Peer Review File

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Reviewer 1:

Comment 1: there seem to be statements throughout that clear come from your literature research, but aren't cited in the text properly. For example, at line 143/144 there is mention of information from the state of Illinois with no reference cited. I'd suggest going back through the document and making sure all references are cited properly. Although this is a commentary (as opposed to a research study), it's still important to cite all references used properly in the text.

> *Reply 1*: We have gone through the document to ensure that all references are cited properly.
> *Changes in the text*: In addition to checking the existing references we have also added one reference to the Introduction section (Mitchell et al., 2012); and four references to the Professional Identity section (Dowd, 2011; Lupton, 1997; French & Raven, 1959; Illinois Family Caregiver Act).

Comment 2: Also, one issue that I didn't see addressed and is a significant problem with family and other non-clinical caregivers is the health literacy of those caregivers. I've seen situations where the lack of health literacy in caregivers has been detrimental to the wellness of the patient. Perhaps consider the implications of that as well?

> *Reply 2*: Thank you for this comment and suggestion. We added two sentences on page 7 of the revised manuscript to acknowledge the effects of caregiver health literacy on care recipient engagement and potential interventions to improve caregiver health literacy. We acknowledge in the revised manuscript that health systems can play an important role in improving the outcomes of care recipients vis-à-vis improving caregiver health literacy.
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> *Changes in the text*: (P. 7): "Furthermore, interventions that target caregivers with low health literacy may also help improve care recipient engagement in self-management behaviors and potentially reduce barriers to navigating and arranging for health and support services. Thus, education programs and interventions to improve caregiver health literacy may positively impact the health outcomes of patients who frequently interact with the health care system."

Reviewer 2:

Comment 1: Line 57 refers to the Caregiver Advise, Record, Enable (CARE) Act, with the intention "to provide designated caregivers with discharge instructions and guidance." The authors state that "However, this particular policy has not been effectively implemented across health care settings as a result of limited oversight of clinical adherence." The CARES Act is not a single federal law, but rather appears to be a

model state statue recommended for passage in the 50 state legislatures across the country, and supported by various advocacy groups. It is noted in the Policy Implications section (line 187) that the statute has been signed into law in 40 states. When addressing about laws and policies, it is helpful to be specific regarding the jurisdiction, and thus potential and actual impact. It may be helpful to include this information in the introduction where the CARES Act (actually it the CARES Acts) are identified.

> *Reply 1*: Thank you for your comment and for suggesting this clarification. We have moved the section specifying state legislation from the *implications* to the *introduction*. We have kept the acronym as CARE Act. Based on the literature, the CARES Act refers to the Coronavirus Aid, Relief, and Economic Security Act (https://home.treasury.gov/policy-issues/coronavirus) while the CARE Act is the Caregiver Advise, Record, Enable Act (please see https://www.aarp.org/politics-society/advocacy/caregiving-advocacy/info-2014/aarp-creates-model-state-bill.html and https://academic.oup.com/gerontologist/article/60/4/776/5307759).
>
> *Changes in the text*: On page 2 - "One policy, the Caregiver Advise, Record, Enable (CARE) Act, was developed by the AARP and then introduced to state legislatures and is intended to provide designated caregivers with discharge instructions and guidance. The CARE Act, now signed into law by 40 states, aims to provide health care providers with practices that integrate caregivers into the process of care delivery, but has failed to be broadly implemented within health care organizations(6). A national survey of health care executives, clinical leaders, and clinicians about caring for caregivers found that 79% of respondents are either not very familiar or not at all familiar with the CARE Act(6)."

Comment 2: More critically, in the Implications sections, the authors recommend "integrating caregivers requires policies that acknowledge the full scope and nature of family caregiving and recognize the value that family caregivers bring to the health care team(4). These policies could manifest in incentives such as compensation to caregivers for their efforts outside the health care setting and/or reimbursements for clinicians." Are the authors recommending organization level policies, especially since many (and a growing number of) healthcare providers, particularly primary care providers are employed by healthcare systems. Or are the authors recommending changes to national laws and policies such Medicare, Medicaid and the ACA to provide (require) reimbursement for these services. These are significantly different recommendations with different means to implementation and different stakeholders to consider. The authors note that in some states Medicaid waivers provide reimbursement for these services; however, I suspect the number of states is limited, and even these waivers covered all U.S. Medicaid recipients, it would only cover about 17% of the U.S. population. Clarity and specify around recommendations would strengthen the article.

