Reviewer's report

Title: Perspectives of Older Adults on Co-Management of Low Back Pain by Doctors of Chiropractic and Family Medicine Physicians: A Focus Group Study

Version: 2 Date: 15 August 2013

Reviewer: Emma Kirby

Reviewer's report:

The authors report a qualitative study on older adults’ preferences for co-management of LBP care by family medicine physicians and doctors of chiropractic. Given the increasing burden of LBP at a population level, uncovering the perspectives and experiences of older adults with LBP is vital for informing policy and practice. The study sheds further light on patient understandings of, and attitudes towards, collaborative and integrative forms of care, and of available care options. The discussion of barriers and facilitators to such care are particularly interesting. A qualitative approach is useful for exploring real-world lived experience, but requires further explanation in this study.

- Major Compulsory Revisions

1. Methods: More information is needed to explain the techniques employed by the moderators during the focus groups to confirm session findings. This is particularly relevant in relation to the style of analysis and the style of the Tables used to show thematic results. To what extent did the focus group members need to agree on a topic/attitude etc for it to be ‘confirmed’? How was disagreement within focus groups managed and analysed. Importantly, more explanation is required as related to the significance of the ‘ticks’ shown in the results Tables. There is not sufficient reference to what exactly allowed for a ‘tick’. All participants agreed? A majority agreed? The results sections within the paper are quite sophisticated and nuanced, and offer a balanced account of the themes as explored within the focus groups. The use of ‘yes or no’ style ticks within the Tables, while giving an useful overview of the content analysis for a large qualitative sample, arguably undermine the significance of the results (as discussed in the paper) by oversimplifying the outcomes without due explanation of what the tick signifies.

2. Methods: Some discussion of the rational for the use of focus groups (as opposed to other qualitative methods – a ‘diverse range of perceptions’ could also be gained by conducting a range of one-on-one face-to-face interviews for example) is needed. The benefits of group discussion need further highlighting, and commentary on the ways by which such group environments can both facilitate and (sometimes) hinder the collection of high quality, personal accounts is needed.
- Minor Essential Revisions

3. Methods: A brief description of the context of the various participant groups would be helpful, particularly for international readers – Table 2 provides a useful overall outline of demographics etc, but some commentary on the similarities/differences of the participant groups in terms of background/context would also be useful.

4. P5, line 104: ‘Table 1 provides the key research questions’ – needs amending to ‘focus group questions’; research questions/aims could also be included here as associated with exploring attitudes towards co-management of care more broadly.

5. P7, line 146; P9, line 189/193 for example; use of ‘most’, ‘some’ etc when describing the participants’ attitudes/perspectives within the focus groups should be amended to accurately reflect how many – should ‘some’ be taken as approximately half? Is ‘most’ a majority or almost all? Explicit reference to how many would provide clarity.

6. Discussion: P13, line 279: A brief discussion of the dynamics of such collaborative approaches would be useful here, particularly around the notion of a ‘team approach’. Previous research has indicated patient desire for integrative care, but how such care is delivered is worthy of further work. For example, the distinction between collaborative care based primarily on consultation with other professionals (often not on-site, sometimes from professionals not directly involved with patient) and co-management as aligned with the context of this study. There are some differences between ‘seeking assistance’ from other professionals, and working in collaboration to co-manage patient care; the author’s commentary on this issue as related to previous studies and to the findings of their study would be beneficial.

7. P 14, line 302: the assertion that ‘integrative interventions that safely and efficaciously treat LBP with minimal medication would address this concern expressed by our focus group participants’ is not sufficiently supported. Concerns around use of medications and ‘living with pain’ are not sufficiently linked here to integrative interventions. That is, any singular interventions would also address this concern if they were safe, efficacious and treated with minimal medication. An argument to link such participant concerns with a distinctly integrative approach is needed here.

- Discretionary Revisions

8. Results: The authors might consider adding participant identifiers to each quotation within the results. While anonymity should be maintained, assigning some identifying information (perhaps sex, marital status, and/or other demographics, and which focus group they took part in) would allow the reader to have a slightly better idea of ‘who’ is talking. For example, P9, line 178-185, two quotes from SH participants are included – were these participants from the same group or different groups etc?
**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests