



Peer Review Report



PEER REVIEW REPORT FOR:

Peixoto, M. R., Ferreira, J. B., & Oliveira, L. (2022). Drivers for teleconsultation acceptance in Brazil: Patients' perspective during the COVID-19 pandemic. *Revista de Administração Contemporânea*, 26(2), e210063. <https://doi.org/10.1590/1982-7849rac2022210063.en>

HOW TO CITE THIS PEER REVIEW REPORT:

Peixoto, M. R., Ferreira, J. B., Oliveira, L., Limongi, R., & Santana, E. E. de P. (2021). Peer review report for: Drivers for teleconsultation acceptance in Brazil: Patients' perspective during the COVID-19 pandemic. RAC. *Revista de Administração Contemporânea*. Zenodo. <https://doi.org/10.5281/zenodo.5149050>

REVIEWERS:

-  Ricardo Limongi (Universidade Federal de Goiás, FACE, Brazil)
-  Élcio Eduardo de Paula Santana (Universidade Federal de Uberlândia, FAGEN, Brazil)

ROUND 1

Reviewer 1 report

Reviewer: Ricardo Limongi

Date review returned: March 09, 2021

Recommendation: Major revision

Comments to the authors

General Comments

1. Re-evaluate the fluidity of paragraphs. The second paragraph of the introduction, for example, has 20 lines. The excess ends up tiring the reader. I suggest a structure-like sentence with a maximum of three lines and paragraphs with five sentences. This structure helps in the objectivity and fluidity of the construction of the arguments;

2. Seeking the study's timelessness, it would be essential to discuss how technology was accepted in other exceptional health or even economic moments. It will help the relevance and future comparison of analyzed phenomena.

Disclaimer: The content of the Peer Review Report is the full copy of reviewers and authors' reports. Typing and punctuation errors are not edited. Only comments that violate the journal's ethical policies such as derogatory or defamatory comments will be edited (omitted) from the report. In these cases, it will be clearly stated that parts of the report were edited. Check [RAC's policies](#).

Abstract:

1. The first sentence could be more direct. Direct the reader to the relevance of accepting teleconsultation for health. It will attract more attention from the reader;
2. I could conclude with the most relevant results and the managerial impact as already mentioned.

Introduction

1. It is necessary to make it clear that the understanding of teleconsultation from the patient's perspective will contribute to the literature;
2. The focus was on demonstrating previous studies on the theme and not essential aspects such as gap and central theory;
3. I suggest that the introduction be rewritten, seeking to present aspects to be followed by paragraphs: the importance of the theme, what has already been done, a gap of the theme, concept (theory), managerial implication, and when there are public policies, academic and managerial contributions.

Theoretical review

1. In the way that the referential was presented, the text would be more aligned with information technology and not marketing. If the focus is on maintenance in the marketing area, it would be relevant to discuss the prospect of adopting new products from consumers;
2. At the end of the "ICT in Health Services" section, they could elaborate a paragraph addressing the impact of the recent adoption of the technology on consumers. It would help to bring a behavioral discussion to the model presented in the following section;
3. Make clear the gap concerning the original TAM model and the one proposed. The contribution to the use of the variables TR, TRU, and SE.
4. Another theoretical argument that needs to be made clear is the withdrawal of the "Actual Use" construct. Thinking about the model's nomological network, it is necessary to discuss the reason for this exchange for the model proposal presented in Figure 2.

Methodology

1. The argument for justifying teleconsultation for the study would need to come from a quote. Mentioning the impact on COVID-19 is relevant and needs to be further investigated. After all, the context of the application is at the heart of the study.
2. Has the questionnaire been validated by specialists? What is the application procedure between the two pre-tests? Talk more to facilitate later replicability;
3. It was not clear why the study had a cutoff point of 17 years above. It is essential to explain the alignment with the proposal and research. Something like authorization, participation, or others;
4. It was mentioned that 52 items made up the first version of the questionnaire. A little later, it is mentioned that the respondents evaluated 39 items. They must explain the process of discriminating and convergent validity;
5. Since the teleconsultation was approved for use only in April 2020, it is expected that most of them have not been used. The sample proved that 73.3%. An analysis between groups would be critical. Who used it and who heard it. They seem to me to be different and relevant experiences for the discussion of innovation;
6. Given the dispersion between the age group, the discussion could have been discussed in two groups - 17 to 35 and 46 to 65 or more, it would help in the discussion and sample profile.

