Reviewer’s report

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

Version: 1 Date: 20 Dec 2019

Reviewer: Carolyn Foster

Reviewer's report:

The authors did a nice job of providing point-by-point responses to the reviewer critiques. Where data was requested but lacking, I hope they will consider collecting it in their future work. I still do think that a conceptual model of how the intervention will make a clinical impact is important (though okay to not include at this stage in the review process)--- too often people have ideas about how to change practice patterns (i.e. it seems like a good idea) without a clear outline of how it will actually impact health and health utilization (i.e. where is the cause and effect). Efforts at care coordination for CMC are a perfect example, since it's done thinking it will help reduce Ed visits/readmissions often just leads to increased use of underaccessed outpatient resources but doesn't actually decrease ED/readmissions because of the faulty logic that just by making appointments with doctors will always improve CMC health. The future work of these authors should focus not just on improved recruitment efforts/implementation but on being very clear on the core question of how their intervention is actually impacting health outcomes/utilization for CMC. Be wary of doing this backwards -- you should test the implementation after you have a good sense that an intervention has evidence of being effective rather than the other way around. An intervention that does not actually impact its outcome can be perfectly implemented but not move the needle at all on the actual outcome. Overall though, the review addresses the concerns outlined by the reviewers.

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