I suggest removing them. c) Data analysis. The manuscript would be strengthened if the authors provided more details as they analyzed the data. What statistical tests were used? What comparisons were made? 3) Results a) In several situations, the authors compare the average of 2018/2019 to an absolute number of 2020. This type of comparison has not been usual and may introduce bias. Perhaps, the authors could only compare 2019 with 2020, or else report a comparison using 2018, 2019 and 2020 separately.

	b) There are several comparisons in the text that are not accompanied by a P-value. I recommend to insert them.
	c) In table 1, the authors presented P-values, but do not inform which statistical test generated them. I recommend to inform the statistical test.
	4) Discussion
	The authors argue that there were no changes in maternity care and well-child care consultations. However, this message was not clear in the results. The figure appears to refer to consultation data during the pandemic. It was not clear how they were during 2018 and 2019.
	I recommend to insert a paragraph with the limitations of the study.

REVIEWER	Thiago Dias Sarti
	Federal University of Espírito Santo, Brazil.
REVIEW RETURNED	08-Sep-2020

GENERAL COMMENTS	First of all, I would like to congratulate the authors on their work. We need data on the changes in the organization of health systems in the face of the pandemic. This study has the potential to interest readers from different contexts.
	I will make some observations about some weaknesses of the research and problems in structuring the article:
	1. In the introduction, the authors explore how the actions were initially planned in the face of the pandemic. I believe that readers from other countries may miss an objective but informative explanation about the governance of the health system under analysis, as well as the administrative nature of the services. For example, is primary care services offered by the government itself or is it owned by health professionals like in England? To what extent has the governance and administrative nature of the system facilitated or hindered the type of response described in the article? How can this be expressed in other countries with different systems?
	2. It may seem obvious, but it is important to comment on how the governmental decision was made to prioritize the care of children and pregnant women during the pandemic, and the role of primary care in this type of care before the pandemic. In some places, pregnant care is not a primary care core attribution, for example.
	3. In the methods, the authors describe the p-value. However, they do not describe the types of statistical analysis used in the results.
	4. Various information on the organization of the health system is repeated throughout the article without necessity. For example, I read that the sample collection is done in the person's car in the introduction and on page 14. There is information repeated unnecessarily in the discussion as well.
	5. Table 1 - I think it is not the best option to say that all the p-values were significant without showing them. I suggest putting the subtitle of abbreviations too (PHC, OHS etc.).
	6. The paragraph right after table 1 brings repeated information without necessity and figure 1 is a repetition of what is shown in table 1 with more detail of the weeks.
	7. In the topic "web chat", you do not show the percentage of growth of the values.
	8. The authors show that the number of prenatal exams has increased by 10%. But this is not explained in the discussion.

9. I have doubts about the necessity of figures 3 and 4. The text already clarifies the issue and the figures do not add information. Besides, they have no title.

10. About antibiotics prescription, the abstract says that there was no change. But the results show that the overall number of prescriptions has not changed and that the location (face to face, telephone etc) of the prescription has changed. Furthermore, the article does not show if there has been a change in the types of antibiotics prescribed. For example, did the prescription of azithromycin increase at the beginning of the pandemic, when we still had doubts about the drug treatment of COVID-19? The data presented leave doubts about what is stated in the summary.

11. The discussion of the article is not sufficiently analytical. It repeats findings of the results without discussing in-depth the implications of what was described. It does not address the limitations of the study. It makes little progress in what needs to be studied.

12. In the discussion, the authors state that "Our study clearly reveals the importance of well-established PHC as the place [...]". This statement is not wrong, as the literature shows, but the results of the article do not allow us to analyze the impact of the reorganization of primary care throughout the health system. It is not shown whether in fact primary care has protected hospitals from overload. It is not shown the impact of this reorganization on the life of health professionals, the quality of health care, patient satisfaction, etc. The article only shows that primary care consultation has increased and that there has been a change in the profile of this care without probably impacting the access of vulnerable populations, although even here we do not know if there has been a negative impact on the quality of health care for children and pregnant. I suggest some caution here.