Results of

1. As there was a reduction in the questionnaire items, it is essential to discuss the validities in the method. The analysis will help to substantiate the relevance of the model;
2. As the section "measurement model" was outlined, it seems to make more sense in the method; after all, results are not analyzed, but preparing the model to be evaluated;

3. I suggest avoiding the sequential tables. 3 and 4 right after the text. It makes the reader come and go in the text. Discuss the table presently, tie it with the argument and move on to the other;
4. What is the criterion for assessing the factor load between the constructs? Make clear the assessed limits;
5. I understand the withdrawal of the variable "Current Usage" given the scenario assessed; however, it is necessary to reflect on a plausible justification for the absence of a variable that evaluates the impact of technology. Evaluating the behavioral intention as a consequence weakens the argument of the relevance of the use and the model chosen for evaluation;
6. The only unsupported hypothesis, H5a, seems logical to me. After all, a new technology inserted in a moment of so many changes. It would be relevant to evaluate her proposal from contexts similar to the one evaluated;
7. The discussion of "levels" mentioned in the discussions needs to be rethought. The way the constructs were measured does not seem to make sense;

Conclusions

1. The conclusions could go a step further. Reflect why the study

Additional Questions:

Does the manuscript contain new and significant information to justify publication?: Yes

Does the Abstract (Summary) clearly and accurately describe the content of the article?: Yes

Is the problem significant and concisely stated?: Yes

Are the methods described comprehensively?: Yes

Are the interpretations and conclusions justified by the results?: Yes

Is adequate reference made to other work in the field?: Yes

Is the language acceptable?: Yes

Does the article have data and / or materials that could be made publicly available by the authors?: Yes

Please state any conflict(s) of interest that you have in relation to the review of this paper (state "none" if this is not applicable).: none

Rating:

Interest: 2. Good

Quality: 2. Good

Originality: 1. Excellent

Overall: 2. Good.

Reviewer 2 report

Reviewer: Élcio Eduardo de Paula Santana

Date review returned: March 17, 2021

Recommendation: Minor revision

Comments to the authors

1. You should write the managerial contributions on the abstract, the one that caught your attention the most, at list, and not just mention that the paper provides contribution (that is obvious).
2. The scales should have been placed in the methodology, or in the results, so we could have a more appropriate analysis of what was measured and the potential relationship consequences. It would be useful to reflect on how proper the sample was in the study, concerning the (non)experience with the analysed service.
3. The managerial applications should have been more explored, presenting a more detailed approach on how the knowledge

obtained in this study should be used by the practioneers.

4. The goal(s) of this paper should have been more explicitly presented and highlighted. We have a general sense of what the purpose of the study was, but that, by no means, should be the feeling of the reader when reading the text.

Additional Questions:

Does the manuscript contain new and significant information to justify publication?: Yes

Does the Abstract (Summary) clearly and accurately describe the content of the article?: Yes

Is the problem significant and concisely stated?: Yes

Are the methods described comprehensively?: Yes

Are the interpretations and conclusions justified by the results?: Yes

Is adequate reference made to other work in the field?: Yes

Is the language acceptable?: Yes

Does the article have data and / or materials that could be made publicly available by the authors?: Yes

Please state any conflict(s) of interest that you have in relation to the review of this paper (state "none" if this is not applicable).: nenhum

Rating:

Interest: 1. Excellent

Quality: 1. Excellent

Originality: 1. Excellent

Overall: 1. Excellent

Authors' Responses

Responses to Reviewers

Drivers for teleconsultation acceptance in Brazil: the patient's perspective during the COVID-19 pandemic.

To: Dr. Wesley Mendes-da-Silva

Editor-in-Chief, Revista de Administração Contemporânea

Dear Editor,

We appreciate your time and support in the review process of our paper and the opportunity to improve our manuscript. This current version of the paper has undergone some editing, which was necessary to comply with the generous suggestions provided by the reviewers. As a result, we believe our current version of the manuscript is significantly improved in relation to the previous one. Particularly, the new version was improved in its fluidity and clarity, and provides additional content to contemplate and assess the potential impact of the research's singular moment (COVID-19 pandemic and the debate about Telehealth's regulation in Brazil) on the study's findings.

The revised manuscript, submitted together with this response message, includes a version with a track of all main changes that were made to the paper as well as revised version without track changes. We present, below, a table with our comments on the valuable suggestions made by each reviewer.

We believe the revised manuscript is an improved portrait of our research, presenting its contributions in a more robust and detailed way.

Yours sincerely,

The Authors

Reviewer A

Dear Reviewer A,

First, we would like to thank you for your considerate review of our paper and your valuable suggestions. We do believe your propositions allowed us to improve our general writing and the quality of our research. We analyzed each suggestion diligently and tried to address all of them the best way we could.

In result, we believe that the proposed changes and the implemented ones have improved the new version herein submitted.

