

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Chronic conditions patient's perception on post-COVID19 pandemic teleconsulting continuation in primary care clinics: A qualitative descriptive study
AUTHORS	Postras, Marie-Eve; Poirier, Marie-Dominique; Couturier, Yves; T Vaillancourt, Vanessa; Cormier, Caroline; Gauthier, Gilles; Massé, Sylvie; Gendron, Audrey; Oswick, Megan; Morin, Anaëlle; Blanchette, Patricia; Bernier, Andréanne

VERSION 1 – REVIEW

REVIEWER	Bibi Hølge-Hazelton Zealand University Hospital Roskilde, Research Support Unit
REVIEW RETURNED	28-Aug-2022

GENERAL COMMENTS	This is a well written paper that 1) confirms the existing knowledge within the field and 2) supplement the existing knowledge regarding patients perspectives. My main concern is the superficial description of the data analysis and the lack of reflections regarding how the patient partners were involved, prepared and contributed to the analysis and writing of the paper. For this reason I have not found the methods described sufficiently nor the study limitations discussed adequately. If the patient partners participated and contributed as, very shortly, described, it is an important contribution in itself and should be included and documented and perhaps be specified as research question in its own right
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REVIEWER	Veronica Milos Nymberg Lund University, Clinical Sciences
REVIEW RETURNED	19-Sep-2022

GENERAL COMMENTS	<p>This study covers an important topic, patients' adoption of telemedicine. The study is well conducted and well written. The discussion is relevant, and the conclusions are in line with the findings. However, I would like to advise the authors to address some of the issues below.</p> <p>Background: Well written background, but I lack a theoretical background on how patients adopt the technology. Several theories have been described during the latest decades, from Roger's adoption of innovations theory to the more modern Unified Theory of Adoption of Technology, that could be applied. This is important, especially considering that the authors have applied a deductive analysis approach, having therefore the opportunity to apply a predetermined conceptual framework.</p> <p>Row 26-27: Please change for clarity: telemedicine will remain? It comprises even telephone contacts, maybe in it's current use?</p>
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	<p>Row 30-31 Has the number of emergency visits increased because of more frequent telemedicine visits? Please clarify.</p> <p>I lack a description of how telemedicine is working in the area of Quebec. Are there private or governmental companies? Are the digital platforms integrated with the electronic medical journal at the primary care practices, or separate? Are telemedicine visits using chat or video-based consultations, or both? Organizational factors are interrelated with usability and patient satisfaction.</p> <p>Results: What's the point to show that there were no patients with heart failure or neurodegenerative disorders? I suggest that the authors remove that information from the table.</p> <p>Conclusion: row 47: I believe the authors mean "adverse effects" and not "perverse effects".</p>
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VERSION 1 – AUTHOR RESPONSE

Reviewer 1		
<p>My main concern is the superficial description of the data analysis and the lack of reflections regarding how the patient partners were involved, prepared and contributed to the analysis and writing of the paper. For this reason I have not found the methods described sufficiently nor the study limitations discussed adequately. If the patient partners participated and contributed as, very shortly, described, it is an important contribution in itself and should be included and documented and perhaps be specified as research question in its own right.</p>	<ul style="list-style-type: none"> • We enhanced the description of the analysis. <p>See modifications in the main document text.</p> <ul style="list-style-type: none"> • Patient co-leaders were involved in each step of this study, according to their preference and availability. We tried to report their implication with the most fidelity as possible. We had some sentences to be more precise. <p>As patient co-leaders are full team members, we do not consider their involvement as research question . We have already published on patient partnerships, and this type of research is common in Canada. Therefore, we have not added to the list.</p>	<p>Paragraph "patient and public involvement" and in the methods section</p>
Reviewer 2		
<p>Well written background, but I lack a theoretical background on how patients adopt the technology. Several theories have been described during the latest decades, from Roger's adoption of innovations theory to the more modern Unified Theory of Adoption of Technology, that could be applied. This is important, especially considering that the authors have applied a deductive analysis approach, having therefore the opportunity to apply a predetermined</p>	<p>We agree with this comment. We have added some elements on diffusion and adoption of technology.</p> <p>Innovations' spreading requires time sensitive key elements and it can normally take up to a decade to cross, successfully or not, the adoptions'</p>	<p>p.4</p>

