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Title	Qualitative study of the impacts of the 5As Team study to change clinical practice in primary care obesity management
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Reviewer 1	Dr. Mariella Ferreyra MD MSc
Institution	Department of Family Medicine, University of Ottawa, Ottawa, Ont.
General comments (author response in bold)	This was an interesting paper which I enjoyed reading, especially as it addresses the importance issue of confidence in obesity management in primary care. While the qualitative data gathered sheds light on the subject, the way the methods are presented lacks some clarity regarding rationale for study participant selection, choice of qualitative method analysis, quality control (management of conflicting views, member checking?), and saturation. Please see specific comments below. **Thank you, we have addressed the questions raised in our extensive revisions, which involved significant tightening to achieve the word count. Some of this detail has been presented elsewhere in our protocol paper (Campbell-Scherer et al., Implementation Science2014;9:78 DOI: 10.1186/1748-5908-9-78)and our intervention design paper (Ogunleye AA et al. BMC Res Notes. 2015 Dec 22;8:810. doi: 10.1186/s13104-015-1685-8.)** Primary reservations: 1. Page 3, update CMAJ policy of declaration of interests, instead of BMJ. **Thank you for this correction and we apologize for this oversight. The title is corrected. (page 3)** 2. Page 5, I find it confusing/misleading to state that the study design is a RCT with mixed methods, when this paper only addresses the qualitative component. I agree it is important to mention this is part of a larger study but at a quick glance, the "design" should accurately reflect exactly what kind of methods are being employed in this particular paper. Consider rewording. **We have revised the description to make it more clear.** 3. Page 5, in the "participants" section of the abstract, the line: "29 registered nurses/ nurse practitioners (N=15, 1 withdrawal)" does not make sense. Is it 29 or 15? It is later clarified in the "participants" section of the paper but should be clear in the abstract as well. **The reporting of the number of participants has been amended to make this more clear and succinct.** 4. Page 6, "Main outcome": there appear to be 2 main outcomes: 1) Influencing factors on incorporation of weight management strategies and 2) Impact of interventions on these outcomes. Could one of these be listed as secondary outcome? **We have re-written this section to focus on the qualitative component presented here exclusively.** 5. Page 7, Introduction: please provide some context to support initial statement that obesity is related to multiple co-morbidities and high health care cost (numbers? References?) **We have re-written the introduction extensively to focus and shorten the paper. This section has been removed.** 6. Page 7, Introduction: your second line states many primary care providers feel ill equipped in managing obesity, but this is a large statement to make when basing it only on one study's focus group results. I suggest adding stronger references **Thank you for this suggestion. More references were added to corroborate this statement.** 7. Page 8, Methods (Study design section): this section is quite confusing. It must make sense as a standalone section. Point 1 mentions the "primary outcome" which has not yet been presented. It also fails to discuss what the study design actually is. **Thank you for this correction. We have extensively re-written this section to streamline it and to focus only on the qualitative study presented here, with citations to the larger study.** 8. Page 10, last paragraph of "Setting and Participants": Why was the data for the two mental health workers included in the analysis if they did not participate in the intervention? **Two of the mental health workers were unable to attend all of the sessions in person, but still received the intervention video links of the sessions, weekly emails about sessions, as well as any learning materials. They still interacted with their teammates in their settings who did physically attend the sessions. They consented, and provided their personal perspectives in the semi-structured interviews. In the consent, all participants were advised their interviews were anonymous, and were analyzed that way. They did not withdraw from the study so their**

	perspectives of its impact on their practices were included. 9. Overall in the "Setting and Participants" section, there is no discussion of the rationale for this particular sampling. **We have added these details.**
Reviewer 2	Dr. Melanie R. Jay MD MS
Institution	Division of General Internal Medicine, New York University School of Medicine, New York, NY
General comments (author response in bold)	This paper reports the qualitative analysis of the impacts of the 5AsT intervention from the perspective of healthcare providers that participated. The 5AsT intervention used interdisciplinary learning collaboratives and Practice facilitators to improve weight management practices within Provider Care Networks. This study is novel in that it focuses on the processes of provider change and describes the ways in which the intervention facilitated these improvements. The abstract is confusing and does not describe the manuscript itself. **Thank you. We have extensively re-written the manuscript and abstract based on the excellent reviews.** Primary reservations: 2. Objective: The objective of the study for this paper is to qualitatively evaluate the impact of the intervention…not to create and implement it (that was already done) **The description of the aims of the study have been amended to clarify the objectives of the present paper whilst still communicating it is part of a larger overall study.** 3. Design: this would be qualitative evaluation of the intervention group participants in the RCT—may want to say thematic analysis of interviews, diaries, etc. This paper is not describing a convergent mixed methods analysis…This is confusing. **We concur and have streamlined the methods to focus on the current paper, and have included citations to the larger work.** 4. Intervention description line 53-56: It is not clear what type of intervention this is—Should say the purpose of the intervention –it right now just says how frequent and what modality and how supported but nothing about content/purpose **Thank you for this feedback. We have tightened up this section to detail the team-based educational intervention and have referenced our paper which details the intervention based upon the TIDier framework from EQUATOR. (Ogunleye AA et al. BMC Res Notes. 2015 Dec 22;8:810. doi: 10.1186/s13104-015-1685-8.)** Other comments: 6. Line 25 "this paper evaluates qualitative impacts of the study."—This statement is unclear—Which types of impacts were you interested in and from whose perspective? (this is clear in the paper but not in the abstract). Also, is it the impact of the study or the impacts of the intervention? **We have re-written this section in the abstract and in the paper extensively in response to feedback provided by the reviewers.** 7. Line 45-46—do you mean that "29 participants from the 12 intervention clinics were enrolled…" It looks like the 29 is misplaced in the sentence for the version I am reading. **Thank you for this correction, the description of the sample has been changed and made more clear.** Introduction; 8. The introduction is clear, concise, and well-written; 9. The introduction should acknowledge that The Canadian Obesity Network developed the 5As of Obesity Management framework based on prior work on the 5As model which was developed originally for tobacco cessation. **Thank you for the positive review of our introduction. We have re-written it extensively to address word count limitations. Additional citations have been provided which speak to the derivation of the 5As of Obesity Management framework.** Methods; 10. It is unclear when qualitative data was collected during the intervention—at what time points? **We have amended the methods description in order to give a clearer timeline as to where the data was collected. We have also provided the reference to the protocol paper which details the qualitative protocol as well (Campbell-Scherer et al., Implementation Science2014;9:78 DOI: 10.1186/1748-5908-9-78).** 11. More information about the intervention and the goals of the intervention –for instance, what exactly was the role of the practice facilitators? **The section has been re-written to add clarity. A detailed discussion of the role of the practice facilitators is beyond the scope of this paper. It has been discussed at length in the intervention**

paper (Ogunleye AA et al. BMC Res Notes. 2015 Dec 22;8:810. doi: 10.1186/s13104-015-1685-8.).

Data Collection: Questions;
12. How long were the interviews? Authors may want to include the facilitator guide
We have added an interview guide as an appendix with this intervention. The interviews averaged about an hour each.

13. When during the intervention were the interviews conducted over the 6- month intervention phase?
The interviews were conducted during initial part of the intervention stage; diaries and field notes were throughout the intervention and post-intervention session.

14. This is the first time practice facilitators are mentioned. Please describe them in the intervention description section and say how many diaries were collected and on how many/what percentage of practice facilitators.
We have expanded on the role of the practice facilitators in the intervention paper mentioned above (Ogunleye et al.). A statement and reference has been added to the methods. There was one internal practice facilitator (clinical champion) within the organization who liaised with our research team external practice facilitator (1) to coordinate the intervention.

15. Were questionnaire data collected 6 and 12months post intervention or post-baseline? Give questionnaire in appendix and state when administered.
The questionnaire form has been included in the appendix and the methods re-written. These details are also described in the protocol paper, citation provided.

16. I am not familiar with activity charts—authors may want to give an example or describe in more detail.
The activity charts were the results of structured large group debrief that occurred during the evaluation workshops. These involved facilitated discussion and small groups, during these discussions participants created wall charts highlighting points learned from the session. After these were placed o the activity chart, participants voted on what resonated with their experience. This process was corroborated and recorded in the field notes as well. This is a useful method, but getting into a great deal of detail in this paper detracts from its focus.

Analysis: Great description.
17. How did the feedback from the participants inform analyses?
Thank you for this question. Following the qualitative analysis was completed and emergent themes identified, they were presented back to the participants to \ at the evaluation sessions to get their feedback as to whether the themes emerging from the data were truly reflective of their views. This is called member checking, is a mark of quality in qualitative work, and was done in order to increase the validity of the qualitative results. It informed the analysis by ensuring it was reflective of the participants' views and understandings. There was high fidelity between the analysis results and the participants' views, so this did not expand the qualitative results of the impacts of the intervention.

18. In addition to transcripts, were the activity charts and facilitator diaries coded in a similar fashion?
Thank you for your inquiry. Yes, all data was coded in the same way.

Other comments:
19. Page 9 line 20—put reference of companion paper
We have removed reference to the companion main results paper as it is still under peer review.

20. Page 10, Line 12-missing a parenthesis
Rectified

Results:
21. Interesting results –Great way to organize findings around provider level, patient -provider, and provider-provider impacts and clinic-level. What is missing is patient-level impacts (from the provider perspective).
Thank you for your positive feedback on our results section. We have re-written this portion.

22. Page 22, lines 8-11-be careful about tense. Should be "..dieticians I more aware.." in order to mirror to be consistent
Thank you for the correction this has been changed.

23. Page 22, line 25—"weigh scales" should be weight scales
Addressed

Discussion
24. The discussion is rich and compelling especially around how the teaching methods and learning

	collaboratives were able to foster "internalization of new approaches to weight management" In the limitations, the authors acknowledge that the patient perspective is missing. However, the authors may want to state in the results why the data did not touch on patient outcomes from the provider perspective. Did the providers mention if patients were losing weight or changing their lifestyles as result of their practice changes? If the authors chose not to collect this information, state why. **Thank you for your feedback, and for your positive assessment of our discussion section. We have streamlined and focused the discussion to reduce the length of the manuscript to 3000 words. Thematic network analysis focuses on assessing those themes that emerge from the data rather than going into the data with a set of pre-determined themes. As such, the results of such an inductive process are meant to directly reflect the data set and what participants are saying with regard to the research question. Thus, the fact that providers did not specifically mention weight loss of patients as an emergent theme in the data is an interesting finding, but does not reflect any attempt to exclude this data or forgo analysis of such data; a theme surrounding that particular facet of the weight management process simply did not emerge.** **The patient perspective on the 5AsT intervention is the subject of a second phase of the 5AsT study (which is ongoing) which looks specifically at the opinions and views of patients on their weight management experience.** Minor issues: 25. Page 26, Line 44—acknowledge that these changes in behavior were self-reported **We have amended the text to reflect this.** 26. Page 28, line 34—the first sentence of the paragraph is long and confusing. Which idea is linked to Gabbay and Le May? **We have re-written this section.** 27. Page 29, line 20-"ones" needs an apostrophe **We have re-written this section.** 28. Strengths/limitations—Instead of starting out with a list, the authors may want to say "there are 4 key strengths to the study: and then list them. Careful of the tenses—authors switch between present and past tense. Also, the header "limitation" should be plural. **We have re-written this section. As per the guidance from CMAJopen they want limitations only not strengths, so these have been removed.**