Reviewer’s report

Title: Barriers and Facilitators to Office-Based Opioid Agonist Therapy Prescribing and Effective Interventions to Increase Provider Prescribing: Protocol for a systematic review

Version: 0 Date: 16 Dec 2018

Reviewer: Andrea Murphy

Reviewer's report:

Feedback:

Thank you for the opportunity to review this manuscript. The authors have clearly put a great deal of time and attention into their protocol and should be commended on the desire to undertake the work.

General comments and questions:

Will this work be shared at any time during the review with those with lived experience of addictions who use/have used methadone and/or buprenorphine/naloxone? I am asking about all stages including searching, retrieval, analysis, reporting, etc.

I didn't see the following article referenced:

PMID: 29040331


It would be important to reference/acknowledge this and how your article is going to be different or extends what is known? This is important in light of line 133: "There is a lack of documented evidence...."

General comment: throughout the document, instead of saying "prescribing of opiate agonists", I suggest replacing with "prescribing opiate agonist maintenance therapy" (OAMT).

Gen. comments: please check for use of active, passive, and first voice throughout the paper as it appears there is a mix of usage occurring.
Line 77: be more specific about what you mean by evidence-based treatments. What kind of evidence are you referring to here?

Lines 79 -81: this sentence requires changing as the pharmacology and the resulting effects are not 100% accurate. You should use and reference a current up to date comprehensive article or text on the subject.

Lines 83 to 86: looking at reference number five, it appears as though it focuses on "prenatal" exposure. The information presented includes the neonatal period and also up to discharge where decreased length of hospital stay is part of the outcomes listed. I recommend adding another reference regarding neonatal outcomes in the postnatal period.

Line 86: please add a space after the word pregnancy and before the reference number five.

Lines 91 to 92: I think there should be a larger section discussing the barriers that people with opioid use disorder experience when seeking opiate maintenance/replacement therapy. For example, issues that rural versus urban people experience, etc. etc. Additionally, I read the stigma and lack of timely access to treatment as being from the patient's perspective, but when I read the reference and found it, it appears that it's from the public view from a survey. I think it will be more meaningful and impactful to cite a reference regarding those who have used methadone. Additionally it may also be good to interject some references regarding the family physicians perspective. For example here is a reference https://www.ncbi.nlm.nih.gov/pubmed/28853970 There is also the issue surrounding other health care professionals when they are involved https://www.ncbi.nlm.nih.gov/pubmed/28872697

It's probably too soon for Canada, but is there any nurse practitioner data on this?

Lines 98 to 100: these barriers should be moved to the former paragraph.

Line 119: delete, "As demonstrated in other systematic reviews ...."

Lines 133 to 134: is it that there is a lack of documented evidence or is it that the evidence exists in some format or another and it hasn't yet been adequately synthesized? By saying there's a lack of documented evidence it begs the question around what it will be the purpose of your systematic review if you can't pull together enough evidence. Currently as this is phrased, it it seems that your last paragraph is setting you up for a scoping review versus a systematic review.

Line 135: I think the aim of the study needs to be clear and more succinct. Consider: the aim of the systematic review is to identify and synthesize available literature regarding barriers, facilitators, and effective strategies for primary care prescribing of opiate maintenance therapy.

Lines 142 two 144: see comment above regarding line 135.
Lines 144 to 146: I think that there needs to be more explanation around what you mean by creating an evidence map and how this will enable researchers to devise testable, evidence-based, or informed implementation strategies.

Line 148: remove the word documented as it's unnecessary.

Line 150: remove the word documented as it's unnecessary.

Line 151: I will prefer the use of leverage here but also understand that lever works

Line 162: you've indicated that you're going use the knowledge to action cycle is overarching meta-framework, but I'm wondering how this fits with respect to your mention of the consolidated framework for implementation research in the background. As you cited Birken et al, you are familiar with some of the difficulties they report with the existing literature regarding how the two different frameworks are used together. In your protocol intro, the CFIR is mentioned and then later during the full text extraction of data, which indicates to me that it is being used during the data analysis. Would it not be appropriate to consider using the CFIR as part of your underlying theory for guiding your overall study design vis a vis an implementation-type synthesis?

Line 170: primary care provider nurse practitioner don't need to be capitalized.

Line 172 to 174: I would consider creating a separate subheading that is called context and give the definition of primary care within that section.

Lines 170-171: in terms of the people involved with opioid agonist maintenance treatment, pharmacists should be included within this as they work in community-based primary care and are the primary source of the dispensation of these medications and are part of the system for OAMT. this would require revision of your search strategy.

Extending to all disciplines may help you to uncover literature such as:

Valuing methadone takeaway doses: The contribution of service-user perspectives to policy and practice

Carla Treloar, Suzanne Fraser & Kylie Valentine

https://doi.org/10.1080/09687630600997527

Lines 184 two 188: these seem out of place in the section participants. I would recommend that you either move into the background of the paper in a section that discusses the history and pharmacology of the drugs or you replace this information in a new subheading of context if in fact you do create a new subheading called context.

Lines 182-191: this sentence seems unnecessary and I would delete it.
Line 193-197: this is quite a long sentence. Is there a way to break the sentence into two?

I see that in the outcome section, barriers and facilitators are defined here. Can you create a subheading in the methods section that would be something like "search terms and/or concepts" and their definitions. Defining the terms in the outcomes section seems out of place.

Lines 226 - 228: this research question seems like it would be best placed up either in the paragraph before the methods or as part of the objectives.

Lines 240 - 242: this information seems redundant with information that was already given above.

Line 224: the first sentence needs altering with the word "considered" as it doesn't sound convincing that it is part of the study

Line 257 - 259: is 50 citations enough? I think more is recommended but I am only basing this on what I know from: PLoS One. 2015; 10(9): e0138237.

doi: [10.1371/journal.pone.0138237]

PMID: 26379270

The Role of Google Scholar in Evidence Reviews and Its Applicability to Grey Literature Searching

Neal Robert Haddaway, 1,* Alexandra Mary Collins, 2 , 3 Deborah Coughlin, 3 , 4 and Stuart Kirk 3 , 5

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4574933/

Line 315 - who will be involved in the framework analysis?

Lines 327-336 - I think more description on how the TDF and CFIR coding will be applied will be helpful.

Line 324 - replace "to" with "with"

Lines 335-336: The BCW and COM-B should be discussed above including information on how the TDF is mapped to the COM-B in your earlier discussion of theory. As the BCW moves towards intervention design you want to include the boundaries of how your review uses the BCW.

Lines 343 to 344 - will grey literature be included in your PRISMA diagram? If yes or no, how will you capture and report grey literature?

Line 345 - heat map requires definition.
Line 354 - would you also consider using WIDER given behaviour change interventions to increase OAMT could be found https://www.equator-network.org/reporting-guidelines/wider-recommendations-for-reporting-of-behaviour-change-interventions/

Lines 369 - 376 - the discussion on stigma is quite lengthy and perhaps premature based on the fact that the review has not yet been conducted. I would shorten this.

Lines 376 - 380 - this also seems premature given that the review has not been conducted. Education and training rarely create sustained behaviour change in many other clinical areas so I would be cautious with this information.

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An article of importance in its field that should be highlighted to relevant networks

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Please indicate the quality of language in the manuscript:

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