PEER REVIEW HISTORY

ARTICLE DETAILS

TITLE (PROVISIONAL)	Health providers' experiences with mental health specialist video consultations in primary care: A qualitative study nested within a randomised feasibility trial
AUTHORS	Haun, Markus; Hoffmann, Mariell; Wildenauer, Alina; Tönnies, Justus; Wensing, Michel; Szecsenyi, Joachim; Peters-Klimm, Frank; Krisam, Regina; Weber, Dorothea; Hartmann, Mechthild; Friederich, Hans-Christoph

VERSION 1 – REVIEW

REVIEWER	Gemma Johns Aneurin Bevan Health Board, Informatics, TEC Cymru
REVIEW RETURNED	17-May-2021

GENERAL COMMENTS	This is a well written paper, but looking at the questions asked (in supplementary data) more findings would be ideal. Back in 2019, pre-COVID, this data would have been informative. But today, due to COVID, VC-related papers are common, and therefore the findings would need to add to the literature. It is good to see a paper written on VC pre-COVID. However, this is now up against more in-depth work which is being conducted worldwide. However, I do think that some of the methods could be condensed and the results could be expanded to discuss more on how VC booking was conducted and the process itself - as in my opinion, there isnt much on that.

REVIEWER	Donald Hilty Northern California Veterans Administration Health Care System, MH
REVIEW RETURNED	23-May-2021

GENERAL COMMENTS	General comments 1. This is an interesting study, with good methods and meaningful results. It progresses throughout to help the reader learn. We need more of this type of studies for 'good' implementation of technology – probably should mention implementation science, effectiveness and translational paradigms with references. 2. Presentation. a. Readability: good. b. Flow/logic: good. c. Formatting of work: good; some corrections below. Specific comments Key words? 1. Could mention workflow and implementation. 2. This itself is not an RCT: delete. Title.

	1. Okay, but this is not an RCT; that entices potential readers but is misleading? Abstract. 1. Good. 2. Travel distances (for who?) …the implementation: unclear. Introduction. 1. It is brief, almost too brief, so do we really get the: a. Background/relevance? b. Current state? c. What we don't know/gap (i.e., what the hole is in the literature)? d. Objectives: yes. Methods. 1. Good formatting: helpful/applicable a. IRB? Results. 1. Good. 2. Member checking: to the Methods…or is this a repeat para? Discussion. 1. It is too long, not synthetic enough and needs focus. Consider into 4 paragraphs and make it more synthetic: a. Relevant findings: good. b. Link with others' findings: good. c. Implications: good. d. Limitations: go last. 2. 'Prior investigations…its use' refs 24-25 go here not after the next sentence? Conclusion. 1. Cut in half. References 1. Add implementation sci, effectiveness and translational ones?

VERSION 1 – AUTHOR RESPONSE

Reviewer 1

This is a well written paper, but looking at the questions asked (in supplementary data) more findings would be ideal. Back in 2019, pre-COVID, this data would have been informative. But today, due to COVID, VC-related papers are common, and therefore the findings would need to add to the literature. It is good to see a paper written on VC pre-COVID. However, this is now up against more in-depth work which is being conducted worldwide. However, I do think that some of the methods could be condensed and the results could be expanded to discuss more on how VC booking was conducted and the process itself - as in my opinion, there isnt much on that.

Authors' reply: According to the Reviewer's comment we have condensed the methods section on pages 6-9.

In the results, we have added a quote regarding the appointment management of the video consultations and now elaborate on this aspect. Please see p. 11-12 for the following:

"In particular, the appointment management was perceived to be very easy and well organised. MHS and patients agreed on an appointment for the next MHSVC and the MHS sent the appointment to the general practice and the study team. Communication about appointments was mainly between the MHS and the medical assistants. The PCPs were rarely involved.

‘She [the MHS] always sent me e-mails about when the next ones [MHSVC] would take place and the room was already ready. The time slots were agreed upon at the beginning. The patients then came in and at the first session I explained everything to them and then they did it themselves. If there were small problems, I went back in and helped. That all worked out very well. (Medical assistant #4)’”
PDF Comment #1:
The use of initials (MH) is generally preferred.
Authors’ reply: We now use the initials for the names.
PDF Comment #2:
I think the description of authors would be better suited to the 'about authors' section at the end of the paper.
Authors’ reply: It is our impression that the journal does not support an “About the Authors” section and have therefore removed the information on the authors to increase readability.
PDF Comment #3:
A brief description of a process evaluation may be helpful.
Authors’ reply: We have added a brief description for the term “process evaluation” on p. 9: “Process evaluations attempt to document how an intervention is implemented and what was actually delivered, compared with that intended to be delivered.”
PDF Comment #4:
Maybe write 'handling of a device, such as a tablet (terminology of devices is different in other countries).
Authors’ reply: We changed the text as suggested by Reviewer 1 (“such as a tablet”).
PDF Comment #5:
I am not sure how Germany's healthcare system works, but 'searches' for services seems an unusual term to use. Perhaps a better use of term would be 'seeking' services. Searches seems too 'consumer-based' as in they can pick and chose. Whereas suggesting there are long waiting lists would suggest otherwise.
Authors’ reply: We changed the text as suggested by Reviewer 1 (“seeking”).
PDF Comment #6:
Telehealth and then Telemedicine is used to begin the paper, and then VC, and then telepsychiatry. Best to stick to one (I would suggest Tele-psychaitry and then state using VC as the platform). In fact, telehealth isnt the correct term for VC.
Authors’ reply: We now use the term “Telepsychiatry” consistently throughout the entire manuscript.

Reviewer 2
General comments
This is an interesting study, with good methods and meaningful results. It progresses throughout to help the reader learn. We need more of this type of studies for ‘good’ implementation of technology – probably should mention implementation science, effectiveness and translational paradigms with references.
Authors’ reply: Thank you for valuing the quality of our work and for the comments which helped us to further improve our paper. We now contextualise our work in the implementation science paradigm on p. 6 and provide a reference:
“Following an implementation science paradigm, PROVIDE promotes the uptake of telepsychiatry into routine care to improve the quality and effectiveness of primary care mental health.”
Presentation.
a. Readability: good.
b. Flow/logic: good.
c. Formatting of work: good; some corrections below.
Authors’ reply: We are pleased that Reviewer 2 finds our work well presented.
Specific comments
Key words?
Could mention workflow and implementation.

Authors' reply: Thank you for this suggestion. We added those key words.
This itself is not an RCT: delete.
Authors' reply: We agree that the keyword RCT is not suitable to our paper, since this is a process evaluation instead of an RCT. Therefore, we deleted it.
Title.
Okay, but this is not an RCT; that entices potential readers but is misleading?
Authors' reply: Thank you for this comment. We completely agree that this is no RCT. However, searching MEDLINE (https://pubmed.ncbi.nlm.nih.gov/?term=%22qualitative%22%5Btitle%5D+AND+%28%22randomised%22%5BTitle%5D+OR+%22randomized%22%5BTitle%5D%29&sort=pubdate), it seems not uncommon to structure the title for a process evaluation paper in this way. Nevertheless, we agree with the reviewer that the title can be made more precise. Hence, we have changed the title to "Health providers' experiences with mental health specialist video consultations in primary care: a qualitative study nested within a randomised feasibility trial".

Abstract.
Good.
Travel distances (for who?) …the implementation: unclear.
Authors' reply: We have added that travel distances were reduced for the patients participating in our study. Please see p. 2.

Introduction.
It is brief, almost too brief, so do we really get the:
a. Background/relevance?
b. Current state?
c. What we don't know/gap (i.e., what the hole is in the literature)?
d. Objectives: yes.
Authors' reply: Thank you for this comment. We have added some context and background information on the field, current findings, and gaps in the research to our introduction. Please see p. 4 for the following:
"These challenges include the fear of being stigmatized and the often frustrating search for specialists caused by long waiting times for appointments [1–3] and long travel distances to specialists, especially in rural and remote areas[4]. Therefore, most patients turn to their primary care physician (PCP) for initial help and out of preference for the longitudinal relationship in primary care[5]. It is indisputable that PCPs do effectively help many patients with depression or anxiety. However, a significant number of patients in primary care, especially those with mulitmorbidity or chronic conditions, need specialist mental healthcare."
"Previous work has shown that integrating mental health specialists (MHSs) in primary care increases the accessibility of specialist care and improves effectiveness outcomes[6]. However, due to too limited resources small and remote practices struggle to employ additional staff, e.g. MHS as case managers. Since the average number of PCP per practice in the UK, in France, or in Germany (predominance of single-handed practitioners) is much lower than in the US for example, the barriers are even higher in those health care systems[7,8]

Methods.
Good formatting: helpful/applicable
IRB?
Authors' reply: We are glad, that Reviewer 2 sees our methods as well formatted and thinks that they are helpful and applicable.
We think, by mentioning IRB the Reviewer refers to the institutional review board and their approval of our study. We have described this on page 6, 2nd paragraph and state that it was approved by the

Ethics Committee of the Medical Faculty Heidelberg, Heidelberg University. Please clarify if you have any further questions regarding this comment.

Results.
Good.
Member checking: to the Methods…or is this a repeat para?
Authors' reply: Thank you for this comment. In the Methods, 2nd paragraph on p. 9, we describe the process of the member checking.
In the Results, 2nd paragraph on p. 15, we present how many participants took part in the member checking and highlight changes which had been proposed by the participants during this process. We think, it is important to present both the methods and the findings (quantitative and qualitative) of the member checking.

Discussion.
It is too long, not synthetic enough and needs focus. Consider into 4 paragraphs and make it more synthetic:
Authors' reply: Thank you for this comment. We agree with the Reviewer that our discussion needed to be more focussed. We have changed it accordingly now zooming in on how our work adds to the literature. Please see pp. 16-17.
a. Relevant findings: good.
b. Link with others' findings: good.
c. Implications: good.
d. Limitations: go last.
Authors' reply: As suggested, we have inserted the limitations at the end of the discussion section. Please see p. 17.
'Prior investigations…its use' refs 24-25 go here not after the next sentence?
Authors' reply: We have changed the position of these references accordingly.

Conclusion.
Cut in half.
Authors' reply: We have shortened our conclusion section. Please see p. 16-17.

References
Add implementation sci, effectiveness and translational ones?
Authors' reply: We added a reference from implementation science. Please see reference no. 16.

VERSION 2 – REVIEW

REVIEWER	Gemma Johns Aneurin Bevan Health Board, Informatics, TEC Cymru
REVIEW RETURNED	06-Sep-2021

GENERAL COMMENTS	This paper now reads much better, and I would recommend that it is accepted for publication.