

Article information: <https://dx.doi.org/10.21037/mhealth-22-43>

Reviewer comments

In this manuscript (ms), Ross DeCamp et al. evaluated pediatric telehealth care through outpatient video teleconsultation during the COVID-19 pandemic in order to understand how communicating in languages other than English LOE can impact and make telehealth difficult from the perspective of families and clinical staff.

Overall, the study proposal is good, and its results and conclusions would be very interesting to mHealth readers.

Firstly, congratulations on this paper. The topic addresses the importance of the equanimous distribution of health care in the United States.

Please, find below my minor commentaries:

• **Comment 1**

Line 125: For some analyses, we stratified providers by the number of LOE telehealth encounters they conducted during the study period into typical (<10 encounters) vs. high LOE provider (≥ 10 LOE encounters).

It could be interesting to describe why the number 10 was defined here. For example, show the mean, median, and maybe a distribution graph. Thus, we can see what the number 10 represents within the global values.

Reply 1: 10 encounters was the 80th percentile among providers who had at least one LOE encounter. Among providers with an LOE telehealth encounter the median number of encounters was 3 (IQR 1,8) and the range was 1 to 308. We do not believe a graph would be helpful but have made changes in the text to provide the additional justification.

Changes in the text: Methods: Electronic Health Record Data section following lines #125-128.

10 LOE encounters represented the 80th percentile for number of LOE encounters among providers with at least one LOE encounter.

Results quantitative results section following lines 197-198

Among providers with at least one LOE telehealth encounter, the median number of LOE encounters was 3 (Interquartile Range: 1,8) and the number of encounters ranged from 1 to 308.

• **Comment 2**

L197: 5% of which were LOE encounters.

Insert the absolute numbers too. The absolute number and after the percentile.

Reply 2: We have inserted the absolute number after the 5% as requested by the reviewer and in talking about LOE encounter numbers by language we have also inserted the n to be consistent.

Changes in the text: See L197: During the 16-month study period, 102,387 telehealth encounters

meeting inclusion criteria were conducted by 1,133 providers; 5% (n=5,165) of which were LOE encounters.

The next three most common languages for LOE telehealth encounters were American Sign Language (2.8% of LOE encounters, n=144), Arabic (1.5% of LOE encounters, n=80) and Vietnamese (1.1% of LOE encounters, n=56).

• **Comment 3**

The data related to other languages (other than Spanish) were not shown. I would like to see at least a brief description of those.

Reply 3: We have now included information on the next three most common languages for LOE encounters.

Changes in the text: The next three most common languages for LOE telehealth encounters were American Sign Language (2.8% of LOE encounters, n=144), Arabic (1.5% of LOE encounters, n=80) and Vietnamese (1.1% of LOE encounters, n=56).

• **Comment 4**

Table 3: Physician/Advanced Practice Provider 10 (77%) Other clinical staff 23%. I would like to see an equal distribution between physicians and other professionals in the multidisciplinary team. I understand this is no longer possible for this article, but I suggest that authors consider it for future project/article planning.

Reply 4: We appreciate this comment and agree that equal representation from other care team members will be important in future work. We are actively planning for this.

Changes in the text: N/A

• **Comment 5**

Clinical staff 92% Woman:

It should be discussed. Is this reflection of female gender distribution within the institution's health providers, or was there greater acceptance of women in conducting LOE? To discuss.

Reply 5: Our study questions did not include an examination of the association of provider characteristics other than language with LOE encounters so we could not evaluate differences in gender among those providers that completed LOE encounters. Our qualitative data included providers and clinical staff. At our health system 71% of the medical staff (physicians, nurse practitioners, physician assistants) are women. Though current numbers for nursing, medical assistants were not available historically 90% or more of these clinical staff members are women. Thus, we believe our percentage of women is not unexpected in a small qualitative study of a workforce that is primarily women. We do believe it would be interesting to examine the association of provider characteristics such as gender, race/ethnicity, age etc. with LOE telehealth encounters. While we cannot examine this in the present study it will be considered for an area of future study. We have added this to the limitations of this study.

Changes in the text:

Discussion section, following line 392: Lastly, mostly women clinical staff members participated in our qualitative study. We believe this reflects the gender distribution in pediatric healthcare. For

example, in our system 71% of medical staff (physicians, APPs) are women. In this study we did not examine if provider characteristics other than language (e.g. gender, race/ethnicity, age) were associated with LOE telehealth encounters, but this is of interest for future work.