13. On page 19, this is the first time we see that the authors use ICD-10 to classify the reasons for consultation. This was not described in the methods and figure 2 is confusing in this sense, mixing diagnoses of different natures in the same figure without knowing for sure how this data was recorded by the professional.

REVIEWER	Dr. med. Johannes Just Witten/Herdecke University Medical Faculty Department of General Practice and Interprofessional Care Witten, GERMANY
REVIEW RETURNED	09-Sep-2020

| GENERAL COMMENTS | The authors present a straightforward piece of work with a clear method. In their cross sectional study they compare strategies and use of primary care services during the early months of the COVID-19 pandemic with data from prior years.
The results suggest that the strategies that were used are an example of a thorough and thoughtful preparation towards an emerging epidemic that could act as a role model for many larger countries.
I have some minor comments regarding the title and abstract and a general comment regarding the presentation/interpretation of results.

Title: I would suggest talking about providers because primary care itself is just a general term and doesn't change policy. Suggestion: "How primary care providers in Iceland swiftly….their strategy…. "
Also one could argue that this is not the main focus of the paper. |

Alternative title suggestion: "Changes in patients use of primary healthcare and provider strategies during the COVID-19 pandemic in Iceland." Please reconsider the exact wording of the title after the rest of the review has been adopted.

I would suggest to use "COVID-19" pandemic instead of SARS-COV-2. You have done so in the conclusion of the abstract, but not in the title.

Abstract:
I suggest making it more clear that 1. Strategic changes were made by decision-makers in PCH and 2. Patients' behavior changed anyway, leading to different patterns of use. Therefore, the objectives of the study would be to describe changes in PHC use which were likely caused by 1 and 2. As of now it reads like PHC providers caused all changes by their change in strategy.

Introduction:
Line 9: suggestion: The COVID-19 pandemic caused by SARS-COV-2 has challenged…

Results:
Table 1: please put acronyms PHC and OHS in brackets behind the corresponding term in the title in order to make the table self-explanatory.

General remark: As of now, the main message of your paper reads like "there were more consultations and we were well prepared." This is of course true, but should be extended. Other important messages are:
• general consultations for e.g. chronic diseases decreased, while
• well-child care and obstetrics remained stable
I would therefore suggest adding a paragraph at the beginning of the results section that contains the main results, e.g:
Overall consultations increased by XXX% of which XX% were COVID-19-related. Regular consultations decreased by XX% while well-child care and obstetrics visits only changed slightly by XX%.

Figure 2: in addition to figure 2, please provide a figure that contains the most common diagnoses of 2018/2019 in comparison to 2020 using a similar bar chart with two colours (e.g. Hypertension in 2018/2019 in blue and Hypertension in 2020 red next to it, after that insomnia etc.). This should help readers to understand how "normal care" was impacted.

Discussion:
• Please give a short summary of your main results at the beginning of the discussion section
• Page 19, line 9: I believe the whole discussion about respirators was misleading. It was not the number of respirators but the number of skilled personnel that could operate them that was the critical obstacle. Alternatively, the authors could say that ventilation capacity was the critical obstacle.
• Page 9 line 45: …compared to THE same…
• Page 20, line 24: ICD Z 71.1 has diverging translations. In German it says "Use of healthcare system for other reasons" which is much different to "feared health complications" which puts more focus on fear. Please check the Icelandic translation if it corresponds correctly with the English version. If not, please inform the reader briefly.
• Please include a discussion of data from other countries regarding

	use of PHC. To my knowledge, other papers have put a focus on how health care visits decreased during the pandemic. I have put some examples below, although most data was collected from hospital emergency wards. You do not have to cite any of the papers I have listed but you should compare your results to data from other countries that you find suitable. Lange SJ, Ritchey MD, Goodman AB, Dias T, Twentyman E, Fuld J, et al. Potential Indirect Effects of the COVID-19 Pandemic on Use of Emergency Departments for Acute Life-Threatening Conditions - United States, January-May 2020. MMWR Morb Mortal Wkly Rep. 2020;69:795–800. doi:10.15585/mmwr.mm6925e2. Vincentiis L de, Carr RA, Mariani MP, Ferrara G. Cancer diagnostic rates during the 2020 'lockdown', due to COVID-19 pandemic, compared with the 2018-2019: an audit study from cellular pathology. J Clin Pathol 2020. doi:10.1136/jclinpath-2020-206833. Torzilli G, Viganò L, Galvanin J, Castoro C, Quagliuolo V, Spinelli A, et al. A Snapshot of Elective Oncological Surgery in Italy During COVID-19 Emergency. Ann Surg. 2020;272:e112-e117. doi:10.1097/SLA.0000000000004081. Seiffert, Moritz, et al. "Temporal trends in the presentation of cardiovascular and cerebrovascular emergencies during the COVID-19 pandemic in Germany: an analysis of health insurance claims." Clinical Research in Cardiology (2020): 1-9. Slagman, Anna, et al. "Medical Emergencies During the COVID-19 Pandemic." Deutsches Arzteblatt international 117.33-34 (2020): 545-552. Conclusions: Please add the fact that the use of PHC for "non-COVID related issues" decreased

VERSION 1 – AUTHOR RESPONSE

Reviewer(s)' Comments to Author:

Reviewer: 1

Reviewer Name: Victor Santana
Institution and Country: Núcleo de Epidemiologia e Saúde Pública. Universidade Federal de Alagoas, Brazil.
Competing interests: None declared

Please leave your comments for the authors below This study describes how the primary healthcare (PHC) in Iceland changed its tasks to handle the coronavirus disease (covid-19) pandemic. The manuscript is well written and presents important information about how PHC can work in coping with covid-19. In spite of that, I would like to raise some concerns.

We thank the reviewer for constructive comments. We will address each comment here below.

5.
1) Abstract
a) Study design. For me, this is a descriptive observational study.

Response: You are right, thank you. We have changed this accordingly.

b) Conclusion. The conclusion is not supported by the results presented. Furthermore, it is not linked to the objective of the study. I suggest rewriting the conclusion of the abstract or add a sentence to the abstract results that supports the conclusion.

Response: We agree and have added a sentence in the beginning of result section of the abstract.

6.

2) Methods

a) A division of the sub-header is recommended. I would like to suggest:

METHODS >> Study design >> Setting and population >> Data sources >> Data analysis.

Response: We agree and have added sub-header in the revised manuscript.

b) Setting. In this section there are many sentences that have already been mentioned in the introduction. I suggest removing them.

Response: We have reviewed both the introduction chapter and the chapter on settings and have changed accordingly and deleted sentences.

c) Data analysis. The manuscript would be strengthened if the authors provided more details as they analyzed the data. What statistical tests were used? What comparisons were made?

Response: We agree and have added more information in data analysis.

7.

3) Results

a) In several situations, the authors compare the average of 2018/2019 to an absolute number of 2020. This type of comparison has not been usual and may introduce bias. Perhaps, the authors could only compare 2019 with 2020, or else report a comparison using 2018, 2019 and 2020 separately.

Response: We do compare the average of the two months 2018/2019 with the average of the same month year 2020. It is our understanding that that comparison is correct. While we were working on the response to the review of our article, a study on the use and content of primary care office-based versus telemedicine care visits during the covid-19 pandemic in the US was published1. The authors use the average number of encounters during the years 2018 and 2019.

1Alexander GC et al. – Use and Content of Primary Care Office-Based vs Telemedicine Care Visits During the COVID-19 Pandemic in the US, JAMA Netw Open, 2020; 3(10): e2021476

b) There are several comparisons in the text that are not accompanied by a P-value. I recommend to insert them.

Response: We agree and have now added p-values.

c) In table 1, the authors presented P-values, but do not inform which statistical test generated them. I recommend to inform the statistical test.

Response: Good point. We have added information on this in the subtext.

8.

4) Discussion

The authors argue that there were no changes in maternity care and well-child care consultations. However, this message was not clear in the results. The figure appears to refer to consultation data during the pandemic. It was not clear how they were during 2018 and 2019.

