Reviewer’s report

Title: Patient Portal Messaging for Care Coordination: A Qualitative Study of Perspectives of Experienced Users with Chronic Conditions

Version: 0 Date: 19 Feb 2019

Reviewer: Stephanie Aboueid

Reviewer's report:

Manuscript title: Patient portal messaging for care coordination: a qualitative study of perspectives users with chronic conditions

Objective: to explore how experienced portal users engage with secure messaging to manage their chronic conditions.

General comment: This is an interesting article exploring a relatively new tool that has a lot of potential to improve care. Please see below recommendations to improve the clarity to the outside reader. Great work!

Page 2:

Abstract is good. Could define what is meant by "secure messaging" but I understand that there is a word limit.

Page 3:

HIT tool

Page 4:

Please review structure of: "The few studies examining the impact of secure messaging on health outcomes showed mixed results, with one study demonstrating increased use of secure messaging was associated with better health outcomes for patients managing diabetes(21) and another showing only a small impact on blood pressure."

How are you measuring "experienced portal users"?
Page 5:

Was recruitment limited to PFAC? Please mention what kind of sampling you conducted - convenience, snowball, purposive?

There is no description on how you measured "experienced portal users". What makes them "experienced" or "not experienced"? e.g., was experienced users defined as those who used the portal for more than 6 months?

Page 6

How did you assess trustworthiness? Did you follow the criteria by Lincoln & Guba or others?

Page 7:

The theme "quicker than calling the office" and "direct access to physicians" overlap. You mention that the "quicker than calling the office" theme described the process of being able to reach the physician quicker but under "direct access", you mention that the former theme allowed for easier and quicker resolution of concerns. Quicker access to the physician may not equate to getting concerns resolved.

Page 9:

Please change "hadn't" to "had not"

Page 12:

Were there questions asked about security specifically or did it just not come up in the data?

I am still unsure how you defined "experienced users".

Page 13

The first sentence of the limitations section is unclear. Excluding those who are not familiar with the technology is not a limitation since the objective of your study is to explore the perspectives
of those who are "experienced users". Also, reporting "current use" does not necessarily mean that the patient is an "experienced user".

Unsure what "the average user" means.

The main limitation is that there was a lack of use of criteria to assess trustworthiness.

General comments:

It would have been good to discuss more the potential avenues to address the issues outlined in the study (for example, how can we ensure that patients know what constitutes a non-urgent message etc).

Please provide more demographic information on the participants, if collected.

Please provide the participant number beside each quote so that the reader can know if the quotes are coming from the same participant or if they are being said by multiple individuals.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

No

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Unable to assess

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

Not relevant to this manuscript

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable
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