

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Patient and provider perspectives on the design and implementation of an electronic consultation system for kidney care delivery in Canada: A focus group study
AUTHORS	Bello, A; Molzahn, Anita; Girard, Louis; Osman, Mohamed; Okpechi, Ikechi G; Glassford, Jodi; Thompson, Stephanie; Keely, Erin; Liddy, Clare; Manns, Braden; Jindal, Kailash; Klarenbach, Scott; Hemmelgarn, Brenda; Tonelli, Marcello

VERSION 1 - REVIEW

REVIEWER	Nynke Scherpbier-de Haan Radboud University Medical center Nijmegen the Netherlands
REVIEW RETURNED	01-Nov-2016

GENERAL COMMENTS	<p>This paper qualitatively analysed patient and provider perspectives on the design and implementation of an electronic consultation system for CKD patients. I admire the energy spent on doing this before implementing a system. It mainly focusses on implementation issues. I miss information on the design of the system.</p> <p>My specified comments are: Abstract: after the last bullet 'limitation' you state that you leveraged a robust methodological design. This is not a limitation Study methods: did you do interim analyses in between the focus groups? If not, this should be mentioned as a limitation of the study. Setting: please add a few lines on the organisation of health care in Canada. How is paying? Do patients have to pay for specialist care? Data collection: what is het Picker INsttute Model? please give a reference. Results: what is the meaning of F2, Fa, M3 etc? Please specify provider quotes: are these PCP's, nephrologists or policy makers? Discussion: you state that you continued data collection untill saturation was reached. I cannot read in the Method section that you really did so. It looks like all focus groups had been planned in advance and that they all have been analysed. Please specify. Focus group guide for patients: I do not see a question that is addressing barriers in implementing the e consult system. There is a question on obstacles in receiving the best kidney care and how this could be addressed. If a question would have been asked on barreirs in implementing e consult, I would think that privacy issues would have been raised. I would like to see a comment on this in the discussion section.</p> <p>In general: I am surprised that providers were not asked which</p>
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	information they would like to see presented in the tool. Patient history? Medication? Blood pressure? Medication? Patient weight? Smoking? Which laboratory results? From how many months or years? Urine analysis? Please comment on this in the discussion. Do providers want a possibility to have a discussion after one consultation?
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REVIEWER	Andrew Narva National Institutes of Health USA
REVIEW RETURNED	18-Nov-2016

GENERAL COMMENTS	<p>This paper describes exploratory qualitative research assessing acceptability of an Econsult system for nephrology. The research is well described and rigorously performed but the amount of new knowledge described is somewhat limited. The paper would be more helpful to readers if the following issues were addressed:</p> <ul style="list-style-type: none"> - Describe the patients and the providers who chose not to participate - Describe potential reimbursement for Consult in more detail - When a "face-to face" visit between patient and nephrologist is required would it be in-person or via video link - Was there consideration to facilitating remote access to EHR by nephrologist - The "Advice Request" form appears quite simple. Was any consideration given to using a more detailed template? -Do the investigators have any preliminary data on their Consult system
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Nynke Scherpbier-de Haan

Institution and Country: Radboud University Medical center, Nijmegen, the Netherlands

Please state any competing interests: None declared

Please leave your comments for the authors below

This paper qualitatively analysed patient and provider perspectives on the design and implementation of an electronic consultation system for CKD patients. I admire the energy spent on doing this before implementing a system. It mainly focusses on implementation issues. I miss information on the design of the system.

Response: Thank you very much for the compliments and nice comments.

My specified comments are:

Abstract: after the last bullet 'limitation' you state that you leveraged a robust methodological design.

This is not a limitation

Response: rectified

Study methods: did you do interim analyses in between the focus groups? If not, this should be mentioned as a limitation of the study.

Response: done, pls see page 10, lines 385-387

Setting: please add a few lines on the organization of health care in Canada. How is paying? Do patients have to pay for specialist care?

Response: done, pls see page 4, lines 134-141

Data collection: what is het Picker INstitue Model? please give a reference.

