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**Article title:** Revising the Advanced Access Model Pillars: a multi-method study

**Authors :** Mylaine Breton PhD MBA, Isabelle Gaboury PhD, Christine Beaulieu MSc, Maxime Sasseville RN PhD, Catherine Hudon MD PhD, Sabina Abou Malham PhD, Lara Maillet PhD, Arnaud Duhoux RN PhD, Isabel Rodrigues MD, Jeannie Haggerty PhD

**Reviewer comments and author response (in bold)**

**Reviewer 1 :** Carla Jinn/ University of Calgary, Faculty of Nursing

The interdisciplinary team approach along with the modified e-Delphi approach was outlined in detail. When describing the expert panel, please explain the term “clinical nurses” – were these Registered Nurses?

**We have replaced the term “clinical nurse,” which is a locally used term, with the more widely used term “registered nurse”. Thank you for bringing this observation to our attention.**

Figures 1 and 2 and Table 1 provide much clarity surrounding the processes of the research.

**Additional information now appears in Figure 1, and a new table on the characteristics of the AA expert panel has been added to increase clarity.**

**Reviewer 2:** Soo Chan Carusone/Casey House, Toronto, Ont.

It would be helpful to provide further details on who was invited to participate as an AA expert at each phase (was the same invitation list used at each step? How many clinics/sites were individuals recruited from?) and characteristics of those who participated (e.g. years working in in/with AA, profession/perspective).

**As suggested, a table has been added to present in detail who participated at each phase of the consultation (see Table 1).**

It would be helpful to include a definition of “patient” – does this mean a patient from a clinic using the AA model? How were they identified and recruited? Was there any effort made to recruit diversity of “patients”? On page 10/11, you state that final meetings took place with “29 experts” and “4 patient-partners” – were patients included in the 29 experts? Were any of the 4 patient-partners also attendees of the first meeting? If not, was this the first time that the “patient-partners” were involved? It would be helpful to understand more about how this meeting was organized and the discussion that occurred.

**The following information was added on page 6: “Patients from a patient-partner group developed as part of an interprofessional AA quality improvement study were also involved as stakeholders in the consultation.(11)”**

**In this study, a group of patient-partners was assembled to support AA practice in PHC clinics. Each of them is a patient of one of the clinics taking part in the study.**

**Information on the organization and content of the patient meeting has been added on page 8: “This exercise was also performed with four patients in an open discussion paying special attention to patient experiences.”**

From the protocol paper it appears that some aspects of relevance were defined a priori but it did not mention interquartile range. It would be helpful to clarify in this paper when and how these decisions were made.

**Interquartile range is a measure of dispersion. It was specified in our protocol that it would be used as an indicator of the level of consensus. This indicator was chosen in order to increase our sensitivity to the presence of dissent, to allow us to bring the topic of the variety of viewpoints into an overall dynamic discussion with experts and patients, and to ensure consensus agreement on the final comprehension and definition of the pillar or sub-pillar in the revised AA model.**

On page 15, you refer to this work being based on “consensus among several AA experts” – if you are referring to the final product and involvement of everyone through your work, I suggest using a different word than “several”. Perhaps emphasizing the diversity of stakeholder groups included (were patients included in the design of the initial AA?).

**Thank you for the comment. We have changed “several AA experts” to “AA experts representing diverse stakeholder types, including patients”.**

In Figure 2, it seems like the Phase numbers/references do not match with the phases identified in Figure 1

**Thank you for this observation, we have fixed this mismatched information.**

In Figure 3, I suggest including the N for the survey. I reviewed a black and white version of this figure which made the index confusing – I assume this will be fixed for clarity in B&W in the proofing phase?

**As suggested, the N has been added in Figure 3 (now being Figure 4). We also submit a colour version of the table for increased clarity.**

Were the consultations conducted in French and/or English? (If the former, how and when did translation occur?)

**The following information has been added on page 8: “The study was conducted in French and professionally translated”.**