Reviewer's report

Title: Supporting Quality Care for ESRD Patients: The Social Worker Can Help Address Barriers to Advance Care Planning

Version: 0 Date: 29 Jul 2019

Reviewer: Franklin W. Maddux

Reviewer's report:

The authors have developed a position and review of the role and scope of Advanced Care Planning. They articulate a process that has a series of structured questions and propose that the social worker is well suited to lead the effort at understanding the patients current state of mind and the dynamics of a changing position on end of life care that will occur with people over the course of a life with advanced kidney disease. The distinction between advanced care planning and advanced directives is especially well laid out. Overall, I think the authors have done a reasonable job outlining certain distinctions in the process. I would have preferred a broader discussion of the influences in the medical community of the inherent biases that caregivers bring to this discussion based on their own ethics, training, religion and cultural background that make this area of medicine more easily fraught with inconsistency and variable attention. Further, the basis for the use of additional techniques to elucidate key features of the patients readiness to have such discussions and decision making could be outlined more extensively. At its heart this review wants to promote the role of social workers in these processes and I am in full agreement with that position, but I would caution to avoid making the methods one dimensional as this is a most complex process that is likely not going to be fully scalable if it doesn't fit into the fabric of the patients life and not just the care teams life.

Below are some specific comments regarding my read of the manuscript.

Line 39: is ACP really the only way a patient communicates their wishes. I would contend the italics create an assumption that might not be accurate.

Line 47: is it technical, logistical or cultural barriers of providers that impact the consistency in addressing these themes with patients?

Line 73: The use of italics with the word 'the' creates a sense of the binary act of ACP process that may not fully address the personalized approach a patient may need to engage a discussion of their goals in care. Alternative methods such as discrete choice interviewing might be an alternative that is also effective in the process of elucidating the wishes or readiness for an open and honest discussion of patient directed goals for care that might include palliative or end of life components.

Line 121: This is a general statement. It might be valuable to point out several bright spots in EHR evolution that have been used to facilitate or trigger such a discussion as ACP. I agree with the authors that this is a vastly different process than advanced directive documentation.
Line 153: it would be beneficial to discuss in some context the triggers for timing a reassessment. It is not strictly a time based trigger and the clarity of types of queues that patients or families give would improve this description of the dynamic nature of the process. I think the clinical staff and social work coordination in recognizing these queues seems like an important attribute in the care coordination that the clinical team must all be sensitive to.

Lines 156-163: I think these questions are not bad but may not sufficient or a complete set of questions. I would like to see this revised to be more about the principles that the process will elucidate rather than specific questions. This would afford the use of different techniques of interviewing a patient over time to get their wishes expressed. A cold question with a deficit based wording like the question asking about what is the patient willing to "endure" is a leading question as opposed to using a discrete choice method of questioning to elicit what patient value to understand what they are willing to go through to achieve those values. These are subtle but important distinctions that the paper should consider.

Line 165: what about the cultural and ethnic background of the caregiver influencing the approach. This is neither a technical or clinical barrier but a social barrier.

Line 194: this would be a good point to reflect on the sense of many clinicians that such ACP discussions represent to them a discussion of failure instead of a discussion of the care teams obligation to support the care of the patient in both active renal replacement therapy but also every end of life comfort based action to support palliative care. It would be good to frame the inherent sub,I I also bias the clinical team may have in feeling that such discussions are tied to a sense of failure even when that is not really the case.

Line 203: a number of functional status score predictive models have been developed and presented in abstract form to highlight a predictive model trigger for reassessment of an individual's wishes or change in prognosis. These are evolving quickly. See the following reference.


Lines 301-311: one other opportunity here is to highlight the concepts of motivational interviewing that many(most) social workers is have experience with. This method can be more sensitive to identifying when a patient is receptive to a conversation that will elucidate ACP Information and principles. The patient that is ready for a change conversation because there is a perceived need for reassessment can benefit from these interviewing techniques.
Line 313: I think a valuable addition to the manuscript review would be to include a section on the caregiver social and cultural barriers to addressing these issues in the corpus of the care provided.

**Please confirm that you have included your review in the ‘Comments to Author’ box?**

As a minimum standard, please include a few sentences that outline what you think are the authors’ hypothesis/objectives, their main results, and the conclusions drawn. Your report should constructively instruct authors on how they can strengthen their paper to the point where it may be acceptable for publication, or provide detailed reasons as to why the manuscript does not fulfill our criteria for consideration. Please supply appropriate evidence using examples from the manuscript to substantiate your comments. Please break your comments into two bulleted or numbered sections: major and minor comments.

Please note that we may not be able to use your review if no comments are provided.

Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included as text in the ‘Comments to Author’ box.

Yes

**Are the methods appropriate and well described to allow independent reproduction of experiments?**

Please state in the ‘Comments to Authors’ box below what you think are the strengths and weaknesses of the methods (study design, data collection, and data analysis), and what is required, if anything, to improve the quality of reporting

NA

**Does the work include the necessary controls?**

If not, please explain in the ‘Comments to Author’ box below.

NA

**Are you able to assess the statistics?**

- Are the statistical test(s) used in this study appropriate and well described?

- Is the exact sample size (n) reported for each experimental group/condition (as a number, not a range)?

- Are the description of any error bars and probability values appropriate?

- Are all error bars defined in the corresponding figure legends?
- Has a sample size calculation been included, or a description and rationale about how sample sizes were chosen?

Please can you confirm which of the following statements apply to your statistical assessment of the manuscript (Please include details of what the authors need to address in the ‘Comments to Author’ box):

This question is not applicable to this manuscript

Are the conclusions drawn adequately supported by the data shown?
If not, please explain in the ‘Comments to Author’ box below.

Yes

Quality of written English
Please indicate the quality of language in the manuscript:

Acceptable

Should the manuscript be highlighted for promotional activity?
Articles that are deemed of interest to a broad audience can be promoted in a variety of ways. This could be through email updates, postings on the BioMed Central homepage, social media, blogs and/or press releases. Please indicate in the text box below whether you think this manuscript should be considered for promotional activity, indicating your reasons why (e.g. what is the most newsworthy aspect of the research).

No

Declaration of competing interests
Please complete a declaration of competing interests, considering the following questions:

1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?
6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

No financial competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal.