Article details: 2018-0099	
Title	
Authors	
Reviewer 1	Dr. Rana Aslanova
Institution	Memorial University of Newfoundland, Epidemiology, NFLD
General comments	I have couple of comments regarding your description of the study Methodology: 1. You did not describe how did you resolve disagreements or conflicts between 2 observers PAP & MNM 2. You wrote that the thematic saturation was reached without providing either reference or describing of the process 3. There is no rationale about the time gap between the first 4 focus groups in 2015 and the second 4 groups in 2017. Those groups were not compared in your interpretation as well 4. I did not see analysis of discrepancies between rural and urban focus groups 5. Table 1 does not provide information about distribution of participants between focus groups. It is very important in drawing conclusion about comparability of the groups. In summary this is a very well developed research project that provides important information about public opinions on use of the linked administrative health data in research. Development of neat methodology and interpretation is desired. Please modify your manuscript by providing more detailed information.
Reviewer 2	Dr. Chad Saunders
Institution	University of Calgary, Community Health Sciences, Calgary, Alta.
General comments	The authors present a study of the general public's views about users and uses of linked administrative health data in Ontario, Canada. Data collection is based upon two rounds of focus groups in two regions of Ontario. This topic is of critical importance within healthcare as the quality and access to administrative data increases, and the breadth of research leveraging this data widens. While the topic is timely, the findings replicate what is already known on the topic (c.f., reference [12]) or is already embedded within the ethics review process using administrative data. Suggestions for improving the contributions of the work include: 1. Closer connection to the underlying theoretical lens of social license. The notion of social license is highly relevant in this context, however if parallels are drawn from industry then data breaches and privacy violations appear to be regular occurrences for even large firms, with very little impact on their social license. Understanding how this works in a healthcare context where the underlying institutions are structured, funded and governed in very different ways would be highly valuable insights from the data. 2. Tighter methodological justification. The qualitative approach employed appears appropriate in this context, however it is not clear why the focus groups were conducted in two locations, two years apart, without presenting any of the differences over time. It is also not clear if the same focus groups were used at T1 and T2 or if they were compensated for their participation. The screening process used by the research firm presupposes the findings in this study since individuals were selected based upon their level of trust in scientists and support for data intensive health research. The generalizability of the findings (presumably in a statistical sense) is identified as a potential limitation of this work, however for the qualitative design presented, generalizability to theory (e.g., social license) or to emerging themes and changes in those over time are likely stronger avenues for contributions.
Author response in bold	**Responses to reviewers' comments** **The authors thank the reviewers for their comments which we feel have strengthened**

	the manuscript. ***With the revisions described [below], and highlighted in the attached document [revision], we believe that we have addressed all reviewer comments*.** **• We have added more information about the groups including how participants were selected to present diverse perspectives (pg. 4).** **• The Table has been revised as per the reviewer's request (pg. 14).** **• A study design section has been added to the methods explaining why two sets of focus groups were conducted.** **• There were no differences between the themes derived from 2015 and 2017 data. Additional verbatim statements have been added to illustrate how each theme was derived based on data from 2015 and 2017.** **• Text has been added stating that there was no crossover.** **• Text, and a reference, have been added stating that coding continued until inductive thematic saturation was achieved, i.e., PAP, MNM and MJS agreed that additional coding and thematic analysis would not result in any new codes or themes.**