

Peer Review File

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Reviewer A

Comment: Very well done on writing this manuscript, I thoroughly enjoyed reading it. I really liked the detailed information on how the participants were selected and their eligibility for receiving the survey. It is a very timely study and relevant to current day clinical practice.

On line 107 on page three, it would good if you included an Appendix of the Google Form survey questions, a brief summary of how the questions were developed and a justification for why those questions were being asked. This would provide more context to the results that are explained on line 136, page 4.

Other than this one suggestion, the manuscript was very good.

Reply: As suggested by Reviewer A, we have added an Appendix of the google form survey questions and we provided a brief summary of how the questions were chosen. (see page 5 line 155 and page 13 line 446)

Reviewer B

Comment 1: There must be a diagram describing the study design

Reply 1: As suggested by Reviewer B, we have added a flow chart to explain the study design. (see page 4 line 137)

Comment 2: The conclusion section needs to be expanded to include the core contributions of the study

Reply 2: As proposed by Reviewer B, we have changed the conclusion section (see page 10 line 337)

Comment 3: The subsections must be highlighted properly to make it clearly visible

Reply 3: As suggested by Reviewer B, we have highlighted the subsections so they are more clear.

Comment 4: The result section needs further explanation

Reply 4: As suggested by Reviewer B, we have detailed the results section. (see page 6 line 197-204)

Reviewer C

The manuscript is in pretty good shape, but I believe the results need to reported much more clearly and the survey items and groups should be described in a way that helps to understand how the analysis were performed.

The authors do a nice job of introducing the importance of the topic and novelty

of the research. Further, the discussion section is exceptional and provides excellent context and comparison to the existing literature. There are a number of improvements that should be made to the methods and results section which I believe would improve the manuscript.

Major Comments

*Introduction:

No major comments, the introduction does a nice job of providing context and need for the evaluation.

*Methods:

Comment 1: Page 3 Line 93: please clarify “obligation to answer.” What does this mean?

Reply 1: The response is only considered if the respondent has answered all the questions in the survey. If this is not the case, the respondent cannot submit their answers. As notified by Reviewer C, we have revised the sentence (see page 4 line 133)

Comment 2: Page 3 Line 100 to 102: was a screening question included to eliminate respondents who had no experience with teleconsultation? Please describe this in more detail.

Reply 2: As advised by Reviewer C, we have added the screening question to eliminate respondents who had no experience with teleconsultation (see page 4 line 130-132)

Comment 3: Page 3 Line 107: I don't believe steps is appropriate here, I believe the survey had three sections or question blocks more accurately reflects the nature of the survey.

Reply 3: As highlighted by Reviewer C, we have modified the sentence page 3 line 107(see page 4 line142)

Comment 4: For data collection, there needs to be some additional description of the specific items that were used and the nature of the items. Were items for physician perspectives open-ended? Please state the number of items for each section of the survey and the type of item used. Including the survey as an appendix may also benefit the reader, if appropriate.

Reply 4: As suggested by Reviewer C, we have added additional description of the online survey. The items were mainly multiple choice questions. In Section 1, there were 6 questions (multiple choice questions and closed questions), in section 2, 10 multiple choice questions and in section 3, 3 questions (multiple choice questions).

The number of the items for each section and type have been added in the manuscript. And we have also added the survey as an appendix. (see page 13 line 463)

Comment 5: For the statistical analysis, it is unclear which groups were compared. Were physician group responses compared? The Mann-Whitney is appropriate for nonparametric data, but we would need more description on which groups were compared to assure the tests are appropriate. Additionally, the term “risk factors” is introduced here but it is unclear which factors are considered.

Reply 5: As suggested by Reviewer C, we have detailed the groups in comparison which are: “satisfied” and “dissatisfied” with teleconsultation and added this information in the manuscript (see page 5 line 159-167 and page 169-171) We have changed the term “risk factors” in the manuscript for reasons of clarity (see page 6 line 172)

*Results

Comment 6: In general, this section requires the largest amount of work. It appears as if a very small subset of the data collected is presented here, with considerable emphasis on certain data without mention of other information collected. Each test and analysis performed should be clearly stated in both the methods and the results, even when no statistically significant findings are identified.

Page 4 Line 145: Given that data was collected on a wide variety of teleconsultation modalities, specifically focusing on Teleo in the results is likely not telling us the complete story. All data on the modalities physicians used should be reported.

Reply 6: As suggested by Reviewer C, we have detailed the results section. (see page 6 line 197-204).

