## 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

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| **TITLE (PROVISIONAL)** | Perceptions of Older Adults in Ontario, Canada on the Implementation and Impact of a Primary Care Program, Health Teams Advancing Patient Experience: Strengthening Quality (Health TAPESTRY): A Descriptive Qualitative Study |
| **AUTHORS** | Ploeg, Jenny; Valaitis, Ruta; Cleghorn, Laura; Yous, Marie-Lee; Gaber, Jessica; Agarwal, Gina; Kastner, Monika; Mangin, Dee; Oliver, Doug; Parascandalo, Fiona; Risdon, Cathy; Dolovich, Lisa |

## VERSION 1 – REVIEW

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| **REVIEWER** | Aslak Steinsbekk<br>NTNU, Norwegian University of Science and Technology, Norway |
| **REVIEW RETURNED** | 28-Nov-2018 |

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| **GENERAL COMMENTS** | One of the few papers I have reviewed that I have no specific comments to. Straightforward study and presentation, well deserving to be accepted.<br>The only minor thing that could be made more clear especially in the recruitment section is the link to the RCT, using words like baseline. The word "all clients" in first sentence of Recruitment was confusing, did it mean all participants in the RCT |

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| **REVIEWER** | Frances Bunn<br>University of Hertfordshire, UK |
| **REVIEW RETURNED** | 06-Feb-2019 |

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| **GENERAL COMMENTS** | This is an interesting paper exploring patient perceptions of an intervention to improve health care coordination for older people. The results of the RCT do not appear to have been published yet.<br><br>1. Although this is an interesting paper I felt like it would have been more helpful to read this paper in the context of the findings from the RCT. For example, whether the intervention had had any positive impact on patient outcomes. The qualitative data could then have been used to explain or understand the findings from the RCT.<br><br>2. Recruitment – can the authors say how many people from the RCT had been contacted and asked to participate in the qualitative study and what percentage agreed.<br><br>3. Quite a lot of the findings relate to goal setting. It would have been useful to know more about how the goal setting was done. Reading the description of the intervention I wasn't clear how the goal setting worked. For example, after identifying goals with the volunteers did clients have further care planning sessions with |

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| | health care professionals? If not, this might explain why there were mixed experiences related to goal setting. It could be because the goal setting was only with the volunteers who may have had limited ability to input into medical goal setting.<br><br>4. Analysis – whilst the themes seem reasonable the analysis does feel a bit descriptive. I would like to know more about how the four themes were arrived at. It also wasn't entirely clear how the authors arrived at some of their findings. For example, on p13, line 5-8 the authors say that 'participants felt that obtaining a comprehensive health assessment of older adults … ensured that continuity of care occurred'. I am assuming that participants didn't use the phrase continuity – so this is the authors interpretation. The same is true when they talk about increasing collaborative care or holistic principles. How did the authors reach this interpretation?<br><br>5. P17 and elsewhere the authors talk about 'some participants' – this is very vague and doesn't give a feeling for how strongly the theme came through<br><br>Discussion<br>6. Site A – seemed to have more positive experiences of the programme – perhaps the authors could explore that further. Why might that have been?<br><br>7. An important part of the intervention is that it involved volunteers. I would have liked to see this explored more fully. For example, how did participants feel about having volunteers visit them rather than professionals. How did the volunteers link with the HCPs? How were the volunteers able to engage in goal setting with people with complex health needs?<br><br>8. P23 line 47 – say that this study provides support for interprofessional primary care clinic model. I am not sure that they can make this claim from the evidence presented.<br><br>9.Conclusions – I don't think that the 1st sentence of the conclusions is justified by the data. It did seem reading the paper that many of the participants were not clear what the intervention was for. Rather some just saw it as a data collection exercise. |

**VERSION 1 – AUTHOR RESPONSE**

Reviewer(s)' Comments to Author:

Reviewer: 1

**Comment 1:** One of the few papers I have reviewed that I have no specific comments to. Straightforward study and presentation, well deserving to be accepted. The only minor thing that could be made more clear especially in the recruitment section is the link to the RCT, using words like baseline. The word "all clients" in first sentence of Recruitment was confusing, did it mean all participants in the RCT

**Response:**

Thanks for these comments. We agree this was not clear. Not all clients who participated in the RCT took part in the current study. We purposively sampled two groups of clients. One group consisted of clients who were the first to be recruited in the RCT. The second group consisted of clients who were recruited near the end of the RCT. This approach captured diverse perspectives and minimized the influence that confidence levels of team members had over the clients' perspectives as they gained experience in delivering the intervention. We have added this information to the paper under recruitment.

Reviewer: 2

**Comment 1:** This is an interesting paper exploring patient perceptions of an intervention to improve health care coordination for older people. The results of the RCT do not appear to have been published yet.

**Response:** A manuscript reporting the RCT results is forthcoming. This is noted in the paper.

**Comment 2:** Although this is an interesting paper I felt like it would have been more helpful to read this paper in the context of the findings from the RCT. For example, whether the intervention had had any positive impact on patient outcomes. The qualitative data could then have been used to explain or understand the findings from the RCT.

**Response:** The results of the RCT have been submitted for publication and revised, but not yet accepted. We have added the following statement to the paper related to findings of the RCT: Findings from the RCT for clients who received Health TAPESTRY compared to the control group were the following: (a) no significant difference in goal attainment scaling, (b) an increase in the number of primary care visits (mean 4.9 versus 3.5 ; $p<0.0001$), and (c) reduced odds of experiencing one or more hospitalizations during the 6 month intervention period (odds ratio [OR] 0.44 (965% CI 0.2 , 0.95).

