

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (<http://bmjopen.bmj.com/site/about/resources/checklist.pdf>) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Do 'physicians in the lead' support a holistic healthcare delivery approach? A qualitative analysis of stakeholders' perspectives
AUTHORS	Malik, Romana; Hilders, Carina; Scheele, Fedde

VERSION 1 – REVIEW

REVIEWER	Ming-Ka Chan University of Manitoba, Canada
REVIEW RETURNED	11-Dec-2017

GENERAL COMMENTS	<p>Thank you for the opportunity to review this paper. Please see attached for specific comments and suggestions.</p> <p>Overall an interesting study looking at different stakeholders' perspectives to enhance and provide holistic care in the context of the literature on physician leadership. The idea of 'team in the lead' is great and I would suggest developing that section in more detail. I know Lorelei Lingard writes about team competencies.</p> <p>Of note, hospital ethics is mentioned but not university ethics which is required in North America and possibly other jurisdictions so I wonder if a specific statement should be made about this.</p> <p>I would like to see explicit statements about which of your points are based on your study and therefore have more quotes tied to it vs which points are to be found in the study. Sometimes this differentiation is not clear to me.</p> <p>You also do not actually list any stats in your study that may be useful for folks who may want to repeat your work - e.g. is there gender and other diversity in your stakeholders and did you look for diverse representation? How strong were each of your themes? Were there differences between members of the same stakeholder group - you mention disagreement between groups but what about intergroup? You could answer some of these questions through the use of a table or adding to your existing table.</p> <p>I also made some suggestions in wording e.g. PIL strategy vs strategy of PIL. and having a noun after 'this' or 'that' to ensure there is no confusion in the messaging. There were also some sections that were not clear to me but I think can be easily clarified on a rewrite.</p> <p>Good luck with this process and thank you for this interesting and important work on physician leadership.</p> <p>- The reviewer also provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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REVIEWER	Annette Erichsen Andersson Institute of Health and Care sciences, Sahlgrenska Academy, University of Gothenburg, Sweden
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GENERAL COMMENTS

The present study is highlighting important aspect of the transformation of healthcare and contributes with new knowledge on stakeholder’s different perspective regarding PIL and VBHC.

My main concerns are about the methodology. To me this qualitative study is not based on the principles of phenomenology. Before the papers is considered for publication this issue has to be addressed.

Design

Line 37-39 According to the authors they use a Phenomenological approach. By claiming to use this method that is also a philosophy, the study needs to be grounded in the philosophy of phenomenology. In the present state, it is unclear how phenomenology has influenced the research questions, the interview method and the data analysis. Please add this information. Phenomenology is not an easy method to use, and for junior researchers it is sometimes better to use a less demanding method as for instance a qualitative content analysis.

The authors state in Line 39: By using these principles, knowledge was gained from an accurate and deep understanding of the stakeholders’ perspectives from their individually perceived experiences.

This sentence seems to highlight the advantage of using phenomenology to gain research based knowledge, and as such it could be removed and inserted under the discussion section. Here the authors could describe how they proceeded to ensure that the knowledge was indeed gain from an accurate and deep understanding.....

Data collection

The interview guide (exhibit 1) indicates that the interviews were structured and included also a “mini lecture” on Huber et al. six dimensions of holistic care which raises the question on how and to what extent the phenomenological philosophy and method has guided the methodology of the present study? Central aspects like “the phenomenon in focus” and “lived experiences of the participants” are not present in the study.

Data analysis

The authors write at p.9 l. 24: Data were categorized with open and axial coding. This process was guided by the concept of Huber et al. and the research questions. (11) In the final step of selective coding, core variables were identified.

This is far to superficial description of the data analysis. In qualitative research a thorough and detailed description of the different steps and stages in data analysis (with adequate references to the literature) is necessary in order to achieve trustworthiness. The reader has to be able to follow every step from the initial coding to theme analysis. Also, it is necessary to discuss/ describe phenomenological reduction, bracketing.

p.9. l. 26: The research questions that guided the data analysis are missing in the manuscript. I suggest you to insert those directly after the aim.

Participants:

	<p>Please add information on sample methods and inclusion/ selection criteria. Also, the reason for including two participants from every professional category but only one patient representative.</p> <p>Discussions Please discuss what measures were taken to achieve trustworthiness, credibility, transferability in qualitative research with ref. to the literature.</p> <p>Minor corrections: Ensure that reference numbers are found throughout the manuscript. Ref numbers are missing after Huber et al at several places in the manuscript.</p> <p>p.5 line 31 Although Porter does provide an approach to the full cycle of care and to health outcomes, studies on the implementation of VBHC in clinical practice do not comprise such holistic features of health proposed by Huber et al. Please insert references after the statement that studies in VBHC do not comprise holistic features. Also, insert ref number after Huber et al.</p> <p>p.10 l. 22-21 Is this a citation? If so, please indicate that or rewrite the sentence.</p> <p>p.8 l. 12: Please add information on how data saturation was evaluated</p> <p>p.8.l 14: If you have detail information on length of interviews (min-max and median) please provide this in the manuscript.</p> <p>p.11 l. 21: A second disadvantage is that physicians have a narrowed view due to their strong biomedical focus. It would be interesting to know whose experiences is reflected if the statement above. Did all participants share it or are there any variations in experiences?</p>
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VERSION 1 – AUTHOR RESPONSE