conceptual framework.	classic five steps in real life. ⁷ Yet under pandemic time shortage the tele-consultations' broadcast was hastened, and their promotion-to-adoption journey most likely did not get the time to fulfill that theoretical framework.	
Row 26-27: Please change for clarity: telemedicine will remain? It comprises even telephone contacts, maybe in it's current use?	<p>We modified the sentence for more clarity.</p> <p>Given teleconsulting will still remain, at least in part, a regular practice of healthcare professionals and patients after the COVID-19 pandemic.</p>	p.4
Row 30-31 Has the number of emergency visits increased because of more frequent telemedicine visits? Please clarify.	<p>We modified the sentence for more clarity.</p> <p>As such, the number of inappropriate visits to Emergency departments have reportedly increased in the province of Québec, given some teleconsultation-users patients got to have a physical exam (e.g. auscultation) ending up to the emergency room. In reality, the majority of emergency rooms' visits were related to minor problems that could have been treated by a family physician or primary care teams.</p>	p.4
I lack a description of how telemedicine is working in the area of Quebec. Are there private or governmental companies? Are the digital platforms integrated with the electronic medical journal at the primary care practices, or separate? Are telemedicine visits using chat or video-based consultations, or both? Organizational factors are interrelated with usability and patient satisfaction.	<p>We added some information in the "method" section to precise the telehealth context in the province of Québec.</p> <p>Teleconsultation is offered here in a variety of modalities, including email, chat, telephone, and video through a wide variety of applications (FaceTime, Zoom, Microsoft Teams, etc.). Modalities can be used alone or in combination. Some clinics got these features belt into an electronic medical record.</p> <p>We also discussed of the organizational factors that influence the patient satisfaction in the discussion section.</p>	<p>p.5</p> <p>p.13-14</p>

	The results obtained are related to the Quebec teleconsultation reality, so projection to other contexts may be limited. Several factors such as teleconsulting tools, the type of technologies, ⁵⁷ and their integration to electronic medical records, as well as their shared costs, may influence the patients' satisfaction.	
Results: What's the point to show that there were no patients with heart failure or neurodegenerative disorders? I suggest that the authors remove that information from the table.	We agree. We removed it.	Table 2
Conclusion: row 47: I believe the authors mean "adverse effects" and not "perverse effects".	You're right, we modified it.	p.4 and 14

VERSION 2 – REVIEW

REVIEWER	Bibi Hølge-Hazelton Zealand University Hospital Roskilde, Research Support Unit
REVIEW RETURNED	14-Nov-2022

GENERAL COMMENTS	Thank you for your response to my questions. Regarding your comment: "This type of research is common in Canada" I would like to draw your attention to BMJ Open is an International, not Canadian journal
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REVIEWER	Veronica Milos Nymberg Lund University, Clinical Sciences
REVIEW RETURNED	11-Nov-2022

GENERAL COMMENTS	Thank you for the revisions. I am not familiar with the term "perennity" and would have preferred the term "continuation" or "persistence", if this is what the authors mean in the title. However, if the editor approves, I have no other objections.
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VERSION 2 – AUTHOR RESPONSE

Reviewers' Comments and Questions	Author response	Location of change
Reviewer 1		
Thank you for the revisions. I am not familiar with the term "perennity" and would have preferred the term "continuation" or "persistence", if this is what the authors mean in the title. However, if the editor approves, I have	We changed it to "continuation" as proposed.	Title

no other objections.		
Reviewer 2		
Regarding your comment: "This type of research is common in Canada," I would like to draw your attention to BMJ Open is an International, not Canadian journal	We agree that patient-oriented research is not well-known across the globe. However, several countries, such as Australia and the United Kingdom, conduct research guided by patient-oriented research guidelines. We added two references to provide supplementary information about this.	p.6