

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Semi-structured interviews regarding patients' perceptions of Choosing Wisely and shared decision-making: An Australian study
AUTHORS	Allen, Jacqueline; King, Richard; Goergen, Stacy; Melder, Angela; Neeman, Naama; Hadley, Annemarie; Hutchinson, Alison

VERSION 1 – REVIEW

REVIEWER	Ellen Lipstein Cincinnati Children's Hospital Medical Center I have institutional grant funding from Pfizer, Inc.
REVIEW RETURNED	10-Jun-2019

GENERAL COMMENTS	<p>The authors report on the findings from a qualitative study focused on decision making about CT scans, for an array of conditions. Specifically they are interested in the extent to which patients engaged in shared decision making prior to the CT scan and patients' awareness and interest in the Choosing Wisely questions. The novelty of the study comes from the focus on patient, rather than clinician, perspectives on Choosing Wisely. The concept for the study is good but there are several significant limitations to the work related to the study population. Additionally, the results and discussion lack depth that would strengthen the manuscript. Specific comments follow.</p> <ol style="list-style-type: none">1. Introduction—Generally the introduction is good and provides a nice overview. At the bottom of page 5 (lines 51-52), I'd urge caution in not overstating the novelty. Although this study does not focus on a specific condition, it does focus on a specific medical test.2. Page 7, lines 10-15; I appreciate the information about data saturation. However the process of determining saturation might fit better in the analysis section, as this is a key component of data analysis.3. Page 9, needing to know: It would be useful to have more information (if available) about how patients came to the feeling that they "needed to know what was wrong". Whether they felt that way before the GP appointment or came to that conclusion after discussion with GP has implications for the role of shared decision making.4. Page 11, line 46-50: Similar to the comment above, when did patients receive their "adequate information"? Before the GP appointment? From GP?5. Page 12, Uncertainty about questioning: Given the study focus on choosing wisely more detail and depth would be beneficial here as this seems to be a list of comments, rather than much clustering by subtheme. For instance, how did patients come
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	<p>to the beliefs about the interactions between trust and questioning?</p> <p>6. Page 13, line 10: The opening sentence of “valuing the...questions” is confusing. What about the other 8 participants, did they not have opinions? Or are the authors stating that each of those 14 participants individually had a range of views? As with the prior section, the analysis here feels somewhat superficial.</p> <p>7. First paragraph of discussion: This paragraph highlights a challenge I have with this manuscript. By in large it seems to equate questioning a GP with shared decision making. While asking questions could be part of SDM, I am not sure that the desire not to question necessarily reflects overall ambivalence about SDM.</p> <p>8. Discussion: Overall it would be nice to have more discussion about the implications of the study findings to the specific context of choosing wisely—namely de-implementation of low-value care.</p> <p>9. Study limitations: There are two significant limitations which are not addressed by the authors. First, the study only included patients who obtained a CT scan. Nothing is known about the decision-making for patients who did not obtain a CT scan. This is particularly relevant given the choosing wisely focus. Second, the interview timing may have biased findings as all interviews were conducted after the CT scan. Therefore the patients are likely predisposed to assume the test was a good choice and beneficial.</p> <p>10. Supplementary file 3: Although the comments in this table are clustered under themes, it would be easier to read if there were further synthesis/condensation—rather than an apparently verbatim list of coded data. (e.g. multiple comments about having questions available in waiting room)</p>
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REVIEWER	Shehzad Saeed, MD Wright State University, Dayton Children's Hospital, United States
REVIEW RETURNED	17-Jun-2019