We have revised our aim on page 7 by stating: "To further understand the patient experience and perceived outcomes, this paper aims to explore the perceptions of older adults who received the Health TAPESTRY program"

**Comment 3:** Recruitment – can the authors say how many people from the RCT had been contacted and asked to participate in the qualitative study and what percentage agreed.

**Response:** A sentence was added in the recruitment section stating, "In total, 129 clients were approached, 83 agreed to participate and 32 were recruited".

**Comment 4**: Quite a lot of the findings relate to goal setting. It would have been useful to know more about how the goal setting was done. Reading the description of the intervention I wasn't clear how the goal setting worked. For example, after identifying goals with the volunteers did clients have further care planning sessions with health care professionals? If not, this might explain why there were mixed experiences related to goal setting. It could be because the goal setting was only with the volunteers who may have had limited ability to input into medical goal setting.

**Response:** On page 6 we included more information to ensure that it is clear that volunteers were responsible for helping with setting goals with clients. After information was collected about the client's health risks, needs, and goals, this was summarized in an electronic report which was transferred to their primary care electronic medical record. We added a statement in the Health TAPESTRY section on page 6 that the interdisciplinary team followed-up on goals by developing a plan of care to address identified health risks and goals. In addition, a citation of a recently published paper on a sub-study which speaks to the feasibility of goal setting in Health TAPESTRY was included. Volunteer visits were generally well-received by clients as seen within the theme of *Open and caring in-home visits by trained volunteers* on page 17. The mixed experiences with goal setting and provider follow-up following volunteer visits were related to other factors such as having to frequently change goals due to changing health status and the lack of follow-up by providers. These findings were reported in the present paper.

**Comment 5**: Analysis – whilst the themes seem reasonable the analysis does feel a bit descriptive. I

would like to know more about how the four themes were arrived at. It also wasn't entirely clear how the authors arrived at some of their findings. For example, on p13, line 5-8 the authors say that 'participants felt that obtaining a comprehensive health assessment of older adults … ensured that continuity of care occurred'. I am assuming that participants didn't use the phrase continuity – so this is the authors interpretation. The same is true when they talk about increasing collaborative care or holistic principles. How did the authors reach this interpretation?

**Response:** We agree that the analysis leans more towards description, however this was done to reflect the study design consisting of a qualitative descriptive approach. We have added a sentence in the data analysis section on page 10 to comment on how the themes were developed. We reviewed all the themes, including the ones mentioned by the reviewer, and ensured that each theme is supported by the quotes included. We have removed the reference to "continuity of care", "holistic principles" and replaced it with "by understanding the everyday life of older adults" on page 15 to better reflect the words of the participants. On page 20 we removed "collaborative care" and replaced it with "collaboration". We also embedded quotes from participants for some themes in the text. These changes are seen in the tracked version of the document.

**Comment 6:** P17 and elsewhere the authors talk about 'some participants' – this is very vague and doesn't give a feeling for how strongly the theme came through

**Response:** We decided to use 'verbal counting' in the paper when referring to the number of participants discussing a theme. We provided clarification in the data analysis section to orientate readers to what we mean when we say many, most, half, or some. This method is valid as supported by the paper written by a reputable author, Sandelowski, which is now referenced in the paper.

**Comment 7:**

Discussion

Site A – seemed to have more positive experiences of the programme – perhaps the authors could explore that further. Why might that have been?

**Response:**

We reviewed the differences between sites again and could not find any patterns to explain the findings other than the fact that core leadership was located at Site A and might have "sold the program" more to their clients and the team. We are unfortunately unable to report on this observation, since it would reveal the site. We have added a short point in the discussion as follows:

"Although there were minor differences between site A and B in patient perceptions (i.e., related to a lack of clarity about the purpose of the program, a perception that the program resulted in little or no change in their life, enjoyment of home visits, and satisfaction with the primary care team and health system as a result of the program), given the lack of a clear pattern in the results, it is difficult to explain the reasons for these differences."

**Comment 8:** An important part of the intervention is that it involved volunteers. I would have liked to see this explored more fully. For example, how did participants feel about having volunteers visit them rather than professionals. How did the volunteers link with the HCPs? How were the volunteers able to engage in goal setting with people with complex health needs?

**Response**: We added more information about the perceptions of participants on receiving volunteer visits to our existing theme of *Open and caring in-home visits by trained volunteers* on page 17. Another paper exploring the experiences of volunteers has been submitted for publication but is not yet accepted. For the most part, participants enjoyed having volunteers visit and benefitted by talking to someone about their health. None of the participants brought up the issue that they would have rather had professionals conduct home visits. Some participants felt that volunteers had different levels of knowledge and confidence in discussing health issues. This sentence is now included in the findings under the theme of *Open and caring in-home visits by trained volunteers.* The volunteers linked with the providers by submitting a report as described at the beginning of the paper in the Health TAPESTRY section. Volunteers received training in engaging in goal setting with people with

complex health needs and this statement is now included in the Health TAPESTRY section at the beginning of the paper.

**Comment 9:** P23 line 47 – say that this study provides support for interprofessional primary care clinic model. I am not sure that they can make this claim from the evidence presented.

**Response:** We replaced “interprofessional primary care clinic model” to “interprofessional team approach” to provide a broader statement.

**Comment 10:** Conclusions – I don’t think that the 1st sentence of the conclusions is justified by the data. It did seem reading the paper that many of the participants were not clear what the intervention was for. Rather some just saw it as a data collection exercise.

**Response:** This is a good point. We have removed the first sentence of the conclusion.

**VERSION 2 – REVIEW**

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| **REVIEWER** | Frances Bunn<br>University of Hertfordshire, UK |
| **REVIEW RETURNED** | 29-Mar-2019 |

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| **GENERAL COMMENTS** | The authors have addressed my previous comments. |