Table 2. Comments to Author - Reviewer 1: Ming-Ka Chan

General comments	Response of the authors to reviewer 1	Changes made in the manuscript
<p>1. Overall an interesting study looking at different stakeholders' perspectives to enhance and provide holistic care in the context of the literature on physician leadership.</p> <p>The idea of 'team in the lead' is great and I would suggest developing that section in more detail. I know Lorelei Lingard writes</p>	<p>Dear Ming-Ka, thank you for your general and specific comments. We really appreciate the time and effort you have spent to critically review this manuscript.</p> <p>We deliberately chose to use only interview data in the results section for clarity reasons. Therefore, we have added information about team-</p>	<p>Addition: Moreover, an effective and efficient team in the lead requires collective competences. Lingard describes the necessity of team competence in medicine. (26) She mentions that individual competence alone, which is the focus in medicine, is insufficient for the quality of healthcare delivery and holds us back from meaningful change in how we</p>

<p>about team competencies.</p>	<p>competencies of Lorelei Lingard in the discussion section on page 22, line 486 (please see the right column for the additions and changes made in the manuscript).</p>	<p>educate for, and practice as, health care teams. Competent individuals can form incompetent teams. The competence of leadership is increasingly important in competency frameworks for professionals, but it is in complex relation to team collaboration. (26) Lingard claims that we risk perpetuating the myth that “strong leadership” is the panacea for what ails teamwork but that what “strong leadership” entails will vary according to clinical context. The nature of leadership in acute care delivery such as in surgical, resuscitation, and trauma teams may be different from the leadership that is needed in teams that provide chronic and complex care.</p>
<p>2. Of note, hospital ethics is mentioned but not university ethics which is required in North America and possibly other jurisdictions so I wonder if a specific statement should be made about this.</p>	<p>Thank you for noting this. Only patient-bound research requires university ethics in the Netherlands. As our research was not patient-bound, hospital ethics sufficed according to the Dutch law for ethical approval. Therefore, we chose not to mention university ethics explicitly in the manuscript.</p>	
<p>3. I would like to see explicit statements about which of your points are based on your study and therefore have more quotes tied to it vs which points are to be found in the study. Sometimes this differentiation is not clear to me.</p>	<p>Thank you for your comment. All points made in the results are based on our study, unless it was specifically mentioned that it is not. For clarity reasons we chose not to mention statements based on the literature in the results. We added this information in the beginning of the results section at page 12, line 264 to create clarity for our readers.</p> <p>Moreover, we tied quotes to the text where you have suggested this in the PDF file. Sometimes, the text written by the authors could be directly quoted as it was literally mentioned by a stakeholder. In these cases</p>	<p>Addition: All data presented in the results are based on the stakeholders’ perspectives, unless it is specifically mentioned that it is not.</p>

	<p>making a quote out of the written text disrupted the flow of the paper. To not disrupt the flow, we have adjusted the text. This can be find in the attached Word document with track changes. (An example of the above-mentioned is the following: Many PIL manage to take care of their own unit, but they seem to lose sight of the bigger picture and do not act in collaboration with other units, and the hospital's interests.</p> <p>“Physicians in the lead manage to take care of their own unit and their interests, but do not always manage to handle in collaboration with other units and according to the hospital's interests.” (Board of Directors))</p>	
<p>4. You also do not actually list any stats in your study that may be useful for folks who may want to repeat your work - e.g. is there gender and other diversity in your stakeholders and did you look for diverse representation? How strong were each of your themes? Were there differences between members of the same stakeholder group - you mention disagreement between groups but what about intergroup? You could answer some of these questions through the use of a table or adding to your existing table.</p>	<p>Thank you for this constructive feedback.</p> <p>We have used the method purposeful sampling to select stakeholders. Stakeholders were explicitly selected that were likely to generate appropriate and useful data. In this study participants were selected by a hospital administrator. The criteria for selection were that the stakeholders were actively involved in policy discussions and actively contributing to policy making concerning the hospital's future regarding healthcare delivery. For every stakeholder group two participants were invited. This information was added at page 8, line 171.</p> <p>In this study we included 12 female and 2 male participants. One of the 2 male participants was a representative of the Board of Directors and the other a representative of the Middle Management (the term middle management is changed into non-medical business managers of the unit) This information was added at page</p>	<p>Addition:</p> <p>We have used the method purposeful sampling to select stakeholders. Stakeholders were explicitly selected that were likely to generate appropriate and useful data. In this study the participants were selected by a hospital administrator. The selection criteria were the following: two stakeholders of each relevant stakeholder group that were identifiable as representative for the group, were actively involved in policy discussions, and were actively contributing to policy making concerning the hospital's future regarding healthcare delivery.</p> <p>From the 14 participants, 12 were female and two were male. One of the two male participants was a representative of the Board of Directors and the other a representative of the non-medical business managers of the unit. The gender and ethnicity distribution was representative for each stakeholder group.</p>

	<p>8, line 186. Although this gender distribution seems to be non-diverse, it was representative for each stakeholder group. Ethnicity was homogeneous, all participants were Caucasian. This was also representative for the group.</p> <p>When there was striking consensus or differences between and within groups, this was mentioned in the text. As far as the strength of the themes is concerned, the themes and main messages that were presented in the manuscript were already the strongest themes from the data analysis. These themes were supported by the majority of stakeholders and therefore leading in the manuscript.</p>	
<p>5. I also made some suggestions in wording e.g. PIL strategy vs strategy of PIL. and having a noun after 'this' or 'that' to ensure there is no confusion in the messaging. There were also some sections that were not clear to me but I think can be easily clarified on a rewrite.</p>	<p>Thank you very much for your suggestions. We checked the manuscript thoroughly and have rewritten the manuscript with your suggestions in wording. The changes that we have made can be found in the attached Word document.</p>	
Specific comments and suggestions in the file attached	Response of the authors to reviewer 1	Changes made in the manuscript
<p>6. Page 8 (data collection) what about psychlit, CINAHL or Eric for a broader lit search?</p>	<p>Thank you for your question. After reading this comment we have conducted an additional literature search with a clinical librarian in the CINAHL and PsycINFO search engines to make sure we did not miss any relevant literature. This search yielded no relevant literature additional to the searches in PubMed and Google Scholar. After deliberating with a clinical librarian we did not use ERIC as this database focuses more at medical education and less on the subject of this study. We adjusted the text in the 'data collection' section in the manuscript at page 10, line 217</p>	<p>Addition:</p> <p>Keywords and phrases such as "Physicians in the lead", "medical leadership", "value-based healthcare", "holistic care", "healthcare transition", "healthcare delivery" were used in the PubMed, CINAHL, PsycINFO and Google Scholar search engines to find relevant literature in order to theoretically frame the transition to value-based and holistic healthcare delivery and PIL.</p>