GENERAL COMMENTS	<p>The paper titled "Semi-structured interviews regarding patients' perceptions of Choosing Wisely and shared decision-making: An Australian Study" by Allen et al is describing an important research concept to assess patients' perceptions about a de-implementation tool's impact on shared decision making in a primary care setting in Australia. Please see the attached document for detailed comments</p> <p>The paper titled "Semi-structured interviews regarding patients' perceptions of Choosing Wisely and shared decision-making: An Australian Study" by Allen et al is describing an important research concept to assess patients' perceptions about a de-implementation tool's impact on shared decision making in a primary care setting in Australia. As pointed out by the authors, few studies have assessed this impact on shared ownership and responsibility about healthcare decision making. The present study focuses on general practitioners ordering a CT scan as an evaluative tool in the primary care setting, and it remains to be seen if this will hold true in a more specialized setting like a gastroenterologist or a surgeon. As reported by the authors, large number of the patient’s wanted a peace of mind/assurance about the etiology of the symptoms, and/or validation of the symptoms. Along with this, in the primary care setting, large number of the</p>
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	<p>participants, commented upon the trust in relationship aspect with their GP. Could this still be reflective of shared decision-making in a specialist setting as pointed out above? Similarly, the authors report the majority of the patients had had previous experience with a CT scan and felt comfortable with the test itself which may affect their perception of the need for shared decision-making. Also, almost 50% of the participants report not getting adequate explanation for the test itself which is an opportunity of focusing on education as well as shared decision-making efforts. The manuscript is nicely formatted, and has documented clear background information about the Choosing Wisely program. The methodology seems to follow the SRQR guidelines. The conceptually framework and setting seems appropriate as well. Clarification of some of the following points may help address some questions and augment in the overall impact of the manuscript.</p> <ol style="list-style-type: none"> 1. Purposing sampling was used participants the semistructured interviews. The authors completed 14 interviews with additional 6 being conducted without additional codes and categories. Can they clarify the rationale for this approach? 2. The authors report that 22 people agreed to participate with 18 interviews conducted with the patient only and 2 with the patient along with their caregivers. But they report the results of 20 interviews. Can they clarify what happened to the other 2 participant/interviews? 3. The authors report that majority (17) interview were conducted face-to-face, and 3 interviews were conducted a week later, by telephone. Were the authors concerned about “Recall Bias” in this setting, and if yes, how did they control it? 4. The authors report the majority of the patients (13/18) had had previous experience with a CT scan and felt comfortable/familiar with the test itself so did not feel compelled to question their GP. This could be another limitation of the study. 5. One aspect of the Choosing Wisely questionnaire is that of empowerment of the patients as it allows questioning attitude and flattening of the traditional hierarchical relationship between the provider and the patient. This may be an avenue of further study as the authors conceive of scale up as well as roll out this process of semistructured interviews in other settings. 6. One limitation of the study, which is missing, and might impact upon the generalizability of this approach, amongst others, is the last question in the Choosing Wisely questions i.e. rating the costs of the test or the procedure. This was missing from the themes that emerged from the participants interviews, but may have significant impact upon decision making and perceptions in the United States setting. 7. I note that there is some disconnect between understanding the value of Choosing Wisely in healthcare stewardship when the decision making affects the patients themselves with 61% participant in the study expecting their treating practitioner to order ALL medical tests if they felt unwell- i.e. majority of patients want an evaluation for a clinical question if it affects themselves. How do the authors account for this? Is this something to be followed up later in another setting? <p>Overall the manuscript is well done, clear and to the point. I applaud the authors for considering a collaborative approach to this important question</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer: 1

Reviewer Name: Ellen Lipstein

Institution and Country: Cincinnati Children's Hospital Medical Center

Please state any competing interests or state 'None declared': I have institutional grant funding from Pfizer, Inc.

Please leave your comments for the authors below

The authors report on the findings from a qualitative study focused on decision making about CT scans, for an array of conditions. Specifically they are interested in the extent to which patients engaged in shared decision making prior to the CT scan and patients' awareness and interest in the Choosing Wisely questions. The novelty of the study comes from the focus on patient, rather than clinician, perspectives on Choosing Wisely. The concept for the study is good but there are several significant limitations to the work related to the study population. Additionally, the results and discussion lack depth that would strengthen the manuscript. Specific comments follow.