Response: Thank you very much for this comment. We have now added information about this in the section on consultation rate and modalities.

I recommend to insert a paragraph with the limitations of the study.

Response: A special section on strengths and limitations has been added according to Editorial request.

Reviewer: 2

Reviewer Name: Thiago Dias Sarti
Institution and Country: Federal University of Espírito Santo, Brazil.
Competing interests: None declared

Please leave your comments for the authors below First of all, I would like to congratulate the authors on their work. We need data on the changes in the organization of health systems in the face of the pandemic. This study has the potential to interest readers from different contexts.
I will make some observations about some weaknesses of the research and problems in structuring the article:

We thank the reviewer for very helpful comments. Each comment will be addressed below.

9.
1.   In the introduction, the authors explore how the actions were initially planned in the face of the pandemic. I believe that readers from other countries may miss an objective but informative explanation about the governance of the health system under analysis, as well as the administrative nature of the services. For example, is primary care services offered by the government itself or is it owned by health professionals like in England? To what extent has the governance and administrative nature of the system facilitated or hindered the type of response described in the article? How can this be expressed in other countries with different systems?
Response: A very good point. We have added two sentences in the Setting section to explain this further.
10.
2.   It may seem obvious, but it is important to comment on how the governmental decision was made to prioritize the care of children and pregnant women during the pandemic, and the role of primary care in this type of care before the pandemic. In some places, pregnant care is not a primary care core attribution, for example.
Response: We have responded to this comment and added an explanatory text to the first paragraph in the Setting section, see also the response above.
3.   In the methods, the authors describe the p-value. However, they do not describe the types of statistical analysis used in the results.
Response: Correct and we have added this information in the data analysis section.

12.
4.   Various information on the organization of the health system is repeated throughout the article without necessity. For example, I read that the sample collection is done in the person's car in the introduction and on page 14. There is information repeated unnecessarily in the discussion as well.
Response: Very good point. We have removed paragraphs on page 14.

13.
5.   Table 1 - I think it is not the best option to say that all the p-values were significant without showing them. I suggest putting the subtitle of abbreviations too (PHC, OHS etc.).
Response: We agree and this is now explained in subtitle.
14.
6.   The paragraph right after table 1 brings repeated information without necessity and figure 1 is a repetition of what is shown in table 1 with more detail of the weeks.

Response: In our opinion we think this will give the readers more information in an easy and understandable way.

15.

7.   In the topic "web chat", you do not show the percentage of growth of the values.

Response: We considered it better and more informative to give the number as we do, i.e. number/1 000 inhabitants, which is a common way of presenting such numbers.

16.

8.   The authors show that the number of prenatal exams has increased by 10%. But this is not explained in the discussion.

Response: The number of laboratory test in prenatal care increased by 10% and the number of prenatal exams is addressed in the discussion chapter.

17.

9.   I have doubts about the necessity of figures 3 and 4. The text already clarifies the issue and the figures do not add information. Besides, they have no title.

Response: We think the adage that a picture is worth a thousand words is appropriate in this context as eye catching pictures can help readers to get a very quick overview of the relevant changes.

18.

10.   About antibiotics prescription, the abstract says that there was no change. But the results show that the overall number of prescriptions has not changed and that the location (face to face, telephone etc) of the prescription has changed. Furthermore, the article does not show if there has been a change in the types of antibiotics prescribed. For example, did the prescription of azithromycin increase at the beginning of the pandemic, when we still had doubts about the drug treatment of COVID-19? The data presented leave doubts about what is stated in the summary.

Response: The purpose of this study was not to address the profile of antibiotic prescribing.

19.

11.   The discussion of the article is not sufficiently analytical. It repeats findings of the results without discussing in-depth the implications of what was described. It does not address the limitations of the study. It makes little progress in what needs to be studied.

Response: Good and very valuable point. The limitations have now been described according to the request of the Editor. The implications and the lessons learned from this study are presented in the Conclusions and Implications chapter.

20.

