Reviewer's report

Title: Implementation of a Multidisciplinary Discharge Videoconference for Children with Medical Complexity: A Pilot Study

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Reviewer: Eli Sprecher

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To the authors:

Ravid, et al, have submitted an interesting evaluation of a pilot study on use of teleconferencing between parents/caregivers, PCPs, and hospitalists for children with medical complexity being discharged. The authors assessed the results of four discharge communication videoconferences using semi-structured interviews to assess the utility and palatability of the intervention. The strengths of this paper are with their application of techniques that had been used in geriatric care contexts and their qualitative interviews that deepen understanding of parents' and PCPs' views toward the use of this novel telehealth intervention. The authors acknowledge that they have a very small sample of completed visits to assess but do make up for their small sample with their in-depth interviews.

I had a few questions about the intervention and paper:

*The authors mention that 75% of possibly eligible children with medical complexity were not approached due to either patient reasons or because the hospitalist "did not respond" to attempts. The authors do not discuss why this may have been the case but it would be interesting to better understand why some hospitalists did not respond or at least address this possible limit to reproducibility. How was hospitalist buy-in attempted? Were there interviews with hospitalists who did or did not participate beyond the surveying of hospitalists? It also was not clear why there were not semi-structured interviews with hospitalists.

*It is a small n of only 4 discharges, but I would have liked to know the discharging diagnoses for the patients that were included (and those that were not included) - since CMC consist of a very heterogeneous group of children, it would be helpful to understand information about the hospitalizations.
*Do the authors have any data on readmissions for the children who were part of the study or excluded from the study? Were any errors identified or possibly prevented? Of course, with a small n it would be difficult to draw inferences from results on errors/readmission but may help with making the financial or patient safety case for pursuing the intervention.

*Auger, et al, published the results of a large RCT on post-discharge phone calls (the Hospital-to-Home Outcomes (H2O) study, published in JAMA Pediatrics in 2018. They found no difference in reutilization rates between children who received a post-discharge phone call with those who did not, although those who had the phone call had a greater recall of discharge educational materials. I did not see this paper cited in the Ravid paper, but it would be interesting to consider contrasting or grappling with the additional value of teleconference compared with phone calls. Is the value add in the video (i.e., ability to see the patient) or in the shared mental model between the parent, PCP, and hospitalist?

* With such a small n, I'm not sure that table 2 is very helpful/necessary.

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