	and added the CINAHL and PsycINFO search engines.	
7. Page 9 (analysis) not sure what is meant by core variables here - are these themes or something specific to VBHC or PIL	Thank you for this comment. By core variables we mean key themes that derived from the analysis of the interviews. To make this more clear we have changed 'core variables' into 'key themes' in the 'data analysis' section of the results at page 12, line 239.	Change: This coding was an iterative process, in which the research team repeatedly discussed until consensus was reached about the core variables key themes. were identified.
8. Page 10 (first section of results) should the grouping be value-based and holistic throughout the document as in your next sentence?	Thank you for your attentiveness. Although we obtained a lot of data within the interviews about the organization of value-based healthcare, we chose not to group 'value-based' and 'holistic care'. The scientific message we want to convey with this study is the relationship of PIL with holistic care in the context of VBHC. For feasibility reasons we do not focus on all aspects of VBHC. We have rewritten the sentence to prevent confusion. This information can be found at page 12, line 267.	Change: All stakeholders mentioned that a transition to value-based and holistic healthcare delivery seems to be inevitable and a very desirable development.
9. Page 12 The next two statements sound like basis in fact but I don't know what they are bases on. The first may well be true but hopefully it is an outlier group.	We appreciate this comment and chose to delete these statements in the previous 'risk section' as these statements did not necessarily add relevant information to this section. Also, because it was an outlier group. This text was deleted at page 15, line 339.	Change: Furthermore, physicians may act based only on financial incentives and favor financial profit over quality of care. On the other hand, physicians may favor quality over cost-containment. Therefore, physicians are expected to work in the context of efficiency that considers both the costs and quality of care.
10. Page 13 Title needs reworking - see comment about last statement in paragraph.	Thank you for this remark, we have changed the title at page 16, line 350.	Change: Required organization of Requirements to meet holistic care

<p>11. Page 15 (Nurses) was there more specificity as to who 'it' is. Did they say that hospital admin should consider or the system should consider...</p>	<p>Thank you for your question. No, unfortunately 'it' was not specified. Stakeholders did mention throughout the interviews that the government should be more involved and facilitate resources and services that are needed to enhance holistic care. But this was not specifically said in the context of the sentence "it should be considered whether district nurses can get a good overview of the patient's health status in such a short time frame".</p>	
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Table 3. Comments to Author - Reviewer 2: Annette Erichsen Andersson

General comments	Response of the authors to reviewer 2	Changes made in the manuscript
<p>The present study is highlighting important aspect of the transformation of healthcare and contributes with new knowledge on stakeholder's different perspective regarding PIL and VBHC. My main concerns are about the methodology. To me this qualitative study is not based on the principles of phenomenology. Before the papers is considered for publication this issue has to be addressed.</p>	<p>Dear Annette Erichsen Andersson, thank you for your comments and constructive feedback, we really appreciate the time and effort you have spent to review this manuscript and hope to solve the issues you have addressed to the best of our ability.</p>	
<p>1. Design Line 37-39 According to the authors they use a Phenomenological approach. By claiming to use this method that is also a philosophy, the study needs to be grounded in the philosophy of phenomenology. In the present state, it is unclear how phenomenology has influenced the research questions, the interview method and the data analysis. Please add this information. Phenomenology is not an</p>	<p>As phenomenology is not an easy method to use, let alone for junior researchers, it was not the intention of the authors to use a phenomenological methodology. In the study design section of the method the authors wrote the following: "An interpretative and descriptive, qualitative design was used, based on the principles of phenomenology.(9;10) By using these principles, knowledge was gained from an accurate</p>	<p>Change: "An interpretative and descriptive, qualitative design was used., based on the principles of phenomenology.(9;10) By using these principles, k. Knowledge was gained from an accurate and deep understanding of the stakeholders' perspectives from their individually perceived experiences."</p>

<p>easy method to use, and for junior researchers it is sometimes better to use a less demanding method as for instance a qualitative content analysis.</p>	<p>and deep understanding of the stakeholders' perspectives from their individually perceived experiences.” With this description of the design we intended to tell the readers that we used a qualitative descriptive design that was inspired by the principles of phenomenology, where knowledge is gained from an accurate and deep understanding of the stakeholders' perspectives from their individually perceived experiences. Since we are not English natives, this text may be ambiguous and confusing to our readers. Therefore, we have considered not to mention the term “phenomenology”. We have changed this in the manuscript at page 7, line 161 in the 'study design' section (please see the right column for additions and changes made in the text).</p> <p>We hope that the above-mentioned explanation about our method also suffices for the following comments about phenomenology in the “data collection” and “data analysis” sections.</p>	
<p>2. The authors state in Line 39: By using these principles, knowledge was gained from an accurate and deep understanding of the stakeholders' perspectives from their individually perceived experiences. This sentence seems to highlight the advantage of using phenomenology to gain research based knowledge, and as such it could be removed and inserted under the discussion section. Here</p>	<p>Thank you for this observation. We have added information on how the knowledge was gained from an accurate deep understanding in the section 'study design' at page 7, line 164.</p>	<p>Addition: Knowledge was gained from an accurate and deep understanding of the stakeholders' perspectives from their individually perceived experiences.” The use of open questions during the interviews allowed the respondents to talk in depth, choosing their own words. Also, it gave the interviewer the opportunity to probe for a deeper understanding, ask for</p>

<p>the authors could describe how they proceeded to ensure that the knowledge was indeed gain from an accurate and deep understanding.....</p>		<p>clarification & allow the interviewee to steer the direction of the interview. In this way the interviewer could develop a real sense of the stakeholders' understanding of the situation, their experience and the associated perspectives.</p>
<p>3. Data collection The interview guide (exhibit 1) indicates that the interviews were structured and included also a "mini lecture" on Huber et al. six dimensions of holistic care which raises the question on how and to what extent the phenomenological philosophy and method has guided the methodology of the present study? Central aspects like "the phenomenon in focus" and "lived experiences of the participants" are not present in the study.</p>	<p>Thank you for noting this. As mentioned earlier we hope the above-mentioned explanation suffices for the comments about phenomenology.</p> <p>Concerning the structure of the interviews, the interview guide contained key items which gave structure and which were all discussed with the participants. The interviews were semi-structured since qualitative data was generated through the use of open questions, this allowed the respondents to talk in depth, choosing their own words. Questions that were asked were adapted and changed depending on the respondents' answers. The interviews could deviate from the interview schedule, however the topics mentioned were all discussed.</p>	
<p>4. Data analysis</p> <p>The authors write at p.9 l. 24: Data were categorized with open and axial coding. This process was guided by the concept of Huber et al. and the research questions. (11) In the final step of selective coding, core variables were identified.</p> <p>This is far to superficial description of the data analysis. In qualitative research a thorough and detailed description of the different steps and stages in data analysis (with adequate references to the literature) is necessary in order to achieve</p>	<p>Thank you for the thorough reading and critical review. We have explained the 'data analysis' section in the methods in more detail at page 10, line 226.</p>	<p>Change:</p> <p>The interviews were transcribed verbatim. The resulting 14 transcripts were anonymised for anyone other than the interviewer (RM)- and were analyzed using content analysis. (12;13) A qualitative data analysis software program (MAX.QDA 2007) was used for coding the narratives. Data were categorized with open and axial coding. During the first step of open coding, sentences of the transcripts were coded with a label that summarized the meaning of that sentence. This resulted in a large number</p>

<p>trustworthiness. The reader has to be able to follow every step from the initial coding to theme analysis. Also, it is necessary to discuss/ describe phenomenological reduction, bracketing.</p>		<p>of labels. Subsequent axial coding reduced the number of labels by clustering the content of closely related individual labels into categories. Thirty-nine categories remained after axial coding.</p> <p>This process was guided by the concept of Huber et al. (6) and the research questions. In the final step of selective coding, connections were made between the categories that were identified in the axial coding process. This coding was an iterative process, in which the research team repeatedly discussed until consensus was reached about the core variables key themes were identified.</p>
<p>5. p.9. l. 26: The research questions that guided the data analysis are missing in the manuscript. I suggest you to insert those directly after the aim.</p>	<p>Thanks for your suggestion. We have inserted the research questions directly after the aim in the last part of the introduction at page 6, line 126.</p>	<p>Addition:</p> <ul style="list-style-type: none"> • What are the stakeholders' perspectives on the PIL strategy? • What are the stakeholder's perspectives on holistic care? • How do the stakeholders' perspectives on the PIL strategy relate to their perspectives on holistic health care delivery?
<p>6. Participants: Please add information on sample methods and inclusion/ selection criteria. Also, the reason for including two participants from every professional category but only one patient representative.</p>	<p>Thank you for noting this. We have used the method purposeful sampling, in which participants were explicitly selected that were likely to generate appropriate and useful data. In this study the selection criteria were: two stakeholders of each relevant hospital stakeholder group that were identifiable as representative for a group, that were actively involved in policy discussions, and that were contributing to making policy of the hospital's future regarding the organization of care and care delivery. This information was added at page 8, line 171 in the section 'participants and procedure'.</p> <p>We approached the secretary of</p>	<p>Addition: We have used the method purposeful sampling to select stakeholders. Stakeholders were explicitly selected that were likely to generate appropriate and useful data. In this study participants were selected by a hospital administrator. The selection criteria were that the stakeholders of each relevant stakeholder group were identifiable as representative for the group, were actively involved in policy discussions, and were actively contributing to making policy concerning the hospital's future regarding healthcare delivery.</p>