> *Reply 2*: We have edited our examples for clarity and have also reorganized this paragraph to provide examples of policy recommendations.
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> *Changes in the text*: On pages 7 and 8 - "To date, health policy involving caregivers has been unable to achieve substantial impact in the U.S. Greater efforts are needed to increase awareness about existing caregiver policies and enact new caregiver policies that enable caregivers to be active members of the care team. As suggested, integrating caregivers requires policies that

acknowledge the full scope and nature of family caregiving and recognize the value that family caregivers bring to the health care team(4). **These policies could manifest in changes to national laws and policies, such as compensation to caregivers for their efforts outside health care, for instance, by expanding Medicaid waivers that provide reimbursement for these types of supports**. Not only are caregivers often placed under significant financial burden due to their roles as caregivers, but the economic value of the unpaid care and support provided by caregivers is estimated at $470 billion annually in the U.S.(23). Policies directed towards compensating caregivers, while offered in some states through Medicaid waivers, have yet to be adopted nationwide; however these policies have been implemented in other countries in the form of financial support such as paid work leave and tax benefits, as well as through non-financial support like training, education, and respite care(24, 25). These policy decisions reflect the heterogeneity in cultural and societal recognition of the tremendous work of caregivers and its value. Financial incentives through reimbursement of clinician time have also yet to materialize, although the shift of the U.S. healthcare industry from fee-for-service reimbursement systems to value-based care may prompt health systems and providers to enact their own policies around integrating caregivers into the care team in an effort to improve the value of the care provided to patients. **For example, organizational policies could introduce incentives for clinicians to better integrate caregivers such as by evaluating process measures around documentation of family caregivers in the health record."**

Comment 3: For Reference #2 Zuraw et al, the link at KHN.org does not work at this time. This is the reference for the growing aging population. Would a link to more original source data such as the U.S. Census Bureau work better? I suspect the Zuraw articles references a source for this data.

Reply 3: We have corrected the link so that the article is now accessible.

Changes in the text: Please see correction in the references list.

Reviewer 3:

Comment 1: the objectives/goals of the commentary are not clearly specified in the introduction section. Although the authors have specified some questions at the end of the introduction section, but it is not clearly noted if those are the questions being addressed in the commentary. Without identifying specific questions that the commentary aims to address, it was not clear the how the findings relate to the questions. For example, authors discussed factors that potentially impact the caregivers engagements to healthcare team, but the authors did not mention that as a question that they like to address. I would suggest that it would be helpful to see specific questions that are being addressed in the commentary and then with response to each of those questions.

Reply 1: We appreciate that Reviewer 3 highlights this minor inconsistency between the questions as posed in the introduction section and the several topics we visit in the paper. To ensure full congruency between these questions and the rest of the text, we have adjusted the questions as posed in the introduction section and headings in the paper so that everything matches well.

Changes in the text: Page 3, paragraph 1: questions changed as follows: "Questions we aim to address include: What are barriers to caregiver engagement in care teams? What are important implications of caregiver inclusion on team dynamics? How can status and identity issues be handled when including caregivers in care teams? And, to what extent should the caregiver's role in a care team be formalized? We finalize by synthesizing answers to these questions into policy implications that may facilitate more effective inclusion of caregivers in care teams." Also, pages 3-5 subheadings changed.

Editorial Office

There is a united format for Editorial Commentary which you could refer to the published article: https://jhmhp.amegroups.com/article/view/6599/html, thus please provide and improve the following information:

Comment 1: Authors' Affiliations
Please rank the authors' name according to their contributions or other standards of yours and marked them with numbers to their affiliations.

Reply 1: Please see list below:
Changes in the text: (Changed on the title page)

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Comment 2: Acknowledgments
1) The people or institute that you want to acknowledge.
2) If your research has a financial support, you should add to an item "Funding" below the "Acknowledgments" like: http://dmr.amegroups.com/article/view/5589/html; if not, then add to "Funding:

None".

Reply 2: As noted on the title page, we have no acknowledgements and no financial support to report.

Changes in the text: We have added an Acknowledgements section where "Funding: None" was added to the last page after the conclusion (page 9).

Comment 3: Ethical Statement
Please add an "Ethical Statement" section to the Footnote and indicate "The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved" . If you have other ethical statement, please add behind this sentence.

Reply 3: We added the ethical statement to the document.

Changes in the text: We have added a Footnote section after the Acknowledgements on the last page of the document (page 9). In the Footnote, we added the aforementioned statement.

Comment 4: Submit Conflicts of Interest Forms and add Conflicts of Interest Part
According the latest guideline of publication, we require every author to submit a Conflict of Interest Form before formal publication of the manuscript, which is suggested by the International Committee of Medical Journal Editors (ICMJE, http://www.icmje.org/conflicts-of-interest/). …

1) Each author should fill out and submit a separate form and is responsible for the accuracy and completeness of the submitted information.

Reply 4.1: Each author filled out a separate form which was submitted with the revision.

2) Add COI statement in the Conflicts of Interest part of to your Manuscript:
- If there's nothing to declare, please summarize as follow: "All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare."
- If there's potential COI needed to be declared, please add: "Both authors have completed the ICMJE uniform disclosure form." and copy the statements from boxes in EVERY COI form.

Reply 4.2: We have added a Conflicts of Interest statement to the Footnote section of the article.

Changes in the text: "Conflict of Interest: All authors have completed the ICMJE uniform disclosure form. The authors have no conflicts of interest to declare." (page 9)

Comment 5: Revise Reference List
In the reference list, list all authors, but if the number exceeds three, give three followed by "et al.". Names of journals should be abbreviated in the style used in PubMed.

Reply 5: We have made these adjustments.

Changes in the text: Please see reference list beginning on page 10.
