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**Title:** Priorities for peer support delivery among adults living with chronic kidney disease: a patient-oriented consensus workshop

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**Reviewer 1:** Dr. Vineet Gupta

**Institution:** University of California San Diego Health Sciences

General comments (author response in bold)

Authors present an exploratory consensus workshop amongst various stakeholders to evaluate preferences and priorities for peer support delivery for patients with CKD. A detailed process and thorough documentation is provided. Peer support can be useful supplement in acclimatizing to the chronically progressive disease that can be debilitating - physically and mentally.

**We thank the reviewer for taking the time to review our manuscript.**

**Reviewer 2:** Dr. Michelle McCarron

**Institution:** Regina Qu'Appelle Health Region

General comments (author response in bold)

#### SUMMARY

In this paper, the authors present the results of an online, synchronous workshop session held with 21 participants which included a mix of patients, peer mentors, caregivers, clinicians, and organizational representatives. Participants discussed the topics of potential content, format, and processes for the delivery of peer support, first in small groups and then with the whole group. Participants were asked to take on the role of personas whose brief character biographies were created by the research team to help frame their contributions to the discussions. The research team consolidated and summarized the key points from these discussions in real time and presented these as voting options for participants to prioritize within each of those three discussion categories.

A conventional content analysis approach was used to analyze transcripts from the session. The main themes to emerge pertained to alignment of program features with needs, inclusive peer support options, and multiple access points. The suggestions that were endorsed most frequently during the dot voting exercise with respect to peer support format were: matching patients with a peer mentor, having a combination of persons with CKD and caregivers as mentors, ensuring a flexible schedule for peer support delivery. Regarding peer support content, participants most frequently indicated that they would like to see the topics of what to expect with CKD, and helping individuals to feel supported and not alone, addressed within peer mentorship. In terms of processes, participants were most in favour of social media as a means of promoting peer support, and having referrals to peer support initiated by clinics, with repeated reminders.

#### MAJOR COMMENTS

1. It does not appear typical for full protocols to be published as an appendix in this journal. Much of the information was redundant in light of the content covered in the main body of the paper, so its inclusion seems unnecessary. I recommend omitting the

protocol from the appendices. That said, there are portions of the protocol that should be integrated into the main body of the manuscript. It will be helpful for readers to have this context while reading the paper without needing to refer to an additional document. Not everyone who reads the article will also read through the appendices, and some of this information is crucial to include. In particular, I advise adapting the following portions of the protocol to be integrated into the manuscript, at a minimum:

- a) The Research Objectives section (p. 33 of 53),
- b) Explanation of the modified Nominal Group Technique (pp. 33-34 of 53), and
- c) A condensed explanation of the small and large group discussion format, integrating information from p. 36 of 53.

**We appreciate this comment about the redundancy of including the protocol as an appendix and suggestions for integrating elements of the protocol in the main text. We had included our protocol as an appendix as this was suggested in the journal's submission guidelines. However, we agree that it is unlikely to add substantively to the manuscript provided that critical, methodological details are included in the main text. In addressing the editor's comments above, we have made a number of additions to the Methods that also address the reviewer's comments:**

- a. **We have revised our stated objective to clarify that this stakeholder workshop aimed to identify preferences and priorities related to peer support delivery for patients with CKD and their caregivers in Canada (p.4).**
- b. **We have elaborated on the modified NGT approach (p.5).**
- c. **We have provided additional information on the small- and large-group format and facilitation (pp.6 and 7).**

2. Page 8 of 53 (Data Analysis): How did you arrive at the cut points of  $\geq 7$  votes for "high," 3-6 for "medium," and  $< 3$  for "low"? From your protocol, it seems that these parameters were determined prior to the workshop taking place, so was this calculation based on an expectation that you would have "x" number of participants (as your goal was in the range of 20-25)? Did you estimate what the median vote count would be per item and use that as a starting point for creating these cut points? Were you aiming to have roughly equal numbers of items fit into each of the three categories? More transparency about how these criteria were determined would be helpful in this section.

**We specified the cut points for high, medium, and low priority a priori based on our experience from prior, related work in addition to the anticipated number of selections available within each topic area and expected number of participants (e.g., a 'high' cutpoint of  $> 7$  would mean that greater than one third of participants prioritized that particular item). We have added more information on this in the main text (p.7). Please see our response to the editor's query #14 for additional details.**

3. I did not find Figure 1 (p. 25 of 53) to add substantively enough to the paper to warrant being included as a figure. You have already done a very good job of describing your procedures for the small and large group discussions on page 6. The process is quite straightforward, so I did not find the inclusion of this figure to add substantively in terms of clarifying the procedures. I recommend omitting this as a figure from the paper, but it may be interesting to retain it as an appendix.

**We thank the reviewer for their suggestion. Given that the extensive revisions suggested by the editorial team that centered on clarifying aspects of our methodology and methods, we wonder whether retaining Figure 1 in the main text might help the reader follow the workshop flow, aims, and output. We have**

**included this Figure in our revised submission but would be happy to move this to a supplementary file if the editorial team feels this is most appropriate.**

4. Having the participants frame their discussions in terms of the personas created for this exercise was a novel approach and likely helped to mitigate potential concerns about sharing personal health information in a group format. In my view, this is a major strength of this project.

**Thank you for this feedback. We agree that our use of personas strengthened our workshop output and enhanced the quality of discussions.**

5. From the description in your “Patient Engagement” section, it seems that you meaningfully integrated the perspectives of patients throughout the project. Well done!

**Thank you.**

6. I loved your use of colour density to allow readers to quickly and easily identify high, medium, and low priorities within each topic area (p. 23 of 53). This was a novel and visually appealing approach to presenting your findings in a tabular format. Your presentation of the themes and concepts, supporting quotes, and suggestions to address priority areas on p. 26 of 53 was similarly well done.

**Thank you.**

#### MINOR COMMENTS

1. Page 5 of 53, lines 9-11: It would be more accurate to say “approximately 10%” rather than just 10%.

**Thank you. We have modified this accordingly (p.4).**

2. Page 5 of 53, lines 30-32: It may be worth noting that this increased interest in patient-targeted strategies is not limited to CKD self-management; this is part of a larger movement toward endorsing patient-centred care.

**We have modified this statement to reflect the reviewer’s point about the broader societal movement toward enhanced patient-centered care (p.4).**

3. Page 9 of 53 (Results): How might the fact that all four peer mentors had experienced both dialysis and transplantation have impacted the findings? Is this a strength (i.e., that they have experienced both of these things) or a limitation (i.e., that the perspective of someone who had experienced dialysis without transplantation was not represented)? This may be something to address in the Limitations section on pp. 13-14 of 53).

**As outlined in our response to the editor’s comment #7, peer mentors were included in the stakeholder workshop as ‘experts’ in peer support delivery for people with advanced, non-dialysis CKD. While all peer mentor participants had experience of dialysis and/or transplant, they were asked to contribute their perspectives specifically related to their experiences in peer mentorship for others living with CKD, rather than their own lived experiences of kidney failure. Our skilled facilitators kept small- and large-group discussions in scope, and we did not encounter any challenges or perceived conflicts with our approach. This being said, we have acknowledged this as a potential limitation (p.13).**

**Reviewer 3:** Dr. Carolyn Canfield

**Institution:** University of British Columbia

General comments (author response in bold)

Patient reviewer guidance from CMAJ Open (accessed Oct 2022)

*You are expected to offer a lay opinion on the article and to consider its merits from a patient's perspective. You are not expected to be able to offer a detailed opinion on aspects of the statistical analysis or the scientific theory on which the article depends.*

#### GENERAL REMARKS

As an experienced patient partner in research, thank you for the opportunity to read and comment on this manuscript's suitability for publication in CMAJ-Open. As an overall comment, I would like to commend the authors for an overall clarity of writing throughout. The manuscript has been a pleasure to read and review.

1) Do the researchers provide a clear description of how they engaged patients in their research? A. Were patients engaged in various phases of the project? (e.g., Were patients involved in identification of priorities for what should be studied, in how the research should be done, in analyzing or making sense of the data or in disseminating the findings?)

**YES: I especially note the involvement in creating the personas (in a previous research phase), in facilitating the small group discussions, in analyzing data and preparing the project report, and in reviewing this final report for publication.**

b. Did patients contribute meaningfully to the research (rather than just as a participant, or as a token member of the research team)?

**YES: the meaningful contribution of patients is well-documented in the paper. The continuing commitment of these patient partners in the overall Can-SOLVE CKD Network research series attests to their belief in the partnership's integrity, as well as the importance of the work. Their evident welcome as full members of the research team makes this project a good demonstration of patient-oriented research actions at each phase of the project lifecycle from design, data gathering, analysis to finalizing the report.**

c. Do the researchers describe how the engagement of patient partners added value (or did not add) to the results or outcomes of the study?

**YES: it is stated that the team learned from the partners' participation and knowledge. However, it would be especially persuasive in demonstrating the value of their involvement by including a few specific examples of how that "added value" actually altered the project, either in its conduct or content.**

2) Do the researchers describe any challenges with engaging patients in the study?

**NO: although this may be the result of these patient partners having a history of partnership with this research team in earlier phases of the overall project. If there are examples, presenting the issues and describing their resolution would strengthen the paper.**

3) Does the article include lessons learned from using a patient-oriented approach to research, so that others can learn from their experience?

**YES: the paper is careful to describe the conduct of the project with an emphasis on patient partner involvement at each stage. The focus of this study emphasizes the importance of choosing topics highly relevant to and valued by patients.**

4) In your opinion, are the outcomes of the research ones that will make a real difference to patients, their families and their providers? YES: impressively so.

**We thank this patient reviewer for their kind and encouraging commentary on our manuscript. The comments echo the precise reason we do the research that we do – to improve the lives and wellbeing of people living with chronic diseases and ensure all have access to important supports.**