Comments

General # 1: Re-evaluate the fluidity of paragraphs. The second paragraph of the introduction, for example, has 20 lines. The excess ends up tiring the reader. I suggest a structure-like sentence with a maximum of three lines and paragraphs with five sentences. This structure helps in the objectivity and fluidity of the construction of the arguments;

Actions Taken: Thank you for your comment! We agree with your perspective on the fluidity of the manuscript. With that in mind, we made changes to the text, whenever possible, to improve readers' understanding. In accordance with all your further comment, our focus was on the introduction section, which was edited as a whole to improve its fluidity.

General # 2: Seeking the study's timelessness, it would be essential to discuss how technology was accepted in other exceptional health or even economic moments. It will help the relevance and future comparison of analyzed phenomena.

Actions Taken: Agreed. This is a relevant point which we tried to enhance in this new version. Besides keeping our conceptual inferences of the relevance and potential impact of the "exceptional-moment" from this research (the COVID-19 pandemic times), we included some additional and linked orientation in the following sections of this new version: introduction, literature review (in the "technology acceptance" sub-section), and in the beginning of the methodology.

On the other hand, we had to keep it only within the conceptual boundaries, since our additional literature review did not find any solid empirical evidence or results from other relevant papers. However, this eventual lack of empirical academic studies was also able to generate a new potential item for future research (since it was not our paper's scope). This additional proposal for further work was dully included in the respective section at the end of the paper.

Abstract # 1: The first sentence could be more direct. Direct the reader to the relevance of accepting teleconsultation for health. It will attract more attention from the reader;

Actions Taken: Agreed. We changed the abstract accordingly and tried to be more straightforward on the current high relevance of teleconsultation acceptance in Brazil.

Abstract # 2: I could conclude with the most relevant results and the managerial impact as already mentioned.

Actions Taken: Agreed. We rewrote the final part of the abstract trying to highlight the findings we believe are more relevant, instead of just superficially mentioning them.

Introduction # 1: It is necessary to make it clear that the understanding of teleconsultation from the patient's perspective will contribute to the literature;

Actions Taken: Thank you for your suggestion. Since the understanding of teleconsultation from the patient's perspective is one of our main purposes, we tried to clarify such discussion as a gap in the current academic debate as well as keeping it fully stated as one of the main academic contributions from our work.

Introduction # 2: The focus was on demonstrating previous studies on the theme and not essential aspects such as gap and central theory;

Actions Taken: Agreed. By revising our introduction section in accordance with your point 3 (see below), we highlighted current gaps and our central theory, using previous studies just as supporting conducts to such highlights (gaps and central theory).

Introduction # 3: I suggest that the introduction be rewritten, seeking to present aspects to be followed by paragraphs: the importance of the theme, what has already been done, a gap of the theme, concept (theory), managerial implication, and when there are public policies, academic and managerial contributions.

Actions Taken: In order to increase the fluidity of the text and to make it friendlier to readers, we followed your suggestions, adjusting and partially rewriting the introduction section, mainly from paragraph two onwards. Managerial and new public policies' potential contributions were dully presented at the end of the section as well.

Theoretical Review #1: In the way that the referential was presented, the text would be more aligned with information technology and not marketing. If the focus is on maintenance in the marketing area, it would be relevant to discuss the prospect of adopting new products from consumers;

Actions Taken: This is a relevant and interesting point. As previously mentioned in the introduction, despite the relevance of the theme, there has been a lack of focus on Telemedicine's adoption from a patient's perspective. Much of the previous research focus on the perspective of organizations or providers (practitioners) and were published mainly in health and IT academic journals. Additionally, most studies that focus on patients' perspective do not incorporate factors of technological acceptance in their conceptual constructions; therefore, it is another academic contribution of ours. This absence of a broad literature with this scope, however, prevents the adoption of an expressive number of s "technological-consumer-oriented" studies in our theoretical review.

Nonetheless, we have attempted to: (i) make the above-mentioned situation clearer in the introductory section; (ii) keep the need of understanding the behavioral and subjective intention aspects in the technology adoption process from a consumers' perspective in the literature-review section; (iii) and include the need of further "technological-consumer-oriented" research in the conclusion section.

Theoretical Review #2: At the end of the "ICT in Health Services" section, they could elaborate a paragraph addressing the impact of the recent adoption of the technology on consumers. It would help to bring a behavioral discussion to the model presented in the following section;

Actions Taken: Agreed. The point is valid, so we added a paragraph in the theoretical review section, with the inclusion of recent theoretical papers that discuss the impact of teleconsultation adoption in patients' lives. We do believe such addition enriches our study's proposal and findings, highlighting the results that can support the following debate on behavioral aspects of the teleconsultation's acceptance by consumers.