Reviewer 1 comment	Authors' response
<p>1. Introduction—Generally the introduction is good and provides a nice overview. At the bottom of page 5 (lines 51-52), I'd urge caution in not overstating the novelty. Although this study does not focus on a specific condition, it does focus on a specific medical test.</p>	<p>We have left the statement in regard to the focus of treatment decision aids on specified conditions because this information is based on a systematic review by Clifford et al. (2017) as per citation 19. In order to address Reviewer 1s caution re overstating the novelty, we have amended the three sentences to follow: 'We explored patients' overall perspectives about shared decision-making in relation to any medical condition with their general practitioner (GP) with regard to using the five Choosing Wisely questions. We included patients who had been referred by their GP for a specific test, a computed tomography (CT) scan. We selected CT scans for inclusion because reductions in CT scans for nominated conditions are one important target area of Choosing Wisely due to the risk of exposure to unnecessary radiation.'</p>
<p>2. Page 7, lines10-15; I appreciate the information about data saturation. However the process of determining saturation might fit better in the analysis section, as this is a key component of data analysis.</p>	<p>In qualitative research, there is debate regarding the location of information regarding data saturation within the study methods or findings. In accordance with Reviewer 1s suggestion, we have re-positioned the material in relation to data saturation to the first paragraph in the findings. We would welcome any further suggestion by the editors.</p>

<p>3. Page 9, needing to know: It would be useful to have more information (if available) about how patients came to the feeling that they “needed to know what was wrong”. Whether they felt that way before the GP appointment or came to that conclusion after discussion with GP has implications for the role of shared decision making.</p>	<p>Thank you for this suggestion. We have added a sentence underneath the sub-heading ‘Needing to know’ in the Findings that states that all participants commented that their need to know what was wrong with them was the main reason for booking an appointment with their GP.</p>
<p>4. Page 11, line 46-50:L Similar to the comment above, when did patients receive their “adequate information”? Before the GP appointment? From GP?</p>	<p>We have added a phrase to this sentence to clarify this point: ‘from their GP about CT scans at previous consultations’</p>
<p>5. Page 12, Uncertainty about questioning: Given the study focus on choosing wisely more detail and depth would be beneficial here as this seems to be a list of comments, rather than much clustering by subtheme. For instance, how did patients come to the beliefs about the interactions between trust and questioning?</p>	<p>We have re-written this section of the paper to provide more detail in relation to the study findings.</p>
<p>6. Page 13, line 10: The opening sentence of “valuing the...questions” is confusing. What about the other 8 participants, did they not have opinions? Or are the authors stating that each of those 14 participants individually had a range of views? As with the prior section, the analysis here feels somewhat superficial.</p>	<p>We have re-written this section of the paper to provide more detail.</p>
<p>7. First paragraph of discussion: This paragraph highlights a challenge I have with this manuscript. By in large it seems to equate questioning a GP with shared decision making. While asking questions could be part of SDM, I am not sure that the desire not to question necessarily reflects overall ambivalence about SDM.</p>	<p>We have modified the discussion to note that questioning is a part of shared decision-making rather than the same thing as shared decision-making.</p>
<p>8. Discussion: Overall it would be nice to have more discussion about the implications of the study findings to the specific context of choosing wisely—namely de-implementation of low-value care.</p>	<p>We have modified the discussion to include a stronger focus on implications of the study findings for the de-implementation of low value care in general practice.</p>
<p>9. Study limitations: There are two significant limitations which are not addressed by the authors. First, the study only included patients who obtained a CT scan. Nothing is known about the decision-making for patients who did not obtain a CT scan. This is particularly relevant given</p>	<p>We have added these two limitations to the manuscript under the heading ‘Study strengths and limitations’.</p>

<p>the choosing wisely focus. Second, the interview timing may have biased findings as all interviews were conducted after the CT scan. Therefore the patients are likely predisposed to assume the test was a good choice and beneficial.</p>	
<p>10. Supplementary file 3: Although the comments in this table are clustered under themes, it would be easier to read if there were further synthesis/condensation—rather than an apparently verbatim list of coded data. (e.g. multiple comments about having questions available in waiting room)</p>	<p>We have further condensed the material in Supplementary file 3 and removed multiple comments about similar suggestions.</p>