12.   In the discussion, the authors state that "Our study clearly reveals the importance of well-established PHC as the place [...]". This statement is not wrong, as the literature shows, but the results of the article do not allow us to analyze the impact of the reorganization of primary care throughout the health system. It is not shown whether in fact primary care has protected hospitals from overload. It is not shown the impact of this reorganization on the life of health professionals, the quality of health care, patient satisfaction, etc. The article only shows that primary care consultation has increased and that there has been a change in the profile of this care without probably impacting the access of vulnerable populations, although even here we do not know if there has been a negative impact on the quality of health care for children and pregnant. I suggest some caution here.

Response: We have responded to this comment by changes in the first sentence in the discussion chapter.

21.

13.   On page 19, this is the first time we see that the authors use ICD-10 to classify the reasons for consultation. This was not described in the methods and figure 2 is confusing in this sense, mixing diagnoses of different natures in the same figure without knowing for sure how this data was recorded by the professional.

Response: In the method section we write about gathering information on the most common diagnoses. We have added more information on this in the section on Data source. As we count the ten most common diagnosis it is inevitable that we can end up with a list of "mixed diagnosis".

Reviewer: 3

Reviewer Name: Dr. med. Johannes Just
Institution and Country:
Witten/Herdecke University
Medical Faculty
Department of General Practice and Interprofessional Care Witten, GERMANY Competing interests: None declared

Please leave your comments for the authors below The authors present a straightforward piece of work with a clear method. In their cross sectional study they compare strategies and use of primary care services during the early months of the COVID-19 pandemic with data from prior years.
The results suggest that the strategies that were used are an example of a thorough and thoughtful preparation towards an emerging epidemic that could act as a role model for many larger countries.
I have some minor comments regarding the title and abstract and a general comment regarding the presentation/interpretation of results.

We thank the reviewer for very useful comments and each comment will be attended to below.

22.
Title: I would suggest talking about providers because primary care itself is just a general term and doesn't change policy. Suggestion: "How primary care providers in Iceland swiftly….their strategy…. "
Also one could argue that this is not the main focus of the paper. Alternative title suggestion: "Changes in patients use of primary healthcare and provider strategies during the COVID-19 pandemic in Iceland." Please reconsider the exact wording of the title after the rest of the review has been adopted.
Response: Good point, we have made changes to the title according to these comments.

23.
I would suggest to use "COVID-19" pandemic instead of SARS-COV-2. You have done so in the conclusion of the abstract, but not in the title.
Response: We have changed the title and use COVID-19 instead of SARS-COV-2.

24.
Abstract:
I suggest making it more clear that 1. Strategic changes were made by decision-makers in PCH and 2. Patients' behavior changed anyway, leading to different patterns of use. Therefore, the objectives of the study would be to describe changes in PHC use which were likely caused by 1 and 2. As of now it reads like PHC providers caused all changes by their change in strategy.
Response: We do know that strategic changes were made by decision-makers in PHC and that led to changes in patients' behaviour BUT we don´t know if patients' behaviour would have changed without the strategic or task changes. However, this has been addressed previously and is open for debate.

25.
Introduction:
Line 9: suggestion: The COVID-19 pandemic caused by SARS-COV-2 has challenged…
Response: Good suggestion. We have changed accordingly.

26.
Results:
Table 1: please put acronyms PHC and OHS in brackets behind the corresponding term in the title in order to make the table self-explanatory.
Response: We have put it in the subtext.

27.
General remark: As of now, the main message of your paper reads like "there were more consultations and we were well prepared." This is of course true, but should be extended. Other important messages are:
•   general consultations for e.g. chronic diseases decreased, while
•   well-child care and obstetrics remained stable
I would therefore suggest adding a paragraph at the beginning of the results section that contains the main results, e.g:
Overall consultations increased by XXX% of which XX% were COVID-19-related. Regular consultations decreased by XX% while well-child care and obstetrics visits only changed slightly by XX%.
Response: Thanks for this comment. This information is provided in respective results section.