	<p>the hospital's Patient Council for recruiting Patient Council's representatives. The Patient Council sent one delegate on behalf of the Patient Council to represent patients. This information was added at page 9, line 191 in the section 'participants and procedure'.</p>	<p>(the secretary of the hospital's Patient Council was approached for recruiting two representatives, however, one delegate was sent to represent patients).</p>
<p>7. Discussions Please discuss what measures were taken to achieve trustworthiness, credibility, transferability in qualitative research with ref. to the literature.</p>	<p>Thank you for this comment. We have used the following references for these measures:</p> <p>Green J, Thorogood N. Qualitative methods for health research. Los Angeles: SAGE; 2009.</p> <p>And</p> <p>Mortelmans D. Manual qualitative research methods (in Dutch: Handboek kwalitatieve onderzoeksmethoden). Leuven; Den Haag: Acco; 2013.</p> <p>To achieve reliability, we made use of accurately transcribed recordings, instead of making use of handwritten notes. For these recordings we used a good-quality digital recorder and microphone to be able to transcribe accurately. The data was transcribed by the researcher that conducted the interviews for accuracy and to get familiar with the data. To ensure reliable data analysis, two researchers were involved in labeling the codes. We continued with the data analysis when both researchers made similar conclusions from analyzing the first two transcripts in a similar way. The themes were discussed within the research team until consensus was reached. To create an opportunity for other researchers to repeat this study, all the steps used are described in the methods as detailed as possible. Information about reliability is added at page 23, line 522.</p> <p>The credibility refers to the</p>	<p>Addition/change: To achieve reliability, we made use of accurately transcribed recordings, instead of making use of handwritten notes. (12;13) The data was transcribed by the researcher that conducted the interviews for accuracy and to get familiar with the data. To ensure reliable data analysis, two researchers were involved in labelling the codes. The themes were discussed within the research team until consensus was reached. To create an opportunity for other researchers to repeat this study, all the steps are described in the methods as detailed as possible.</p> <p>To ensure credibility, the respondents were chosen from a range that they were identifiable as representative for the group. (12;13) Moreover, quotes from the transcripts were tied to the text so the reader can see how the interpretation is based on the data. To ensure alignment between the shared information and the interpretation of the interviewer, the interviewer (RM) explored the hospital's strategy documents, in order to be aware of and understand the hospital's processes. In this way the information shared could be better understood and interpret. Questions were mainly open-ended to encourage information sharing. Answers were now and then paraphrased and summarized to give the respondent the opportunity to add important perspectives, to confirm the interpretations and to clear misunderstandings of the interviewer. Information</p>

accuracy of information shared and interpretations made during the research. To achieve credibility we chose to interview all relevant groups of stakeholders. Respondents were chosen from a range that they would identify as 'representative'. Moreover, we tied quotes from the interview transcripts to the text so the reader can see how the interpretation is based on the data.

The information that is shared and the interpretation of the shared information should be aligned with each other in order to be valid. To ensure alignment between those two, one of the researchers (RM) explored the hospital's strategy documents, in order to be aware of and understand the hospital's processes. In this way the information shared could be better understood and interpreted. Questions were mainly open-ended to encourage information sharing. Answers were noted and then paraphrased and summarized to give the respondent the opportunity to add important perspectives, to confirm the interpretations and to clear misunderstandings of the interviewer. The interviewer did not have self-interest in this research. To minimize participant error and bias, participants were visited in their own surroundings and the interviews were carried out with respect to timings that suited the participants. Information about anonymity was given prior to the interview. This was expected to not withhold the participants from speaking freely. This information is added at page 23, line 528.

about anonymity was given prior to the interview. This was expected to not withhold the participants from speaking freely.

Although these are aspects that limit the generalizability and transferability of our findings, we think that the concepts used in this study are internationally recognized and the organization of healthcare systems in different countries is similar enough to justify the assumption that our findings will have some relevance and are transferable to other contexts and settings.

	<p>Transferability refers to the feasibility of translating the outcomes of this research to another context and setting. As the (inter)national strategy of hospitals and the organization of health care systems vary, the translation will not be applicable when used in hospitals with a different strategy or with the same strategy in a different organization of the health care system. Other researchers can use elements of the data provided in this research and apply it to another context and setting to explore the similarities and differences. The key elements that are transferable are the concepts and the way of thinking about or 'making sense' of the world. For this reason we have used concepts in this study which are not specific for the Dutch context but which are internationally recognized. Information about the transferability can be found at page 24, line 552.</p>	
<p>8. Minor corrections: Ensure that reference numbers are found throughout the manuscript. Ref numbers are missing after Huber et al at several places in the manuscript.</p>	<p>Thank you for your attentiveness. We have thoroughly checked the manuscript and added the references.</p>	
<p>9. p.5 line 31 Although Porter does provide an approach to the full cycle of care and to health outcomes, studies on the implementation of VBHC in clinical practice do not comprise such holistic features of health proposed by Huber et al. Please insert references after the statement that studies in VBHC do not comprise holistic features. Also, insert ref number after Huber et al.</p>	<p>Thank you for your comment, we have added references after this statement and after Huber et al. Please note that this statement was made by the authors by observing the literature and was not stated in the literature.</p>	
<p>10. p.10 l. 22-21 Is this a citation? If so, please indicate that or rewrite the sentence.</p>	<p>Thank you for your question. No, this is not a citation, this was something the researchers questioned themselves. To make this more clear, we have rewritten this sentence at page 12, line 268.</p>	<p>Change: But the researchers questioned themselves the following: is introducing 'PIL' the same as introducing holistic care in the hospital?</p>

<p>11. p.8 l. 12: Please add information on how data saturation was evaluated</p>	<p>Although the groups of stakeholders and the number of participants within each stakeholder group was pre-determined to obtain broad stakeholder perspective, we intended to sample and analyze data until nothing new was generated and thus achieve saturation. In this study data saturation was reached with the initial cohort after 11 interviews. We have added this information at page 9, line 192.</p>	<p>Change: Initially, The number of participants was predetermined to obtain broad stakeholder perspective yet, and data saturation was reached with the initial cohort after 11 interviews. This saturation was evaluated by the amount of new data that was generated by each transcript.</p>
<p>12. p.8.l 14: If you have detail information on length of interviews (min-max and median) please provide this in the manuscript.</p>	<p>Thank you for your comment. We have included detailed information on the length of the interviews in the manuscript at page 10, line 222.</p>	<p>Change: Each interview had an estimated duration of 30 to 60 minutes lasted a minimum of 30 minutes and a maximum of 60 minutes with a median of 40 minutes.</p>
<p>13. p.11 l. 21: A second disadvantage is that physicians have a narrowed view due to their strong biomedical focus. It would be interesting to know whose experiences is reflected if the statement above. Did all participants share it or are there any variations in experiences?</p>	<p>Thank you for this idea. We have added information about which participants shared this at page 13, line 297.</p>	<p>Addition: A second barrier is that physicians have a narrowed view due to their strong biomedical focus according to all stakeholders, except for the physicians themselves and the Board of Directors.</p>

