

## PEER REVIEW HISTORY

BMJ Paediatrics Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

### ARTICLE DETAILS

<b>TITLE (PROVISIONAL)</b>	Reaching experts for enhanced referral (REFER) to pain psychology: A modified Delphi approach with multidisciplinary pediatric pain providers at a specialized center in the United States
<b>AUTHORS</b>	Schemer, Lea; Harrison, Lauren; Hess, Courtney; Neville, Alexandra; Jehl, Nicole; Ma, Ryan; Glombiewski, Julia; Simons, Laura E.

### VERSION 1 - REVIEW

<b>REVIEWER NAME</b>	<b><i>Bob Phillips</i></b>
<b>REVIEWER AFFILIATION</b>	University of York, Centre for Reviews and Dissemination
<b>REVIEWER CONFLICT OF INTEREST</b>	n/a
<b>DATE REVIEW RETURNED</b>	07-Oct-2024

<b>GENERAL COMMENTS</b>	<p>This is a detailed report of a consensus development programme of elements of an idealised referral approach to a single well established complex pain MDT situated in Stamford.</p> <p>The report is clear, contains all I'd expect for such a report, but I would suggest needs greater flagging of the limitations within the body of the report.</p> <p>For example: the title should indicate this is a single MDT from an established clinic, as should the abstract. The introduction should emphasise these are the desires of the clinical team within the one clinic. The limitations should explore how set ups in different settings may have importantly different features.</p> <p>(Also there's no need for % to have even on decimal place, let alone 2, when working with this type of data.)</p> <p>The editorial team may also wish to consider if this well conducted but local-interest piece is suitable for publication within this journal.</p>
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<b>REVIEWER NAME</b>	<b><i>Katherine Salamon</i></b>
<b>REVIEWER AFFILIATION</b>	Nemours Children's Hospital Delaware
<b>REVIEWER CONFLICT OF INTEREST</b>	Not applicable
<b>DATE REVIEW RETURNED</b>	31-Oct-2024

<b>GENERAL COMMENTS</b>	Overall, this is a well written manuscript on a very timely topic. The authors addressed the reviewers' comments. The manuscript offers practical next steps for clinicians and researchers.
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## VERSION 1 – AUTHOR RESPONSE

**Reviewer: 1**

**Dr. Bob Phillips, University of York, Leeds Childrens Hospital**

***Comments to the Author***

**This is a detailed report of a consensus development programme of elements of an idealised referral approach to a single well established complex pain MDT situated in Stanford.**

Response: Thank you for this kind evaluation.

**The report is clear, contains all I'd expect for such a report, but I would suggest needs greater flagging of the limitations within the body of the report.**

**For example: the title should indicate this is a single MDT from an established clinic, as should the abstract. The introduction should emphasise these are the desires of the clinical team within the one clinic. The limitations should explore how set ups in different settings may have importantly different features.**

Response: Following the suggestions of the editor(s), we have changed the title as follows: *Reaching experts for enhanced referral (REFER) to pain psychology: A modified Delphi approach with multidisciplinary pediatric pain providers at a specialized center in the United States*

We have also changed the limitation section which now reads as follows (p 4-5):

*During this Delphi process, we consulted highly experienced and well-trained pain specialists at a reputable US pain clinic. The opinions expressed therefore represent the perceptions of a single multidisciplinary team, and it is unclear to what extent they generalize to treatment providers working in other settings and healthcare systems. To draw more general and robust conclusions about an ideal referral process to pain psychology, it is essential that the study be replicated in other contexts and with other clinicians. For example, although resource deficits in the delivery of pain psychology were repeatedly discussed in the REFER panels, resource deficits are undoubtedly more profound in other communities and countries. In addition, the composition of the various disciplines among the REFER experts was unbalanced and could be different in other settings. In many other settings, treatment providers may also not have specialized training in pain management or may rarely collaborate with colleagues from other disciplines, which could lead to even greater discrepancies and uncertainties in their perceptions. In particular, replication with upstream providers will be informative to better understand divergent opinions. For example, previous research identified that pediatricians often feel isolated in their decision making without the support that is characteristic of a multidisciplinary team.<sup>40</sup> Future research should therefore build on existing work<sup>9,10</sup> and continue to examine the attitudes and practices of upstream referring providers, such as pediatricians, rheumatologists, and orthopedists who often have even less contact with pain psychology. While this study focused on the provider lens on the referral process, it is imperative that future research seeks to understand additional perspectives, such as the patient and caregiver lens. For example, their input would be extremely valuable in further understanding how referral conversations are perceived at the recipient end.*

However, it is also important for us to emphasize that the referral gap is a common problem described in the literature and supported by other empirical evidence from other clinics, which we also cite in the introduction. Therefore, we do not want to limit our study aims to the desires of a single team in the

introduction. On the contrary, we believe that the referral gap is comparatively smaller in this specialized pain setting, which is why we asked the pediatric pain providers here to be experts on the subject.

**(Also there's no need for % to have even on decimal place, let alone 2, when working with this type of data.)**

Response: We have now removed all decimals from the percentages and report only one decimal for the medians and IQRs.

**The editorial team may also wish to consider if this well conducted but local-interest piece is suitable for publication within this journal.**

Response: As noted above, there is evidence that the referral gap is a larger problem. We are convinced that the referral plan developed by the experts consulted in this study has the potential to help minimize the referral gap in other clinical and research settings.

**Reviewer: 2**

**Dr. Katherine Salamon, Nemours Children's Hospital Delaware**

***Comments to the Author***

**Overall, this is a well written manuscript on a very timely topic. The authors addressed the reviewers' comments. The manuscript offers practical next steps for clinicians and researchers.**

Response: Thank you for this kind evaluation.