Reviewer’s report

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

Version: 0 Date: 15 Nov 2019

Reviewer: Wynne Norton

Reviewer's report:

This manuscript describes a scoping review on the public's role in reducing low-value care. The article is very timely given increasing interest in low-value care over the past few years and generates important ideas for future research. My main comments, questions, and suggestions for improvement include additional clarification overall and additional information in the methods section specifically, both issues of which I think are generally fixable and necessary to streamline and standardize ideas presented in the manuscript.

Comments & Suggestions for Improvement

Can the authors differentiate between patients and members of the public? Using the term 'the public' seems really broad. Perhaps the authors could provide specific examples of members of the public, including examples that they consider not to be members of the public for purposes of this manuscript? It would be helpful to distinguish or specify the types of stakeholder that the authors are describing, to the extent that patients play a different role in low-value care than policymakers, advisory boards, advocacy organizations, or members of the public who do not engage in any type of health care. This is mentioned a little bit in the search terms but would be good to be more specific earlier in manuscript.

The authors seem to use the terms overuse, de-adoption, and de-implementation as synonyms for low-value care as part of their search. As mentioned above, these terms often have different conceptualizations and refer to different types and processes of care. Can the authors provide more information or justification earlier in manuscript about why they are lumping these terms together as subsumed under low-value care?

Similar to above, would be helpful to have specific examples of 'the public' earlier in the manuscript that are consistent with the study selection definition (i.e., patients, caregivers, and citizens). Since citizens would ostensibly include patients, caregivers, health care providers, etc., a more nuanced conceptualization of the public with specific examples would be helpful. Would also be helpful to give a few examples of what 'involvement' includes among the public.

Under study selection, would be helpful to note that the search was inclusive of all types of articles (e.g., original, commentaries, invited editorials, etc.). I'm guessing for articles that lacked an abstract (i.e., some commentaries), the decision to include was only based on title unless it needed further adjudication?

Did the authors review all of the references of the articles that were included for data extraction and coding? If so, did they use the same process as initial identification of potential articles (i.e., review title and abstract)?
Would be helpful to update literature review since it ended in June 2018 and many articles on low-value care have been published since.

Since the authors make a distinction between peer-reviewed and grey literature, would be helpful to note in text how many from grey literature made it to full review.

What constitutes news items? Articles in newspapers or magazines? Does the CADTH database only include certain types of news items? I would imagine that news article would be several thousand (especially in past 3-5 years) but depends on the classification. A little more specificity would be helpful here.

Can the authors give a definition of strategy? Some may interpret as interventions while others may interpret as implementation strategies, which may not be the same. Clarification would be helpful.

Does 'indicated support' or 'did not support' refer to lack of statistical significance or does it include other types of studies for which significance is not applicable (i.e., qualitative)?

Articles were excluded if they only focused on physicians, correct? I see that stated on page 8 but on page 11 the authors note that articles focused on supply-side included physicians, nurses, and administrators.

The Discussion section is very long and doesn't add much above and beyond what is in the Results section.

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