Reviewer C mentions that data was collected on wide variety of teleconsultation specifically focusing on Teleo, this is not the case. Indeed, in our analysis, we considered the use of the telephone as an independent factor in the statistical analysis and looked for its influence on satisfaction. On your recommendation, we have added this information in the results section and clarified it further. (see page 7 line 212)

*Discussion

Comment 7: The discussion an absolute strength of this manuscript and I applaud the authors for their diligence in placing their findings in existing literature in France, as well as global findings. That said, it made data that was missing or informally introduced in the results section more obvious. I would recommend revisiting the results and introducing the data that is relevant to the discussion more intentionally. For example, Table 2 is referred to in the results but no data are presented in the table. In the discussion, there is a section talking about the advantages, indications, and limitations. Consider presenting some of this data in the text that is important to the discussion in the results text to help readers appreciate what is important or notable. Similarly, a number of physician characteristics are introduced in-text in the results, but not # of teleconsultations in one year. The # of consultation then becomes an important component of the discussion. The results presented and the discussion should be more closely

related and presented similarly, in my opinion.

Keep consistency and clarity with the language used in the results and the discussion:

Example

Results say this: Multivariate analysis showed that physicians' satisfaction was mostly influenced by 160 the use of the telephone as a teleconsultation tool ($p=0.043$), the economic public health value ($p = 0.036$), and the usability of the teleconsultation tool ($p = 0.037$) (Table III).

Discussion Page 5 166 and 167: Physicians' satisfaction was mostly influenced by the use of the telephone as a teleconsultation tool and the potential socioeconomic impact of telemedicine.

I also think mostly influenced here may not be accurate, these factors were associated with higher levels of satisfaction, but we likely cannot make accurate statements about the extent of this influence or if other variables are not contributing that we haven't collected.

Reply 7: As suggested by Reviewer C, we have detailed the results section. (see page 6 line 197-204).

We have modified the sentence page 5 line 166-167 as advised by Reviewer C. (see page 7 line 217).

*Conclusion

Comment 8: Overall, I believe the conclusion generally reflects the findings, but it might be more appropriate to restate specific findings rather than make general statements, an example: "physician satisfaction with teleconsultation depends mainly on the digital tool used" is less accurate than "physician satisfaction was influenced by the use of telephone as a teleconsultation tool, economic public health value, and usability of the teleconsultation tool."

Additionally, the conclusion should restate that physicians at the institution of interest were satisfied with Teleconsultation practice.

Reply 8: As proposed by Reviewer C, we have changed the conclusion section (see page 10 line 337)

Minor Comments

*Abstract:

Comment 9: In the methods section, please report what statistical analysis were performed.

Reply 9: We have provided more details in the section on statistical analysis (see page 5 line 169-171, 173)

Comment 10: "In the results section, it is unusual to start a sentence with a number"

Reply 10: We have modified the sentence as suggested by Reviewer C

Comment 11: In the results section, I often see where p-values are not

recommended to be included in the abstract. If they remain, consider just putting $p > 0.05$ or whatever your alpha was.

Reply 11: As suggested by Reviewer C, we have changed the results section in the manuscript and we removed p-values from the abstract.

*Introduction

Comment 12: Page Line 60: Please clarify what volume means here, I assume visits.

Reply 12: As suggested by Reviewer C we have reviewed this sentence (see page 3 line 81)

Comment 13: Page 2 Line 68: Please replace “It is a secure” with “TELEO is a secure.” Please check the manuscript for these instances as there are a couple in this section.

Reply 13: As advised by Reviewer C we have reviewed the sentences in the manuscript (see page 3 line 89)

Reviewer D

Comment 1: Line 34: Please add “out of” before 145 physicians who responded...

Reply 1: As suggested by Reviewer D, we have changed the sentence (see page 3 line 145)

Comment 2: Lines 39-40: The last sentence is unclear.

Reply 2: We have changed the sentences lines 39-40 (see page 3 line 49-51)

Comment 3: Line 61: What is confinement?

Reply 3: We meant lockdown. We have changed this sentence (see page 3 line 82)

Comment 4: Lines 80-82: There are dozens of studies that examined/explored physician satisfaction with telehealth use prior to and during the COVID-19 pandemic. It would be helpful to include a few (e.g., DOI: 10.1089/tmj.2020.0492; doi: 10.1097/QMH.0000000000000359), summarizing what was found and where the gaps were. The objective of this study then would be to address that gap or duplicate the previous studies in a different context (France) or in a different field.

Reply 4: As suggested by Reviewer D, we have included in the manuscript other manuscripts dealing with satisfaction with telehealth prior and during the covid-19 pandemic. The objective of the study was to address the gap...

We have added these two references to our introduction to make our study more relevant. (see page 3 line 103- 109)

Comment 5: Lines 92-93: What does “obligation to answer” mean? Was it

mandatory to respond to the survey?

Reply 5: The response is only considered if the respondent has answered all the questions in the survey. If this is not the case, the respondent cannot submit their answers.

We have changed the sentences line 92-93 to for reasons of clarity (see page 4 line 133-134)

Comment 6: Line 108: What did the authors mean by “the survey was conducted in three steps?” Were there three separate surveys? Did the authors extract data from various databases? For example, physicians’ age and job information could be extracted from hospital HR department data and physicians’ teleconsultation use data could be extracted from hospital IT department data, and so on.

Reply 6: We have changed the sentence (page 4 line 142) for clarity.

The data was not extracted from multiple databases, only from the online survey.