Theoretical Review #3: Make clear the gap concerning the original TAM model and the one proposed. The contribution to the use of the variables TR, TRU, and SE.

Actions Taken: Thank you for your suggestion. We tried to keep all the comments about TAM's excessive parsimony as its potential gap to address relevant decision factors in distinct environments. This is even more relevant in health services context, in which a unique relationship between provider and consumer takes place due the nature of such services (vital, not hedonic, disbalanced, etc.). Therefore, besides keeping the content of the original version regarding such points, we tried to make the gap you mentioned clearer throughout the text, including the review of the gaps from the introduction section, as mentioned before.

Theoretical Review #4: Another theoretical argument that needs to be made clear is the withdrawal of the "Actual Use" construct. Thinking about the model's nomological network, it is necessary to discuss the reason for this exchange for the model proposal presented in Figure 2.

Actions Taken: Very good point. Although we had already mentioned the use of BI as our variable to reflect user's technology adoption in the introduction section, we agree that this argument needs further explanation in the theoretical review section too. Therefore, we added an explanatory text at the end of the section to justify our model without TAM's "actual use" construct.

Methodology # 1: The argument for justifying teleconsultation for the study would need to come from a quote. Mentioning the impact on COVID-19 is relevant and needs to be further investigated. After all, the context of the application is at the heart of the study.

Actions Taken: This is an interesting suggestion, since it reinforces the relevance of our research. Therefore, as suggested, we included a quotation about teleconsultation election and a text that further explores teleconsultation's relevance in the COVID-19 pandemic context, thus clarifying the interaction between teleconsultation and the "exceptional period" (COVID-19) to all readers.

Methodology # 2: Has the questionnaire been validated by specialists? What is the application procedure between the two pre-tests? Talk more to facilitate later replicability;

Actions Taken: Thank you for your relevant questions on this subject! Yes, indeed the questionnaire was validated by specialists during the preparation process. As a matter of fact, we were quite diligent during the questionnaire selection process, to avoid potential issues related to the quality of the data we intended to collect. During our research design we decided that one of the desired strengths of this research would be the reliance of the selected surveys. Only surveys with valid results and adopted in similar situations to our research (i.e.: in technological and health papers) were to be adopted in our own research. In addition, we followed robust translation procedures to avoid any potential change in the meanings of the questionnaires. Finally, we requested specialists to evaluate all final questionnaires before releasing them into the field.

At the end, the solid results obtained in the pre-tests and the tests on statistical reliability of the data may have been influenced by our decisions during the research design process.

In accordance with your questions, we have reviewed the paper to highlight such procedures, further enabling other scholars to replicate them.

Methodology # 3: It was not clear why the study had a cutoff point of 17 years above. It is essential to explain the alignment with the proposal and research. Something like authorization, participation, or others;

Actions Taken: Thank you for this suggestion. In the data collection process, we intended to receive answers only from people responsible for electing their medical consulting. Younger people usually rely on their parents for such election, and were, therefore, excluded from our research. We edited the methodology section to clarify the reasons for our choice.

Methodology # 4: It was mentioned that 52 items made up the first version of the questionnaire. A little later, it is mentioned that the respondents evaluated 39 items. They must explain the process of discriminating and convergent validity;

Actions Taken: Thank you for highlighting this point, since the text could have confused other readers as well. During this stage of our research, we did not exclude any items. The difference between the 52 previously mentioned items to the 39 used in this part of the text is composed only of the 13 questions with demographic and other general points. The 39 items, thus, are the ones related to our research's constructs.

Our original intention was to be as rigorous as possible in the sample selection since we did not acknowledge any survey with missing values from the 39 construct questions. We edited the text in order to clarify this point.

Methodology # 5: Since the teleconsultation was approved for use only in April 2020, it is expected that most of them have not been used. The sample proved that 73.3%. An analysis between groups would be critical. Who used it and who heard it. They seem to me to be different and relevant experiences for the discussion of innovation;

Actions Taken: Very good point! Although the purpose of our research was not focused on moderation analysis and differences between groups, we have added further sample descriptive statistics, including a table in the methodology section. In line with your suggestion, we included, in this new version, additional descriptive information in regard to a potential distinction between "already users" and "not-yet users".

Moreover, we decided to go a step further and split the sample population in three distinct sub-groups: (i) the group of "regular-users" (26.7%); (ii) the group of "not-yet-users" (54.3%); and (iii) the group of "just-once" or "inexperienced" users (19.9%). In our original version, the last two groups represented the previous consolidated 73.3% of the potential "non-users"; in our new version, has been correctly separated. We believe it adds value for the paper as well as for further research, which has been included as recommendations at the "future studies" section.