VERSION 2 – REVIEW

REVIEWER	Annette Erichsen Andersson Institute of Health and care sciences, University of Gothenburg, Sweden
REVIEW RETURNED	16-Feb-2018

GENERAL COMMENTS	The manuscript needs to be thoroughly checked for grammar and spelling errors before publication.
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REVIEWER	Ming-Ka Chan University of Manitoba, Canada
REVIEW RETURNED	27-Feb-2018

GENERAL COMMENTS	<p>See attached document for suggestions and comments. Please re check for consistent spelling healthcare vs health care for example as well as spacing around references.</p> <p>Good luck! There are some really good concepts - team in the lead and coordination centres.</p> <p>- The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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VERSION 2 – AUTHOR RESPONSE

Table 2. Comments to Author - Reviewer 1: Ming-Ka Chan

General comments	Response of the authors to reviewer 1	Changes made in the manuscript
<p>See attached document for suggestions and comments. Please re check for consistent spelling healthcare vs health care for example as well as spacing around references.</p> <p>Good luck! There are some really good concepts - team in the lead and coordination centres.</p>	<p>Dear Ming-Ka, thank you for your general and specific comments. We really appreciate the time and effort you have spent to critically review this manuscript.</p>	
<p>1. Page 2: Of note, your title does not have “Physicians in the lead” capitalized but it is capitalized in most of document.</p>	<p>Thank you for noting this. We have changed this throughout the document to “physicians in the lead”.</p>	
<p>2. Page 2: Can you please define what unit ie gyne unit?</p>	<p>Thank you for your question. We agree that we have first used department and then unit in this paragraph. To avoid confusion we have changed “gynaecology unit” to Obstetrics and Gynaecology department throughout the document.</p>	
<p>3. Page 2: I realize this is a title (Dutch National Health Care Institute’s Innovative Health Care Professions programme) but wonder If ‘Health Care’ should be one word for consistency throughout the document</p>	<p>Thank you for noting this. We have changed ‘health care’ to ‘healthcare’ without space to be consistent throughout the document.</p>	
<p>4. Page 3: Not sure about this sentence – do you mean: These provides broad understanding on how to enhance and provide holistic care in the context of physician leadership?</p>	<p>Thank you very much for your question. That is indeed what we meant. We have changed this into “These provide broad understanding on how to enhance and provide holistic care in the context of physician leadership.”</p>	

Specific comments and suggestions in the file attached	Response of the authors to reviewer 1	Changes made in the manuscript
5. Page 4: Please reference	Thank you for this remark. We have deleted this sentence since it did not necessarily add information to the introduction.	Change: Integration of these dimensions in the strategic approach of healthcare delivery may contribute to health system innovations.
6. Page 5: need reference	Thank you for this comment. We have added a reference to this section.	Change: VBHC provides many elements that could support a holistic care model, for example, an inter-professional team approach to rehabilitation as a way to improve patient outcomes. (7)
7. Page 5: Is it introducing or providing?	Thank you for your attentiveness. It is actually both. This was changed in the document.	Change: the question arises whether a PIL strategy is capable of introducing and providing holistic care.
8. Page 6: please clarify how barriers and development of barriers differ	We appreciate this comment and chose to change “development of barriers” into risks to avoid confusion. “Risks” was already our consideration in the first version of the manuscript.	
9. Page 7: Is unit same as department or a smaller group?	Thank you for this question. With unit we meant department. As mentioned earlier we have changed the word “unit” to department.	
10. Page 7: Suggest change to ‘Remain clinically active’	Thank you for your suggestion. We have changed this into your suggestion.	Change: the physician in the lead is required to remain a clinician clinically active.
11. Page 7: I am not sure we can say accurate but agree with deep understanding	Thank you for this remark. We have deleted accurate in this sentence.	Change: Knowledge was gained from a an accurate and deep

		understanding of the stakeholders' perspectives from their individual experiences.
12. Page 7: I think term is open-ended	We agree, this has been changed.	Change: The use of open-ended questions
13. Page 7: The format provided the interviewer an opportunity to....	Thank you for your suggestion. This has been changed in the manuscript.	Change: Also, it gave The format provided the interviewer an the opportunity
14. Page 8: Why by a hospital administrator?	Thank you for your question. In the specific hospital were this study was conducted the hospital administrator was the one capable for to sample the participants purposefully.	
15. Page 8: One-on-one?	Thank you for your suggestion, we have changed this in the manuscript.	Change: conducted semi-structured face-to-face one-on-one, in-depth interviews with members of all stakeholder groups
16. Page 12: Wonder if first theme needs more description as seems to read the same as your topic for study – perhaps PILs role in the transition to holistic healthcare delivery	Thank you for noting this. We have changed this into your suggestion.	Change: Three key themes were derived from the analysis of the stakeholders' perspectives: The PIL's strategy role in the transition to holistic healthcare delivery
17. Page 12: Suggest taking out this sentence and just putting their perspectives in quotes	Thank you for this suggestion. As there was discussion in the first manuscript about whether the data was based on the literature or the interviews, we have chosen to mention that all data presented in the results are based on the stakeholders' perspectives, unless it is specifically mentioned that it is not.	
18. Page 13: Not sure quote below fits this part of the sentence although certainly the first part of sentence	Thank you for your attentiveness. We agree that the quote did not fit the sentence. Therefore we have extended the quote.	Addition: "If physicians would have a holistic vision it would be very favourable as they have a lot of influence on all levels of the organization to change things. If I want something from the Board of Directors, I have to pass several levels, and in the end, I will still not succeed to reach them. If a physician approaches the Board of Directors, they get through immediately". (Manager)
19. Page 15: Title is awkward	Thank you for this comment. We have changed this title "development of the barriers" to	

	risks as mentioned earlier.	
20. Page 16: ? achieve holistic healthcare	Thank you for your suggestion. We have changed “meet” into “achieve” holistic healthcare	Change: Requirements to achieve meet holistic healthcare
21. Page 19: Do you mean medical vs surgical or MD vs other healthcare professions. Suggest take out word medical	Thank you for your suggestion. We took the word medical out.	Change: would not unnecessarily refer patients to a medical -specialist
22. Page 22: Please check spacing and this phrase should be in quotes throughout	Thank you for noting this. We have put the phrase ‘team in the lead’ in quotes throughout the manuscript.	
23. Page 23: Were these different from interviewer?	Thank you for your question. No the interviewer was one of them.	
24. Page 24: Not sure this is a limitation or strength (Information about anonymity was given prior to the interview. This was expected to not withhold the participants from speaking freely.)	In our humble opinion we think that this is a strength. If participants would not be informed about their anonymity prior to the interview or were informed that everything they would say was not anonymous, they would possibly feel resistance to speak freely.	
25. Page 24. Not sure I understand this – you said that these stakeholders were diverse and represented their group. Or do you mean there are other data points that you did not collect such as patient outcomes	Thank you for this comment. We meant to say that other data and thus other studies than interview studies are needed to have a broader view to determine the effects of PIL. As we mention the importance of observational studies later in the document (see paragraph suggestions for further research) we have deleted this specific limitation.	Change: As the organization of the healthcare system and the strategy of hospitals differ among countries, the content may be less relevant to other settings. Also, our results are based on interviews with stakeholders, they are likely to present a limited picture of the effects of the PIL strategy on the transition to holistic healthcare.

Table 3. Comments to Author - Reviewer 2: Annette Erichsen Andersson

General comments	Response of the authors to reviewer 2	Changes made in the manuscript
The manuscript needs to be thoroughly checked for grammar and spelling errors before publication.	Dear Annette Erichsen Andersson, thank you for your comment. We really appreciate the time and effort you have spent to review this manuscript. We thoroughly checked the manuscripts for typographical/grammatical errors and changed this throughout the manuscript. These changes are marked with ‘track changes’ in the Word document.	

VERSION 3 – REVIEW

REVIEWER	Ming-Ka Chan The University of Manitoba, Canada
REVIEW RETURNED	08-Apr-2018
GENERAL COMMENTS	<p>Thank you for this work once again. I think that the changes made have really solidified this article. Please see attached for specific comments and suggestions for clarity. With these addressed and final editorial process, I feel that this paper is ready for publication.</p> <p>Please note that your table spacing needs to be corrected as there is an empty bullet point.</p> <p>- The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.</p>

VERSION 3 – AUTHOR RESPONSE

Table 1. Comments to Author - Reviewer 1: Ming-Ka Chan

General comments	Response of the authors to reviewer 1	Changes made in the manuscript
<p>Thank you for this work once again. I think that the changes made have really solidified this article. Please see attached for specific comments and suggestions for clarity. With these addressed and final editorial process, I feel that this paper is ready for publication.</p> <p>Please note that your table spacing needs to be corrected as there is an empty bullet point.</p>	<p>Dear Ming-Ka, thank you for your general and specific comments. We really appreciate the time and effort you have spent once again to critically review this manuscript.</p>	
Specific comments and suggestions in the file attached	Response of the authors to reviewer 1	Changes made in the manuscript
<p>1. Page 3: I feel that having a noun after 'this, that or these' helps to ensure clarity.</p>	<p>Thank you for your suggestion. We have added the suggested noun.</p>	<p>Addition: These perspectives provide</p>
<p>2. Page 3: added in settings as even different institutions in the same city can have different strategies</p>	<p>Thank you for this addition, we added 'settings' to the sentence.</p>	<p>Change: differ among across settings and/or countries</p>
<p>3. Page 3: I.e. no patients (only reps) and no</p>	<p>Thank you for noting this. We</p>	<p>Addition:</p>

<p>outpatient stakeholders per se. I added mainly based on your lists.</p>	<p>have added 'mainly' in the sentence.</p>	<p>interviews with mainly hospital-based stakeholders</p>
<p>4. Page 4: Not all budgets for healthcare are national and since it doesn't lose anything, I suggest take out</p>	<p>Thank you very much for this remark. We have deleted the word 'national'.</p>	<p>Change: the growing impact these demands have on the national healthcare budgets</p>
<p>5. Page 4: Wonder if we should use brackets e.g. 1) or 1/ so that there are less '.' Or even better would be to list in one column. But that will be a final editing decision.</p>	<p>Thank you for this comment. We changed the dots into brackets.</p>	<p>Change: VBHC comprises six interdependent components: 1))- organizing healthcare around patients' medical conditions (a full care cycle) rather than around physicians' medical specialties; 2))- measuring costs and outcomes for each patient; 3))- developing bundled prices for each care cycle; 4))- integrating care across separate facilities; 5))- expanding geographic reach excellent health care delivery services across an area, state or country; and 6))- building an enabling Information Technology platform to establish an efficient way of data reporting and information sharing between professionals as well as patients.</p>
<p>6. Page 4 and 5: Of note, points 1-4 are easily translated without knowing the background literature but it is a bit harder to understand – I assume it means expanding geographical reach of the healthcare facility but I am not sure for what purpose (is it to provide service where there is currently no service for example). Re IT platform – what do you want it to do – measure costs and outcomes. May be good to be more explicit here.</p>	<p>Thank you for noting this. To make this more clear we have explained point 5 and 6 in more detail.</p>	<p>Change: 5))- expanding geographic reach excellent health care delivery services across an area, state or country; and 6))- building an enabling Information Technology platform to establish an efficient way of data reporting and information sharing between professionals as well as patients.</p>
<p>7. Page 5 You don't actually list all 6 earlier in the paper – You do not use the specific term of bodily functions either</p>	<p>Thank you for this comment. On page 4 we do mention the 6 dimensions. However, we understand that it is not clear that these are six dimensions.</p>	<p>Addition: This holistic concept shifts the traditional and principally biomedical focused care towards a model with greater</p>

