Reviewer's report

Title: Specialist and Primary Care Physicians' Views on Barriers to Adequate Preparation of Patients for Renal Replacement Therapy: A Qualitative Study

Version: 2

Date: 7 December 2014

Reviewer: David Mendelssohn

Reviewer's report:

Greer et al submit a qualitative, interview based study of nephrology care providers and primary care physicians. The study sought to determine barriers to adequate preparation for RRT. The results do offer some novel insights into the process, and identify some new research opportunities that could lead to better care pathways.

1) I am not an expert in qualitative methods or in statistics. I am a clinician who has done lots of academic work in preparation for and transition into ESRD.

2) The Mendelssohn paper (ref 32) should be cited on page 6 line 22, since it clearly shows suboptimal care despite early referral

3) The study is a very small convenience sample in only 2 centres. I wonder if it should be called a pilot study?

4) The authors have missed a critical study that totally supports what they find about the frequency of and importance of patient related delays and how to identify and overcome them. It is S.A. Hughes, J.G. Mendelssohn, S. Tobe, P.A. McFarlane and DC Mendelssohn. Factors Associated with Suboptimal Initiation of Dialysis Despite Early Nephrologist Referral. NDT 28: 392-7; 2013. (doi: 10.1093/ndt/gfs431). This study must be referenced and discussed.

5) I am not sure about BMC nephrology standard formats for manuscripts, and also not sure about how to present qualitative research results. Having said this, there is no discussion section (or the discussion section that begins on page 17 is wrongly labeled conclusion – and another conclusion section begins on page 22)?

6) The Canadian Society of Nephrology has guidelines that inform primary care providers about when to refer patients with CKD. I could cite several documents, but likely only one is required and this one would be the best. Guidelines for the Management of Chronic Kidney Disease. CMAJ 179; 1154-1162: 2008. I am not certain if American organizations have similar guidelines. The CSN guideline might be referenced and any USA based ones too. Note that similar referral guidelines exist in the UK and Australia. Ensuring that primary care providers are made aware of these recommendations is an implementation challenge, but the recommendation itself is a starting point.
Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare I have no competing interests.