Reviewer’s report

Title: Understanding the public’s role in reducing low-value care: a scoping review

Version: 0 Date: 09 Nov 2019

Reviewer: John Brodersen

Reviewer's report:

This scoping review is well-written and describes a methodological strict process within the concept of a scoping review. The authors argue why they use the methodology at the end of the introduction, why they also describe their research questions:

"Given these broad knowledge gaps, we used scoping review methodology to systematically examine the literature to further understand current strategies for public involvement in reducing low-value care, determine what works and what does not work, and identify areas that require additional research."

I agree with the authors that a scoping review methodology is relevant for the first part of this sentence above; however, when it comes to the latter part of the sentence I do not think the authors can argue that a scoping review methodology is adequate and sufficient. The authors raise one research question in the middle of the sentence:

"determine what works and what does not work"

Such a research question requires quality assessment of the identified evidence, which was not done in the present study as described and argued by the authors:

"quality assessment of included citations was felt to be both impractical and unlikely to yield the kind of useful information that it would for a more focused systematic review, thus it was not performed for included citations."

Here I disagree with the authors. They write later on in the result section:

"Of these, 91 (64%) were original research and 52 (36%) were non-original research."

"Among citations reporting original research, studies were commonly observational cohort studies (n=33, 22%), qualitative designs (n=18, 12%), or randomized clinical trials (n =16, 11%)."

There is a discrepancy between the numbers indicated in the text above concerning original research (91) and the numbers in Table 2 (99). Moreover, it is not clear what the difference is between observational studies and non-randomised experimental studies in Table 2.

I think it would be feasible to conduct quality assessment of those 91 (or 99) studies. As a minimum, the authors could have assessed the quality the 16 RCTs. However, I would also suggest the authors to conduct quality assessment of the 33 observational studies (and/or the 10 non-randomised experimental studies listed in table 2) e.g. using the ROBINS-I tool. If the authors do not find this feasible, I think they should remove the part about what works and what do not work in the aims of their scoping review.
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