Reviewer: 2

Reviewer Name: Shehzad Saeed, MD

Institution and Country: Wright State University, Dayton Children's Hospital, United States

Please state any competing interests or state 'None declared': None

Please leave your comments for the authors below

The paper titled "Semi-structured interviews regarding patients' perceptions of Choosing Wisely and shared decision-making: An Australian Study" by Allen et al is describing an important research concept to assess patients' perceptions about a de-implementation tool's impact on shared decision making in a primary care setting in Australia. Please see the attached document for detailed comments

Reviewer 2 comment	Authors' response
<p>1. Purposive sampling was used participants the semi-structured interviews. The authors completed 14 interviews with additional 6 being conducted without additional codes and categories. Can they clarify the rationale for this approach?</p>	<p>As the number of additional interviews to verify data saturation varies with each study, this was a decision made by the research team. This information has been added to the methods under the sub-section 'Data analysis'.</p>
<p>2. The authors report that 22 people agreed to participate with 18 interviews conducted with the patient only and 2 with the patient along with their caregivers. But they report the results of 20 interviews. Can they clarify what happened to the other 2 participant/interviews?</p>	<p>As two interviews were conducted with the patient and their carer, and the remaining 18 patients were interviewed alone this resulted in a total of 20 interviews with 22 participants. We have added the word 'both' to the second sentence in the first paragraph under 'Findings' to clarify this point.</p>

<p>3. The authors report that majority (17) interviews were conducted face-to-face, and 3 interviews were conducted a week later, by telephone. Were the authors concerned about 'recall bias' in this setting, and if yes, how did they control it?</p>	<p>Given only a week had elapsed since the scan, and all participants were cognitively intact, recall bias is unlikely to have affected their responses. However, we have acknowledged that this was possible in the study limitations.</p>
<p>4. The authors report the majority of the patients 13/18 had had previous experience with a CT scan and felt comfortable/familiar with the test itself so did not feel compelled to question their GP. This could be another limitation of the study.</p>	<p>We have added this as a limitation to the section 'Study strengths and limitations'.</p>
<p>5. One aspect of the Choosing Wisely questionnaire is that of empowerment of the patients as it allows questioning attitude and flattening of the traditional hierarchical relationship between the provider and the patient. This may be an avenue of further study as the authors conceive of scale up as well as roll out this process of semi-structured interviews in other settings.</p>	<p>We have added a phrase to the section 'Further research' to include the need for further studies to focus on empowering patients to ask questions in care contexts aiming to de-implement low value care.</p>
<p>6. One limitation of the study, which is missing, and might impact upon the generalizability of this approach, amongst other, is the last question in the Choosing Wisely questions i.e. rating the costs of the test or the procedure. This was missing from the themes that emerged from the participants' interviews, but may have significant impact upon decision making and perceptions in the United States setting.</p>	<p>We have added a brief paragraph about the Choosing Wisely question pertaining to costs in the Findings section under the sub heading 'Valuing the Choosing Wisely questions'. Participants who commented explicitly on this Choosing Wisely question noted that it was not applicable to the publicly funded Australian health setting. We are unable to comment on the meaning of this finding for a United States setting as there are substantial differences in the funding and organisation of healthcare in the United States and Australia.</p>
<p>7. I note that there is some disconnect between understanding the value of Choosing Wisely in healthcare stewardship when the decision making affects the patients themselves with 61% participants in the study expecting their treating practitioner to order all medical tests if they felt unwell – i.e. majority of patients want an evaluation for a clinical question if it affects themselves. How do the authors account for this? Is this something to be followed up later in another setting?</p>	<p>We have included comment on this in the Discussion section of the manuscript, second paragraph. We partially account for this in keeping with previous research, which we cite, including a systematic review by Hoffman and Del Mar (2015) and a recent Choosing Wisely Australia report (2017). Our findings and these two studies note that patients tend to overestimate the benefits and underestimate the harms of medical interventions.</p> <p>We also agree with reviewer 2 that human motivation is complex and that there can be a disconnection between beliefs about how healthcare should be practised with others and our beliefs about how healthcare should be</p>

	practised with ourselves. We have added that an understanding of patient motivation will be an important consideration in future research. We have stated this in the paragraph under the heading 'Further research'.
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VERSION 2 – REVIEW