	To make it more clear we have added the word 'five' before naming the other dimensions than the one that was already being mentioned.	emphasis upon five other dimensions of patients' lives, including psychological, social, and spiritual well-being (meaningfulness); their quality of life; and their daily functioning. (6)
8. Page 7: Is it supposed to be obstetrics and gynecology (suggest spell and then use a short form to save word count	Thank you for your question. Yes, it is supposed to be obstetrics and gynaecology. We have changed this throughout the document.	
9. Page 7: Not clear which results you mean – I think you are referring to patient care related ones but could be interpreted differently.	Thank you for your comment. We do mean patient care results. So we have added this in the text.	Addition: and monitors the patient care results
10. Page 7: Are they really monitoring compliance or more of facilitating alignment of the dept and hospital interests. The term compliance seems a bit awkward to me although my rewording above may not be what you mean.	Thank you for your comment. We believe that the term 'compliance' may mean something else in this context. We have changed this sentence to what you have suggested.	Change: and monitors the patient care results as well as the alignment of departmental interests with hospital interests compliance of the department with the interests of the hospital.
11. Page 8: I changed this sentence as the fact that you chose 2 was not a selection criteria perse	Thank you for changing this, we have accepted this change.	Change: Selection criteria included: t Two stakeholders of each relevant stakeholder group that were selected to form a representative sample using the following criteria;
12. Page 8: Why only one rep?	Thank you for your question. The stakeholders of each stakeholder group were selected to form a representative sample. The respondent that was selected from this specific stakeholder group was already the representative sample of the group. For this reason, we chose not to interview another member. To assure anonymity we cannot elaborate further on this choice as we mention the name of the advisory board.	
13. Page 9: Wonder if this paragraph should be integrated more with previous paragraph or perhaps moved up to right after the mention of the gov't rep and then discuss	Thank you for your suggestion. Mentioning this paragraph is a requirement of the BMJ open, therefore, we did not integrate it with the previous paragraph.	

your numbers and the procedures of your study		
14. Page 9: To be honest I am not sure you need this here as it seems duplicated. This section is explaining why you sought patient voice and how you went about it. So I think it would be best to take out the highlighted section here	Thank you for your suggestion, we took out the highlighted section.	Change: Patients' perspectives receive a growing attention in the healthcare delivery approach. Patients' preferences, priorities and experiences are important markers that help patients and physicians in the shared decision-making process. The strategies that are implemented in healthcare should support such developments and should be constantly optimized to meet the healthcare demands of patients. In order to meet the holistic healthcare demands of patients, it is needed to explore whether the PIL strategy supports a holistic approach. The client board of the hospital was identified to represent groups of patients. Patients were not involved in the conduct of the study.
15. Page 11: Wonder if it is better to say the medical or healthcare. Otherwise seems to exclude mental health	Thank you for your suggestion, we have changed 'physicial' to medical in the manuscript.	Change: as they have knowledge about the medical physical -needs of patients
16. Page 13: Given this comment, I definitely don't think 'monitoring compliance' is the right concept	Thank you for noting this. We have changed this into your suggestion. Please see point 10.	
17. Page 14: Was this a correction on the quote?	Yes, this was an correction on the quote.	
18. Page 14: In some contexts, hospitals may not be sufficient to provide a full cycle of care or perhaps you mean within its capacity. Perhaps better lingo is the 'hospital may not provide optimal care'. The full cycle of care is something more specific.	Thank you for this comment. We have changed this in the manuscripts to your suggestion.	Change: leading to a potential consequence of the hospital not providing optimal a full cycle of care for patients.
19. Page 14: Are you referring to the PIL change?	Thank you for your question. No, this refers to changes in general. To make this more clear, we have changed the sentence	Change: For other professions, it may be more difficult to make-realise changes.
20. Page 15: Suggest list and then have description of each below	Thank you for your suggestion, we have listed the roles before the description of each of the roles below.	Addition From the stakeholders' perspectives, five important roles were defined besides PIL

		in organizing holistic care; <u>the role of: patients, informal caregivers, nurses, general practitioners, and care coordination centres.</u>
21. Page 19: Wonder if you need to say explicitly that the stakeholders validated or agreed with this new concept.	Thank you for this comment. We did not validate it afterwards with all of the stakeholders. Therefore, we do not mention this explicitly.	
22. Page 19: Not sure it should be specialty i.e condition specific necessarily	Thank you for making this interesting note. We have deleted 'per specialty'.	Change: all professions should be adequately represented in the team per specialty .
23. Page 23: See previous comment above about this sentence	We assume that you refer to comment number 21 with this. As mentioned before we did not validate this afterwards with the stakeholders.	

VERSION 4 – REVIEW

REVIEWER	Ming-Ka Chan University of Manitoba, Canada
REVIEW RETURNED	16-May-2018

GENERAL COMMENTS	<p>Thanks. We are on the home stretch. There were just some spacing and punctuation matters that I addressed plus consistency of spelling of healthcare as one word. Congratulations on a job well done</p> <p>- The reviewer provided a marked copy with additional comments. Please contact the publisher for full details.</p>
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