Comment 7: Line 130: Did the authors run several logistic regression analyses? If not, it should be “multivariable”, not “multivariate.”

It would be helpful to clarify the dependent (outcome) and independent (predictor) variables. For example, the dependent variable was so and so, and we operationalized it as such. The independent variable was so and so, and we operationalized it as such. We controlled for X, Y, and Z variables.

Reply 7: As suggested by Reviewer D, we have added additional information in the statistical analysis section in the manuscript (see page 5 line 169-171, 173)

The outcome was the physicians’ satisfaction according to various parameters. Satisfaction was considered as the dependent variable.

Comment 8: Line 137: Were there exactly 800 physicians? Or is it a randomly selected physician sample frame that the researchers reached out to? Wouldn’t it be easier to first identify the physicians who had at least once used teleconsultation, and contact them to see whether they were satisfied with teleconsultation? Hospital would have data on its physicians’ teleconsultation use (e.g., who used what modality, how many times, what specialty, etc.). All those should be in EHR and financial databases.

Reply 8: This is an exhaustive study in which we sent the questionnaire to all practitioners in units that practice teleconsultation via their head of unit. In the questionnaire, we also specified via a question the obligation to have done at least one teleconsultation in the year to validate the questions.

Comment 9: Line 138: How many of the sample frame (800) were women? What is the average age of the sample frame? And most importantly, how many out of 800 had at least one teleconsultation? What if only 145 physicians had teleconsultation and those were the ones that responded to the survey? Playing devil’s advocate, I probably wouldn’t respond to a survey that asks about pregnancy-related issues (as I am a heterosexual man).

Reply 9: We have contacted the Human Resources Department for more information. However, to date we have not been able to obtain a response. We believe that this is a difficult task given the very high turnover of doctors in 2021 at the hospital in Toulouse. We also cannot know the rate of doctors who were on leave or unavailable at the time the questionnaire was sent.

We would have liked to apply the method you recommend, but the coding of teleconsultations did not start immediately at the Toulouse University Hospital. The teleconsultations were coded as classic consultations at the beginning of the pandemic.

Comment 10: Line 141 Did the authors ask specific modality question to identify physicians' satisfaction with teleconsultation? For example, I may like Teleo but hate Whatsapp, or phone call, or vice versa. So, if the researchers asks me whether I like teleconsultation, I would probably say "it depends on the modality." Furthermore, it would be helpful if the authors provided detailed information between the modality uses. For example, a comparative analysis of various modalities and physicians' feedback on those modalities.

Reply 10: The question to identify physicians' satisfaction with teleconsultation was added in the manuscript (see page 13 line 457)

We have added the survey as an appendix.

It is a very good idea to perform a comparative analysis of the various modalities used by physicians and their feedback. We conducted a statistical analysis where we considered satisfaction as a dependent factor and the tool used for telemedicine practice as an independent factor. The only significant result we found was the decrease in satisfaction of practitioners when using the telephone for teleconsultation. We have added this information in the results section (see page 07 line 212-213)

Comment 11: Table I: Out of 145 who responded to the survey, all had at least one teleconsultation. Assuming that this sample is a representative of this hospital's physicians, does that mean that all physicians are using teleconsultation? Or only the ones who use teleconsultation responded to the survey?

How was the satisfaction assessed? What was the exact question used to assess physician satisfaction?

Reply 11: We reached out to the 800 physician who have a clinical practice routine. All physicians in the Toulouse University hospital have access to teleconsultations. However, it is difficult to assume that among the 800 all of the physicians use teleconsultations. Satisfaction was assessed with this question: how would you rate your satisfaction with the practice of teleconsultation? : Very unsatisfied - unsatisfied - satisfied - very satisfied

Comment 12: Table II: Regarding the answer options in this table, were they pre-set in the survey where the physicians had to select one? If that is the case, how did the authors come up with these options? For example, in the first question,

there are three options (saving money, saving time, quality care). Are those based on previous studies or any theoretical framework? Or were physicians given an opportunity to enter their own responses? I assume pros and cons of teleconsultation could vary depending on the physician's age, specialty, tech savviness, etc.

Reply 12: As demonstrated in the survey added in the appendix, the questions were pre-set, physicians had to select one or multiple options.

The questions were based on theoretical framework. We have detailed this additional information (page 5 line 155-157)

Indeed, pros and cons of teleconsultation vary depending on physician's age, specialty as described in table III (page 17 line 536)

Comment 13: Table III: I suggest the authors do not use the word "influence" as it would imply that they are testing for causality while this study is only examining the correlation.

Reply 13: As suggested by Reviewer D, we have changed the sentence in all tables (see page 17 line 536, page18 line 539)

Comment 14: Table IV: In the regression analysis table, there is no need to provide Yes/No columns. It would be easier to read if only ORs and confidence intervals were provided. The authors could add star signs next to ORs to indicate p-values (e.g., p-value * 0.05, ** 0.01, *** 0.001).

Reply 14: We have modified Table IV following Reviewer C's comments (see page 18 line 539)