Reviewer’s report

Title: MHealth and Perceived Quality of Care Delivery: A Conceptual Model and Empirical Validation

Version: 1 Date: 26 Dec 2019

Reviewer: Tim Benson

Reviewer's report:

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I only have one critical response to this revision. The Abstract reads (lines 41-44) "Physicians' PQoC was found to be positively affected by the level of mHealth utilization and TTF. Additionally, self-efficacy has the highest direct and total effect on mHealth utilization; in the formation of TTF, technological characteristics dominate followed by task characteristics." However, the discussion says "TTF was found to be the dominant construct in explaining the variance of PQoC. (line 458). But the abstract lists utilization first. An outsider might expect self-efficacy using iPads etc to impact utilization, which is what is found, but it might also be expected that users' belief that this would impact PQoC would be a major contributor too, which would be enhanced or reduced according to TTF. Those who find that this belief is justified will continue to use mHealth, those who either never believed in the project or who found the hypothesis wrong will abandon use if they can. It might be argued that Hypothesis H3 is critical, but the model does not include a reverse H2, or the hypothesis that "belief" that mHealth will help is important (which may be impacted by training), which is what I have tried to describe. The path coefficient from utilization to PQoC (0.270) is much lower than that between TTF and PQoC (0.570) (table 5). This might be related to Everett Rogers' concept of Innovativeness and seems supported by the recent work of Trish Greenhalgh (e.g. NASSS and http://www.jmir.org/2019/12/e16093). I think this should be discussed.

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If not, please specify what is required in your comments to the authors.

Yes

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