REVIEWER	Ellen Lipstein Cincinnati Children's Hospital Medical Center, United States Institutional Research Grant from Pfizer, Inc.
REVIEW RETURNED	16-Jul-2019

GENERAL COMMENTS	<p>This revised manuscript is a significant improvement over the initial submission and the authors were quite responsive to reviewer feedback. I have only a two small suggestions based on this revision.</p> <ol style="list-style-type: none"> 1. On page 3 “article summary”, I'd encourage the authors to list strengths first, so as not to detract from their work even before the reader has begun to consider it. Also, as a qualitative study the goal is not to develop generalizable knowledge, therefore I'm not convinced that is a limitation of the study but rather a characteristic of the method. However, bullet 1 (not generalizable) and bullet 4 (application to similar contexts elsewhere) are in contradiction to one another. 2. Page 5—I still have concerns that the research focus is over stated (“We explored patients’ overall perspective...”) as the focus remains on CT scans. Although the interview guide does ask generally about choosing wisely in reference to “tests”, given that the first half of the guide focuses on CT scans, I am not convinced that “overall perspectives” were explored. This in no way invalidates the current work, I'd just suggest the authors be clear about the focus.
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REVIEWER	Shehzad A Saeed, MD Wright State University Boonshoft School of Medicine Dayton Children's Hospital
REVIEW RETURNED	12-Jul-2019

GENERAL COMMENTS	The authors have addressed the concerns raised by me in the submitted revised version.
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VERSION 2 – AUTHOR RESPONSE

Many thanks for the opportunity to attend to the reviewers’ feedback. We thank reviewer 1 for their additional feedback and we have made the following amendments to the paper (noted in red font in the main manuscript):

Reviewer 1	Author response
<p>On page 3 “article summary”, I’d encourage the authors to list strengths first, so as not to detract from their work even before the reader has begun to consider it. Also, as a qualitative study the goal is not to develop generalizable knowledge, therefore I’m not convinced that is a limitation of the study but rather a characteristic of the method. However, bullet 1 (not generalizable) and bullet 4 (application to similar contexts elsewhere) are in contradiction to one another.</p>	<p>We have listed the study strengths first as suggested. We have removed the bullet point re ‘application to similar contexts elsewhere’ as suggested. We have included the main study limitation as a bullet point: ‘Participants were referred for and attended a CT scan and nothing is known about use of the five Choosing Wisely questions among patients who were not referred for a CT scan.’</p> <p>We have also amended the section ‘Study strengths and limitations in the manuscript to reflect strengths before limitations for consistency with the bullet points and also to better reflect the heading. In this section, we have included the statement ‘Findings from the current study may have application to similar contexts of care elsewhere’. This is because it is a qualitative argument about the context of healthcare that relates to the transferability of findings.</p>
<p>Page 5—I still have concerns that the research focus is over stated (“We explored patients’ overall perspective...”) as the focus remains on CT scans. Although the interview guide does ask generally about choosing wisely in reference to “tests”, given that the first half of the guide focuses on CT scans, I am not convinced that “overall perspectives” were explored. This in no way invalidates the current work, I’d just suggest the authors be clear about the focus.</p>	<p>As suggested, we have removed the word ‘overall’ and amended this section (page 5) to include the following: ‘We explored patients’ perspectives about shared decision-making in relation to computed tomography (CT) scans and any medical condition with their general practitioner (GP) with regard to using the five Choosing Wisely questions.’</p>

Reviewer 2 did not present additional matters requiring revision. Therefore, we have not made any further amendments to the manuscript.

We look forward to your response to our submission.