28.
Figure 2: in addition to figure 2, please provide a figure that contains the most common diagnoses of 2018/2019 in comparison to 2020 using a similar bar chart with two colours (e.g. Hypertension in 2018/2019 in blue and Hypertension in 2020 red next to it, after that insomnia etc.). This should help readers to understand how "normal care" was impacted.
Response: Very interesting idea but as some of the top ten diagnosis used in 2020 are not on the top ten list in 2018/2019 we think this figure illustrates better the changes seen from the normal years 2018/2019 versus the exceptional year 2020.

29.
Discussion:
•   Please give a short summary of your main results at the beginning of the discussion section
Response: Very good point and we have thus changed the beginning of the discussion section.

30.
•   Page 19, line 9: I believe the whole discussion about respirators was misleading. It was not the number of respirators but the number of skilled personnel that could operate them that was the critical obstacle. Alternatively, the authors could say that ventilation capacity was the critical obstacle.
Response: Thank you for this comment and this was observed in many countries but in Iceland it was the number of respirators that was the main obstacle.

31.
•   Page 9 line 45: …compared to THE same…
Response: We have added THE in there.

32.
•   Page 20, line 24: ICD Z 71.1 has diverging translations. In German it says "Use of healthcare system for other reasons" which is much different to "feared health complications" which puts more focus on fear. Please check the Icelandic translation if it corresponds correctly with the English version. If not, please inform the reader briefly.
Response: Thank you for this important observation. According to ICD 10 the diagnosis Z 71.1 is: Feared condition not demonstrated. Problem was normal state, "Worried well". This is in line with the

use of this diagnosis in Iceland and we agree that it is not the same as the German translations of "use of healthcare for other reasons".

33.
•   Please include a discussion of data from other countries regarding use of PHC. To my knowledge, other papers have put a focus on how health care visits decreased during the pandemic. I have put some examples below, although most data was collected from hospital emergency wards. You do not have to cite any of the papers I have listed but you should compare your results to data from other countries that you find suitable.
Response: As we point out in the discussion section very few studies have been done on how the general practice faced this Covid-19 pandemic. We are thankful for the references mentioned here below but these are not PHC studies.

Lange SJ, Ritchey MD, Goodman AB, Dias T, Twentyman E, Fuld J, et al. Potential Indirect Effects of the COVID-19 Pandemic on Use of Emergency Departments for Acute Life-Threatening Conditions - United States, January-May 2020. MMWR Morb Mortal Wkly Rep. 2020;69:795–800. doi:10.15585/mmwr.mm6925e2.

Vincentiis L de, Carr RA, Mariani MP, Ferrara G. Cancer diagnostic rates during the 2020 'lockdown', due to COVID-19 pandemic, compared with the 2018-2019: an audit study from cellular pathology. J Clin Pathol 2020. doi:10.1136/jclinpath-2020-206833.

Torzilli G, Viganò L, Galvanin J, Castoro C, Quagliuolo V, Spinelli A, et al. A Snapshot of Elective Oncological Surgery in Italy During COVID-19 Emergency. Ann Surg. 2020;272:e112-e117. doi:10.1097/SLA.0000000000004081.

Seiffert, Moritz, et al. "Temporal trends in the presentation of cardiovascular and cerebrovascular emergencies during the COVID-19 pandemic in Germany: an analysis of health insurance claims." Clinical Research in Cardiology (2020): 1-9.

Slagman, Anna, et al. "Medical Emergencies During the COVID-19 Pandemic." Deutsches Arzteblatt international 117.33-34 (2020): 545-552.

34.
Conclusions:
Please add the fact that the use of PHC for "non-COVID related issues" decreased
Response: Thank you for this important comment. We have added this in the conclusion.

VERSION 2 – REVIEW

REVIEWER	Victor S. Santos Núcleo de Epidemiologia e Saúde Pública. Universidade Federal de Alagoas, Arapiraca, Brazil.
REVIEW RETURNED	21-Oct-2020

| GENERAL COMMENTS | I congratulate the authors for their efforts to strengthen their manuscript. Although most of the questions raised have been answered, I still have minor concern about the statistical test used to compare the two periods. The authors mentioned that they used the chi-square test to compare the average attendances between the period 2018/19 and 2020. They mentioned the manuscript "Use and Content of Primary Care Office-Based vs Telemedicine Care Visits |

	During the COVID-19 Pandemic in the US" recently published. However, that paper did not use chi-square and did not compare means. They used the Pearson correlation coefficient. To compare means we use either the Mann-Whitney test (when there is an asymmetric distribution) or the T-Student test (for a symmetrical distribution). The chi-square test is usually used to compare proportions, especially on a 2x2 table. Therefore, I recommend consulting with a statistician for better accuracy of the statistical test used.

