Reviewer's report

Title: Patient-centered factors associated with hepatitis C treatment: a qualitative study

Version: 3
Date: 17 April 2015

Reviewer: Sheryl Szeinbach

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The manuscript is significantly improved. However, there are still some issues that need to be addressed.

Major:

As is, the conceptual framework is not testable and does not adequately align with research findings and the purported purpose of the research. For example, use of the word “factor” throughout the text and in the title is confusing. Since a factor analysis was not performed, and to be consistent with the level of abstraction, the terms such as physician side effects and treatment efficacy, etc. are themes at this point not factors. If these are the “themes” (Line 166) for the conceptual framework, they should become the concepts/constructs in the conceptual framework as now defined from the research.

Once the major themes were identified, these themes will become the constructs for the conceptual framework (Line 170-172) from which the other phases and items will be the items with properties relating to that specific theme. For example, in the framework presented, how can financial concerns be a physical side effect? In addition, although causality may be an issue, other studies would support the presentation of the conceptual framework in such a way that it could be used and tested in future studies.

Once again, shared decision making is mentioned as a key word and mentioned throughout the text, yet does not appear in the conceptual framework. In addition, there appears to be no questions in the interview process that specifically address the extent of “shared decision making” between patients and prescribers or other health professionals. Maybe this concept is implied in the questions; however, it is not known who is influencing these patients – could be family, friends, etc…. For example, who explained the treatment options to patients – prescribers, other health professionals? How well were treatment options explained to patients? What role did the prescriber or other health professionals play in patient decisions to seek treatment. To what extent did the prescriber influence patient decisions to seek treatment? Thus, it is not clear how shared decision making fits into the conceptualization process for this study. Instead, based on the content of questions provided in the interview scheme, the domain appears to be related to patient “intention to seek treatment” rather than shared decision making? What is the dependent variable or outcome measure for the
study? If shared decision making is the domain of interest, there needs to be more connection (i.e., one-to-one correspondence) between the domain of shared decision making and the content of the questions used in the interview, and the conceptual framework. Perhaps this connection was expressed to patients in the instructions to patients? The provider role in shared decision making is not clear.

Line 183: This is the saturation grid. From the 29 participant interviews, a total of 35 themes, phrases, attribute (as mentioned in the background) or items were revealed. Table 2 contains the number of times each phase was mentioned by each patient. Patient responses were obtained until no new items or themes were added or generated, thus this is the saturation grid.

Besides participant responses, are there other studies out there that already support the emergence of these themes? If so, the work should be cited in the manuscript. This information would help validate the study findings. How does the contribution of this study differ from the contribution made by other studies in this area?

Clarify use of the word aid versus aide – investigators appear to be developing a decision-making tool – ergo – aid or are the investigators developing and validating an aide, which sounds like a very challenging task? Also, please see IPDAS – as mentioned in the author(s) response.

What was the purpose of cognitive debriefing?
What impact did insurance coverage have on participants?
More headings and subheadings for each section would be helpful.

Minor:
Line 120 – comparison of decision-making process among groups?
Line 199-200: Were all side effects an impetus for delaying treatment?
Change word – impacted to influenced
Line 309 – what is meant by class? Please explain influence of the justice system on CHC?

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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

Declaration of competing interests:
Already provided --