Methodology # 6: Given the dispersion between the age group, the discussion could have been discussed in two groups - 17 to 35 and 46 to 65 or more, it would help in the discussion and sample profile.

Actions Taken: This is an interesting point as it contributes to the debate about the relevance of some demographic factors over consumers' behavior of technology acceptance. This same debate, for instance, is still inconclusive in the teleconsultation literature and, therefore, does deserve further investigation. While some authors did not find impacts of age in patients' intention to continue using teleconsultation (e.g.: Ouimet et al., 2020), others found partial and moderating significances in some relationships regarding the adoption of this service (e.g.: Baudier et al., 2021).

In our study, the dispersion and fair distribution among different age groups and its potential impact (age on intention to use) can be further examined; nonetheless, in our research design we did not opt to include age or other demographics potential moderating impact on BI. Fortunately, the parsimony obtained, and the relevant effects of the selected factors supported our decision. Nonetheless, we agree about the rich potential of further evaluating other potential factors, mainly sociodemographic ones, and we have added this discussion in the final section as potential future research.

Results & Discussion #1: As there was a reduction in the questionnaire items, it is essential to discuss the validities in the method. The analysis will help to substantiate the relevance of the model;

Actions Taken: A comprehensive validity analysis, checking for face, convergent, nomological and discriminant validity was presented in the paper in the measurement model section. All results refer to the 32 scale items that were present in final measurement model; these were the same items that were adopted in the structural model afterwards. Also, during the research, we were very diligent in "maintaining an adequate numbers of items per construct, including the maintenance of at least three items per construct", as recommended by specialized literature in cases of measurement model refining techniques that eventually lead to item exclusion. We are not sure what else can be explored in order to discuss validities any further, but if you can make specific suggestions, we shall gladly perform any additional analysis.

Results & Discussion #2: As the section "measurement model" was outlined, it seems to make more sense in the method; after all, results are not analyzed, but preparing the model to be evaluated;

Actions Taken: It is a common practice for the two-step SEM modeling approach to present the measurement model analysis before the structural model analysis in the results section, not in the method section. Given the vast literature of SEM papers presenting

results this way, we decided to keep it as it was in the submitted manuscript. We would appreciate your agreement with this decision, but we can move the whole measurement model analysis to the method section if you truly prefer, just let us know.

Results & Discussion #3: I suggest avoiding the sequential tables. 3 and 4 right after the text. It makes the reader come and go in the text. Discuss the table presently, tie it with the argument and move on to the other;

Actions Taken: We concur with your point here, thank you. We have rearranged tables 3 and 4 (now tables 4 and 5, due the inclusion of an additional table to describe descriptive statistics of teleconsultation's users and non-user – refer to answer 5 in the previous section) within the text, even changing their numerations, so that the table with AVEs and correlations (now Table 4) came before the Discriminant Validity Table (now Table 5).

Results & Discussion #4: I suggest avoiding the sequential tables. 3 and 4 right after the text. It makes the reader come and go in the text. Discuss the table presently, tie it with the argument and move on to the other;

Actions Taken: Factor loadings for indicators (observed variables) in each latent construct were all above 0.6, as they should, according to Hair et al. (2009). We have now indicated this in the manuscript in the discriminant validity analysis section, as per your suggestion.

Results & Discussion #5: I understand the withdrawal of the variable "Current Usage" given the scenario assessed; however, it is necessary to reflect on a plausible justification for the absence of a variable that evaluates the impact of technology. Evaluating the behavioral intention as a consequence weakens the argument of the relevance of the use and the model chosen for evaluation;

Actions Taken: Behavioral intention is often used as the final dependent construct in innovation adoption studies. Nonetheless, we have added a paragraph to further justify this choice just before the presentation of hypothesis 6 in the manuscript. Thank you for this remark.

Results & Discussion #6: The only unsupported hypothesis, H5a, seems logical to me. After all, a new technology inserted in a moment of so many changes. It would be relevant to evaluate her proposal from contexts similar to the one evaluated;

Actions Taken: Agreed. There might have been sound reasons that affected the PEOU-ATT relationship in this study. As per your suggestion, we included our suggestions about it according to some related literature, including the one that could address the impact of "moment-exceptionality" over consumers' behavior towards the technology adoption. Thanks for this comment!

Results & Discussion #7: The discussion of "levels" mentioned in the discussions needs to be rethought. The way the constructs were measured does not seem to make sense;

Actions Taken: We agree with this concern, thank you for pointing this out. We have taken out from the discussion about "levels" of discomfort and insecurity (sub-dimensions of Technology Readiness) and talked now about Technology Readiness and its subdimensions in a more general way when explaining its effect on Ease of Use.

Conclusions #1: The conclusions could go a step further. Reflect why the study

Actions Taken: In line with all previous changes from recommended items, the conclusion section tries to summarize and propose future works that can contribute for the efficient understanding of teleconsultation drivers, a kind of service that can benefit all stakeholders in healthcare context, including patients (the focus of our research).

Reviewer B

Dear Reviewer B,

We are very grateful for your insightful review. We have followed your advice and included the suggestions you kindly pointed out. Please refer to the table below, which details our responses to your observations.

Concern #1: You should write the managerial contributions on the abstract, the one that caught your attention the most, at list, and not just mention that the paper provides contribution (that is obvious).

Actions Taken: Agreed! Changes were made according to your suggestion. Thank you!

Concern #2: The scales should have been placed in the methodology, or in the results, so we could have a more appropriate analysis of what was measured and the potential relationship consequences. It would be useful to reflect on how proper the sample was in the study, concerning the (non)experience with the analysed service.

Actions Taken: Two interesting points were raised here. In order to deal with the first one, we included a mention about the scales in the methodology and suggest that LABR includes them as an Appendix. We will prepare and send this Appendix in our new version.

The second one point you mentioned, “experienced vs non-experienced” groups, was also given additional attention in the methodology section, whereas we included a more detailed breakdown of this group (indeed, there is the “non-experienced”, the “experienced” and the “just-once-experienced” groups). In this new version, we provided descriptive analysis of such groups, including a new table for further referencing. In addition, due to its relevance (and because further analyses were not within the scope of our research), we included these further analyses as potential for future research. Thanks for the point!

Concern #3: The managerial applications should have been more explored, presenting a more detailed approach on how the knowledge obtained in this study should be used by the practioneers.

Actions Taken: Thank you for raising this point. We tried to make the managerial implications and applications clearer throughout the paper, beginning with a more direct and complete set of implications in the introduction section together with some additional comments of applications in the conclusion section.

Regarding the specific possible use of the study findings to practitioners, we added additional comments and suggestions for this group in the conclusion section, understanding the limitations of our own work (since it was developed from a patient’s perspective). Thus, we also kept the need of future studies that can contemplate and, eventually, consolidate the distinct views in such a critical and complex business environment.

Concern #4: The goal(s) of this paper should have been more explicitly presented and highlighted. We have a general sense of what the purpose of the study was, but that, by no means, should be the feeling of the reader when reading the text.

Actions Taken: Agreed. Therefore, we tried to rearrange the introduction section, proposing a more systematic and user-friendly way of promoting our research goals, which we do believe are relevant for both the academic and the healthcare communities. We hope it worked.

ROUND 2

Reviewer 1 report

Reviewer: Élcio Eduardo de Paula Santana

Date review returned: April 22, 2021

Recommendation: Accept

Comments to the authors

(There are no comments.)

Additional Questions:

Does the manuscript contain new and significant information to justify publication?: Yes

Does the Abstract (Summary) clearly and accurately describe the content of the article?: Yes

Is the problem significant and concisely stated?: Yes

Are the methods described comprehensively?: Yes

Are the interpretations and conclusions justified by the results?: Yes

Is adequate reference made to other work in the field?: Yes

Is the language acceptable?: Yes

Does the article have data and / or materials that could be made publicly available by the authors?: No

Please state any conflict(s) of interest that you have in relation to the review of this paper (state “none” if this is not applicable).:

Rating:

Interest: 1. Excellent

Quality: 1. Excellent

Originality: 1. Excellent

Overall: 1. Excellent

Reviewer 2 report

Reviewer: Ricardo Limongi

Date review returned: May 05, 2021

Recommendation: Minor revision

Comments to the authors

First of all, my sincere congratulations on the great evolution of the new version. The commitment of the authors in this new round is noticeable. Still, to contribute so that the article has the necessary prominence, I present some suggestions:

Introduction

1. The first paragraph is long and confusing. There are 18 lines in total. I suggest focusing on the technological context addressed throughout the study. It would give more clarity and objectivity. Showing the economic importance of technology in the context of health crises like COVID would be a good point;

2. The discussion of the needs of the target audience of the teleconsultation could come from the formal concept to the reader. With the excess of references in the first paragraph, the reader gets lost. I recommend, at this point, to use only one reference;

3. The first and second paragraphs could be rewritten in an integrated manner;

4. The third paragraph could go on after the discussion of the literature. It would make the theoretical positioning of the study clearer;

5. Paragraphs 7 and 8 could be integrated rewrites and more objective. The most direct theoretical and conceptual positioning would help the reader;

6. The study gap, final paragraph, needs to be clearer. Not having found a study on the topic is not a gap. After all, why does studying teleconsultation contribute to literature? Consumer perspective? Manager's perspective?

Literature revision

1. In the section "ICT in Health Services," the third paragraph is loose. I could join with the previous one;

2. In Table 1, you could put the dimension and the notation. After all, the column already does this. However, it does not explain to the reader that it would be "TR_OPT";

3. Attention to the place of Figure 2 in the text. In the evaluated PDF version, page 72, the figure is shifted and hinders the analysis. I believe that the generated version has given this problem. However, it is always important to check the submitted file;

Method

1. Tables 2 and 3 breaks the logic of the text. I suggest putting it in the appendix and keeping a good explanation of the data collected.

Results of

1. In the way it is structured, it could discuss validations to the method section. It would help to align the preparation of the questionnaire. The section could focus on the discussion of the proposed model and not on the refinement of validations;

2. In the previous version, there was a discussion of the mediation of the PEOU variables. In this new version, this discussion was requested. It is becoming increasingly relevant to assess the relationships between variables. In this sense, it is important to consider mediation and the respective direct and indirect effects.

Congratulations on your progress. With few adjustments as mentioned above, the study will be relevant for researchers and inspiring for future studies.

Additional Questions:

Does the manuscript contain new and significant information to justify publication?: Yes

Does the Abstract (Summary) clearly and accurately describe the content of the article?: Yes

Is the problem significant and concisely stated?: Yes

Are the methods described comprehensively?: Yes

Are the interpretations and conclusions justified by the results?: Yes

Is adequate reference made to other work in the field?: Yes

Is the language acceptable?: Yes

Does the article have data and / or materials that could be made publicly available by the authors?: Yes

Please state any conflict(s) of interest that you have in relation to the review of this paper (state "none" if this is not applicable).: none

Rating:

Interest: 2. Good

Quality: 2. Good

Originality: 2. Good

Overall: 2. Good

Authors' Responses

Associate Editor

Comments to the Author:

Caros autores, o artigo teve uma decisão de aceite e outra decisão de minor review relacionado a questões organizacionais de estrutura do texto, colocações de tabelas, retorno de uma análise de mediação que na primeira versão existia e nesta agora foi descartada, além de pequenas informações de escrita. São muito pontos específicos, mas bem delineados e muito simples de serem resolvidos, onde indiquei o artigo como Minor review nesta decisão, apenas aguardando esta revisão de vocês para uma decisão final. Por favor atendam todos os pontos individualmente e enviem a carta de resposta explicando cada ponto feito. Bom trabalho!

Estimado Editor Asociado,

Os autores agradecem os comentários recebidos de você e dos revisores. A realização das mudanças requisitadas tornou, sem dúvida, nosso trabalho ainda melhor e, certamente, fará com que ele seja ainda mais bem recebido tanto pela comunidade acadêmica quanto pelos stakeholders e interessados nesta relevante discussão sobre a adoção da teleconsulta no Brasil.

Fizemos as correções desta segunda rodada, de acordo com as orientações do revisor # 2, e com o que achamos mais apropriado ao nosso trabalho. Esperamos que o resultado esteja em linha com o esperado e nos colocamos à total disposição para os próximos passos visando a publicação de nosso trabalho na RAC.

Atenciosamente,

Os autores.

Reviewer: 2

Recommendation: Minor Revision

Comments: First of all, my sincere congratulations on the great evolution of the new version. The commitment of the authors in this new round is noticeable. Still, to contribute so that the article has the necessary prominence, I present some suggestions:

AUTHORS' ANSWER: Dear reviewer, once again, we want to thank you for your time and suggestions to improve our work. We agree that the inclusion of the 1st round's suggestions strengthened our work, enhancing its fluidity and robustness.

We went through your 2nd round suggestions diligently and implemented them whenever possible. We appreciate your time and effort and are glad to see the improvement of this new and hopefully final version.

SUGGESTIONS #1, #2, and #3. : 1. The first paragraph is long and confusing. There are 18 lines in total. I suggest focusing on the technological context addressed throughout the study. It would give more clarity and objectivity. Showing the economic importance of technology in the context of health crises like COVID would be a good point; / 2. The discussion of the needs of the target audience of the teleconsultation could come from the formal concept to the reader. With the excess of references in the first paragraph, the reader gets lost. I recommend, at this point, to use only one reference; 3. The first and second paragraphs could be rewritten in an integrated manner;

AUTHORS' ANSWER: Thanks for your comments! We tried to address the three first comments all together since they are interlinked and impact the same part of the introduction.

As per your comments, we tried to improve the fluidity and clarity of the first two paragraphs by: (i) decreasing the number of citations, (ii) integrating and connecting both paragraphs; and (iii) making some texting and wording adjustments.

We believe this new version poses as a more direct and clearer explanation to readers about our research's relevance and intention.

SUGGESTION #4: The third paragraph could go on after the discussion of the literature. It would make the theoretical positioning of the study clearer;

AUTHORS' ANSWER: Thanks for your comment. We understand your reasoning, however, our intention was to cite the three current gaps in the debate about technology acceptance in health in a sequential manner. The beforementioned paragraph three is focused on the lack of studies from a patient's perspective. Paragraph four highlights the lack of a technological perspective in such debate. Finally, paragraph five presents the need of integrating health specific factors in such debate.

We believe that, in the previous version of our manuscript, our intention might have not been so clear to readers, due to the paragraphs' breakdown. However, with the new changes made in paragraphs 1 and 2 (according to your previous suggestions), our new version provides this reasoning in a much clearer way, making this new paragraph sequence clearer and according to our intentions. Thanks for raising this point and allowing us to improve it!

SUGGESTION #5: Paragraphs 7 and 8 could be integrated rewrites and more objective. The most direct theoretical and conceptual positioning would help the reader;

AUTHORS' ANSWER: Taking in consideration your point 6 below, we preferred to move part of the content of paragraph 7 to the last paragraph since it contained the main academic contributions of our work. We agree with your point 6 and believe that your suggestion #6 could strengthen our arguments. Therefore, from paragraph 7 we kept only the part that relates to the antecedent discussion of the need of models and constructs specifically associated to the health segment.

SUGGESTION #6: The study gap, final paragraph, needs to be clearer. Not having found a study on the topic is not a gap. After all, why does studying teleconsultation contribute to literature? Consumer perspective? Manager's perspective?

AUTHORS' ANSWER: As stated in suggestion 5, we agree with your suggestion and changed this last paragraph, bringing the main academic contributions (that were previously located in paragraph 7 and that included the patient domain, the technological perspective, and the implementation of a new model with constructs not integrated in such studies before) and restating our managerial and social contribution for future discussions about the coming implementation of telehealth in Brazil.

Thanks for your suggestions!

SUGGESTION #7: In the section "ICT in Health Services," the third paragraph is loose. I could join with the previous one;

AUTHORS' ANSWER: Agreed. Done.

SUGGESTION #8: In Table 1, you could put the dimension and the notation. After all, the column already does this. However, it does not explain to the reader that it would be "TR_OPT";

AUTHORS' ANSWER: Agreed. Done.

SUGGESTION #9: Attention to the place of Figure 2 in the text. In the evaluated PDF version, page 72, the figure is shifted and hinders the analysis. I believe that the generated version has given this problem. However, it is always important to check the submitted file;

AUTHORS' ANSWER: Correct. As you mentioned, it seems that the figure was not correctly depicted in this new version. We tried to correct it now. Nonetheless, an additional careful revision will be taken during the paper's editing to avoid this problem.

SUGGESTION #10: Tables 2 and 3 breaks the logic of the text. I suggest putting it in the appendix and keeping a good explanation of the data collected.

AUTHORS' ANSWER: Your suggestion was debated by the three authors. Although there would be some advantages of including tables 2 and 3 as appendix, in a consensual approach we suggested to keep them in the main text. Our reasoning is based on the data visual easiness brought by tables to this part of the manuscript. Since it relates to a more descriptive discussion, we believe that keeping the tables closer to the text they refer to can facilitate readers' comprehension.

Since this is just a matter of formatting, we are open to change, in case you believe the tables must be moved to the Appendix.

SUGGESTION #11: In the way it is structured, it could discuss validations to the method section. It would help to align the preparation of the questionnaire. The section could focus on the discussion of the proposed model and not on the refinement of validations;

AUTHORS' ANSWER: The results of the proposed model are indeed discussed in the Results section under the structural model sub-item and also in the Discussion section. In most of the literature that employs Structural Equation Modeling (SEM), the measurement model (the 1st step in the 2-step methodology for evaluating SEM results) is presented at the beginning of the results section, just before the structural model results, since the measurement model is an analysis that derives from data after it is collected (i.e., it is a result of the data collection efforts), not something done in preparation for the questionnaire. Therefore, following the usual format for SEM results' presentation that is found in most of the literature using SEM, we choose to keep the same structure as before in this new version of the manuscript.

SUGGESTION #12: In the previous version, there was a discussion of the mediation of the PEOU variables. In this new version, this discussion was requested. It is becoming increasingly relevant to assess the relationships between variables. In this sense, it is important to consider mediation and the respective direct and indirect effects.

AUTHORS' ANSWER: Since mediation analysis was not the focus of our work, we agreed that such discussion should not be present in the manuscript. Nevertheless, we agree with you and do believe it is a relevant consideration; thus we have added it as a suggestion for future studies at the end of the work.