REVIEWER	Johannes Just Witten Herdecke University, Medical Faculty, Germany
REVIEW RETURNED	21-Oct-2020

GENERAL COMMENTS	Dear authors, as I have pointed out, you need to discuss your results in the context of other data. I have offered you possible papers to cite which you have dismissed with the comment that there is no other work concerning the PHC sector. That I did find hard to believe. A 30-second search has turned up at least one relevant paper. https://bmjopen.bmj.com/content/10/6/e039674.abstract Please do a thorough research and discuss your results in the light of the results other authors have presented.

VERSION 2 – AUTHOR RESPONSE

Reviewer: 3
Reviewer Name: Johannes Just

Reviewer: 1
Reviewer Name: Victor S. Santos

Reviewer: 3
Institution and Country: Witten Herdecke University, Medical Faculty, Germany

Reviewer: 1
Institution and Country: Núcleo de Epidemiologia e Saúde Pública. Universidade Federal de Alagoas, Arapiraca, Brazil.

Reviewer: 3

Comments to the Author
Dear authors,

2. as I have pointed out, you need to discuss your results in the context of other data. I have offered you possible papers to cite which you have dismissed with the comment that there is no other work concerning the PHC sector. That I did find hard to believe. A 30-second search has turned up at least one relevant paper.
Please do a thorough research and discuss your results in the light of the results other authors have presented.

We thank the reviewer for his comments. The references he previously offered were in our opinion not appropriate to cite as they mostly came from secondary care. Now we have again done a thorough research and added seven important references from primary care.

Reviewer: 1

Comments to the Author
3. I congratulate the authors for their efforts to strengthen their manuscript. Although most of the questions raised have been answered, I still have minor concern about the statistical test used to compare the two periods. The authors mentioned that they used the chi-square test to compare the average attendances between the period 2018/19 and 2020. They mentioned the manuscript "Use and Content of Primary Care Office-Based vs Telemedicine Care Visits During the COVID-19 Pandemic in the US" recently published. However, that paper did not use chi-square and did not compare means. They used the Pearson correlation coefficient.

To compare means we use either the Mann-Whitney test (when there is an asymmetric distribution) or the T-Student test (for a symmetrical distribution). The chi-square test is usually used to compare proportions, especially on a 2x2 table.

Therefore, I recommend consulting with a statistician for better accuracy of the statistical test used.

We thank the reviewer for positive comments. We have consulted statistician again. After looking at this again he advised using exact test based on the Poisson distribution for rates. We have done that and calculated p values with R statistical software. However, there were no changes in p values. We have changed this in the article section on Data analyses.

Reviewer: 3
Competing interests 1: none declared

Reviewer: 1
Competing interests 1: None declared

VERSION 3 – REVIEW

REVIEWER	Victor S. Santos Núcleo de Epidemiologia e Saúde Pública. Universidade Federal de Alagoas, Arapiraca, Brazil.
REVIEW RETURNED	23-Nov-2020

GENERAL COMMENTS	I congratulate the authors for their efforts to address the concerns raised. The topic presented is quite important, since primary health care can play a crucial role in coping with the pandemic COVID-19.

REVIEWER	Johannes Just Witten/Herdecke University, Germany
REVIEW RETURNED	23-Nov-2020

GENERAL COMMENTS	The authors have now produced a more thorough background of other papers in their discussion.

	The sentence "Our study also showed changes in the diagnosis pattern butand indicateds that the flexibility in our PHC cancould preserve preventive measures and probably the most common diagnoses." needs rephrasing as it is palpable what was meant by it but in my opinion english language is inadequate.