Reviewer’s report

Title: Group plus "Mini-private" Pre-test Genetic Counseling Sessions for Hereditary Cancer Predisposition Improve Patient Satisfaction and Shorten Provider Time

Version: 0 Date: 30 Oct 2019

Reviewer: Michael Robert Bogwitz

Reviewer's report:

This submission provides some additional evidence of the utility an interesting model-of-care concept that is not widely utilised. The general language used is fairly conversational and it would benefit from review by someone to tighten up some of the wording and transform it into a more scientific writing style.

It also needs some additional information about ascertainment of patients. Was is a consecutive series (ie was every patient on the waiting list who met the testing criteria contacted) or were patients handpicked. This would clearly alter the outcomes and is not clearly documented. You comment later that you don't believe there was any ascertainment bias, but this factor is key in determining whether there is a bias or not. In the same vain, providing additional demographic information about the patients would add strength to the argument that the model was successful (ie were there patients who varied widely in age and socioeconomic status or were the participating patients all young medically literate professionals who one might suspect would be more adopting of such approaches).

Line 130 I am concerned about the validity of the assertion that the group+mini session "would not impact the quality of care they would receive", as that was one of the aims you were evaluating.

Line 133 "Every effort was made to ensure that patients did not feel pressured to attend the group clinic" is in contrast to line 134 "it was acknowledged that attendance at a group session could allow for an earlier appointment". This sounds to me like the group+mini session was being "sold" to patients. At a minimum, the wording here should be changed.

It would be useful for readers to use more distinctive terminology regarding the appointment models - line 138 uses "private appointment" in the context of the traditional model, and line 141 uses it in the context of the "group+mini" model

There is no comment about post test outcomes in relation to the workload benefits - would there be a difference in workload at results if participants had had individual pretest counselling compared to group+mini

line 227 the comment "overall GC preparation time was reduced...." does not make any sense as you then comment that "AM reviewed all cases". AMs time should therefore be incorporated into the provider time, and presumably balances out the reduction in GC time.

Was the initial phone consultation (which you mentioned likely increased uptake) accounted for in the provider time comparison and discussion - ie would this have normally happened if they were offered a traditional private session, or would they have just been given an appointment date. The phone discussion would a significant time to each patients care.
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