Reviewer’s report

Title: To what degree do patients actively choose their healthcare provider at the point of referral by their GP? A video observation study.

Version: 0 Date: 08 Sep 2019

Reviewer: Mark Yaffe

Reviewer's report:

This study is a secondary analysis of data obtained from a study that looked at aspects of the doctor-patient relationship through video-tape review. It aimed to explore the degree to which patients participate in decision making about who and where to be referred to for specialist consultation and investigative services --- within the context of care covered by insurance policies. This should be of interest to those working within such systems, especially to family doctors who are concerned as to whether they are patient-centred, or not. It should also be of interest to those not working under such conditions, but who wonder if adds or reduces constraints to practice. There are a number of easily remediable edits suggested to help make this a more readable paper.

1. Page 1, Title: " do patients themselves choose....." This is not a truly accurate description of what this study is looking it. Perhaps more accurate would be to say: "To what degree do patients choose....."

2. Page 1,Title: ".....choose their health care provider". This is ambiguous since they already have a health care provider, i.e. their GP. And in this study there is also reporting on being referred for a test or an Xray. So, it seems more accurate to say " choose the consultant or test site for additional care..."

3. P2, background: early in the Introduction of the paper there should be a definition of "managed competition" since this has varied meanings in different locales.

4. P2, L20, 22: "more than half" may suggest more than it is; more accurate to say "just over half". Then to say almost half 2 lines later, is redundant. Perhaps say : "the remainder.." This re-wording would also apply to lines 27-29.

5. P2L19: "....divided into 3 groups..." Then we learn that some and a lot are combined into one grouping. I do not recall any rationale in the body of the paper for this combination, and think such a justification is needed. Since question 4 of your protocol is very clear there were 3 categories, I think results need to be reported using the 3 categories since they reflect 3 distinct processes of care.

6. P3L33: The word "referral' is predominantly used in the paper. But the term "consultation " also appears, and at times seems to used interchangeably. I think early in the Intro the authors should define their terms. For example, in my community,
consultation means sending a patient for an opinion and referral means transfer for further care. What is the intent of the authors in this paper?

7. P4L36: "what is the definition of "demand-oriented" care? This may not be a term known to international readership.

8. P4L38: "these reforms": I am not sure what "these" modifies. ? demand-oriented care. If the latter, how is that a reform?


10. P4L40: "insurers got…" The word "got' is likely slang and could be replaced with "were given".

11. P4L41-45: These 5 lines overlap in content, and would be better if they were combined, for greater clarity.

12. L45L48-49: this seems like an incomplete sentence or something that should attach to the previous sentence.

13. Throughout the Intro the tenses of sentences varies and may be confusing. It seems to arise from different uses of the words "would, could, should". These are nuanced words in English that often present difficulty.

14. P5L70: replace "which" with :who".

15. P5L70: the sentence that is supported by references 12-15…..If this research exists, why is the current research necessary? A partial explanation appears later in the Research Aims on page 6, L107-108, that this current research is meant as an update, but if so, something needs to be done with L70.

16. P6, L87: alternative appears twice,

17. P6, L92: a reference is needed after the word "department".

18. P6L94: a reference is needed after the word "providers".

19. P6L94: the last phrase seems out of context, or words may be missing.

20. P6L100-110: Much of this is not Research Aim, but better in background or intro section.

21. P7L116-129: This recruitment section is confusing in that we are told about outcome of the recruitment, before the recruitment process is actually described. These outcomes also are best reported in results section.

22. P7L118-121: much of these sentences is redundant, having appeared earlier in paper.
23. P7L117-129: in the recruitment, who approached the doctors for participation? What were they told was the goal of the study they would be in? In 2016, how many were approached to get the 18% participation rate. As well, I think it is more accurate to talk of participation rate in this study, not response rate. (L135).

24. P7L134-135: the number of videos done is more appropriate for results section. As well, why are the "response rates" reported separately for the 2 years? I didn't see anything to suggest the videos from each year were treated differently.

25. P8L138: in the consent process, what were the patients told the study was about?

26. P8: The section Analyses, reads more like a Data Collection section. As well, we are referred to Additional file#1: in the 14 item questionnaire, item 4 describes how the involvement of the patients was assessed and assigned to one of the three groups. Since this is the foundation of this study, the criteria from item 4 should appear as a Table in the body of the paper.

27. P9L180: approval by a medical ethics committee was not required----but what about a research ethics committee?

28. P10, L189-90: why are mental health care providers treated as a separate group? Are psychiatrists, social workers, etc not specialists. Perhaps earlier in the paper, a definition of specialist might be included. (…..in my jurisdiction of practice, Family Physicians are recognized as specialists).

29. P10L189-195: I am confused by the numbers: of 117 patients, 57 are accounted for as to who they were referred to. What of the remaining 60? They are not all likely to have been referred to 60 other different types of health care providers.

30. P10L195: what is haptonomy?

31. P10L199: "most patients had low educational level"….The categories are a bit confusing, with low education = primary or vocational; medium education=secondary school or intermediate vocation; high education =tertiary education. So, the word "low" is being used in 2 different contexts. Can these be differentiated—otherwise it is hard to interpret who is really low education and that is important in understanding what roles patients may actively take in their care.

32. P11 Table: under Gender, replace "man" with male, and consider adding the stats for females. Since men and women generally have different involvement in their health care, the differential stats for gender would be valuable to look at.

33. P13L212:="It is obvious that...." How was it obvious?

34. P13L207-231: This section could be simplified and retained better if in tabular form.
35. P14L268-286: most of this can be simplified or removed because it repeats what has already been reported in results.

36. P18L359-60: why is the east Netherlands sample a limitation? Is there an issue of generalization? If so, what is hypothesized?

37. P18L376L: the conclusion needs to be concise and at the moment it can be reduced by removing what already appears in the Discussion.

**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.

Yes

**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.

I am able to assess the statistics

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