Response: done, pls see page 5, lines 188-190

Results: what is the meaning of F2, Fa, M3 etc?

Response: This was used to indicate a particular focus group (e.g. F1 meant Focus Group 1). These letters are now removed throughout the text to improve clarity.

Please specify provider quotes: are these PCP's, nephrologists or policy makers?

Response: done, but we were unable to identify providers by individual roles as PCPs, nephrologists or policymakers during the transcription and analysis.

Discussion: you state that you continued data collection until saturation was reached. I cannot read in the Method section that you really did so. It looks like all focus groups had been planned in advance and that they all have been analysed. Please specify.

Response: Clarified, please see page 10, lines 385-387

Focus group guide for patients: I do not see a question that is addressing barriers in implementing the e consult system. There is a question on obstacles in receiving the best kidney care and how this could be addressed. If a question would have been asked on barriers in implementing e consult, I would think that privacy issues would have been raised. I would like to see a comment on this in the discussion section.

Response: No privacy issues raised as the portal is being hosted in a highly secured provincial EMR (Netcare)

In general: I am surprised that providers were not asked which information they would like to see presented in the tool. Patient history? Medication? Blood pressure? Medication? Patient weight? Smoking? Which laboratory results? From how many months or years? Urine analysis? Please comment on this in the discussion. Do providers want a possibility to have a discussion after one consultation?

Response: This information (history, lab data, radiology data, medications, etc.) is wholly available on the Netcare portal, and the Alberta CKD Pathway (<http://www.ckdpathway.ca/>) provides information to the primary care providers on choice of tests and when to refer (referral guidelines).

Reviewer: 2

Reviewer Name: Andrew Narva

Institution and Country: National Institutes of Health, USA

Please state any competing interests: None declared

Please leave your comments for the authors below

This paper describes exploratory qualitative research assessing acceptability of an Econsult system for nephrology. The research is well described and rigorously performed but the amount of new knowledge described is somewhat limited.

Response: Thank you very much for the compliments and nice comments.

The paper would be more helpful to readers if the following issues were addressed:

- Describe the patients and the providers who chose not to participate

We were not allowed to collate individual demographic data on those who declined to participate by the ethics committee. This information is now added to the discussion as an important limitation. Pls see page 11, lines 390-393.

- Describe potential reimbursement for Consult in more detail

Response: done. This is reimbursed by the Ministry of Health (Alberta Health) through dedicated fee codes for both referring and consulting physicians. This is now made more explicit in the relevant section of the manuscript. Please see page 4, lines 138-141

- When a "face-to face" visit between patient and nephrologist is required would it be in-person or via video link

Response: This would depend on the patient's location and/or preference but can deliver both types of face to face consultations. We have added a statement "When a "face-to face" visit between patient and nephrologist is required following the e-Consult, this is will be set up by the consulting nephrologists based on the patient's location and/or preference" in the relevant section to make this clear (page 5, lines 161-163)

- Was there consideration to facilitating remote access to EHR by nephrologist

Response: This is already available as all practitioners in Alberta have access to the provincial HER (Netcare) irrespective of location. We have added a statement in the revised manuscript clarifying this information "...that is available to all healthcare practitioners irrespective of location of practice...." Page 5, lines 158-159.

- The "Advice Request" form appears quite simple. Was any consideration given to using a more detailed template?

Response: Based on user feedbacks, it was decided to keep it simple at the start and incrementally build additional functionalities (including a decision support tool) in due course.

- Do the investigators have any preliminary data on their Consult system

Response: No yet. This will be published separately when available

VERSION 2 – REVIEW

REVIEWER	Nynke Scherpbier Radboudumc, Department of Primary and Community care (postal route 166) PO Box 9101 6500 HB Nijmegen the Netherlands
REVIEW RETURNED	16-Dec-2016

GENERAL COMMENTS	The authors replied to the comments of the reviewers in an adequate way. I only miss a COREQ checklist, which could easily be downloaded from the internet.
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