Peer Review File

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Reviewer A

Comment 1: LITERATURE CITED. Parts of the paper, especially the intro and discussion, could benefit from a deeper dive into the PFAC literature. For example, directly relevant to CPC+ is this paper**:** https://pubmed.ncbi.nlm.nih.gov/27576052/, which is a more in depth evaluation than the CPC+ reports. In addition, it is worth pointing out recent PFAC work by A. Sharma (PFACs in Primary Care), B. Wright (governance of FQHCs), and DeCamp (PFACs in ACOs**).** To my knowledge – but I could be wrong – none of these address leadership style as a primary determinant of success. It could be worth reviewing and citing these in the introduction as justifying examining the authors' novel hypothesis.

Reply 1: *We thank the reviewer for these great comments and we have added the literature suggested by reviewer.*

Comment 2: ANALYTIC FINDINGS. Again, I find the idea of leadership style to be such an important contribution. However, it seems underdeveloped in few ways. First, only one of the coded categories references "qualities of the leader" and the findings in this category don't seem to exactly translate to the leadership styles referenced. I do not expect that all will translate, but, it would be important in discussion to more directly link these. Second, it would be helpful to know 'how many' PFAC leaders are 'covered' in this study, even if they were not interviewed. That might give the reader a sense of just how many styles these PFAC members might have experienced.

Third, it should be acknowledged that leaders might choose PFAC members whom they perceive would be consistent with their style – this can work to limit the patient/family voice through selection bias.

Fourth it would be interesting to ask "who" is the leader of these groups – sometimes an exec, sometimes a program manager, sometimes a liaison.

Reply 2: *We have added to the discussion to help clarify this connect more concretely. Leaders in this context refers to healthcare organization leaders and how they make use of the feedback from PFACs. Because at our institution, PFACs are organized both medical center-wide and for specific initiatives, all leaders could be considered 'covered' under this study.*

We appreciate the reviewer's point that HCOs may select PFAC members based on their own goals and have added text to the discussion to address this point. Additionally, we have added text to clarify the structure of PFACs and relationship to healthcare organizational leaders.

MINOR COMMENTS. I have a few additional minor comments for the paper.

Comment 3: Given what we know of prior work/history, I'd avoid suggesting PFACs only started in the 1990s**.** Certainly they became more 'codified' then, but the patient/family involvement movement itself goes back further. Rephrase if possible.

Reply 3: *We have added text to clarify the origins of PFACs and citations as discussed in the reviewer's comments. We have also revised sections of the discussion to better link to our findings.*

Comment 4: Lines 81-82 discuss “Studies” but no citations are given – please add. Several recent systematic reviews (e.g., Boivin et al, Dukhanin et al) have actually questioned the evidence base here, despite the anecdotal success stories we all know about.
Reply 4: *We have added relevant citations here.*

Comment 5: The section in lines 97ff sound more like discussion than background. The authors might consider succinctly stating in the intro that leadership styles have not been explored in this literature (with additional cites above), and leave the fuller description to the Discussion, where a tighter connection to the findings will be made.
Reply 5: *We have expanded the discussion to accommodate this comment.*

Comment 6: In lines 246ff**,** I’d encourage the authors to consider which leadership style they think could promote diversity. – didn’t study diversity. Think about how leadership styles that are more focused on accepting other people’s ideas. Styles that promote more diversity
Reply 6: *While we agree that our study was not designed to study diversity, we now note in the discussion that we, as well as many other PFACs across the country, observed a lack of diversity in PFAC members. Given the context of leadership, we have added to the discussion to clarify the role of healthcare organization leaders to address diversity in PFACs.*

Reviewer B
Comment 1: I would recommend a thorough literature review on other qualitative work assessing patient and family advisory councils, as it might be informative for this paper. I do not know what you mean by "leaders" that are referred to as you yourself say leaders don’t always engage with a PFAC, leaving me unclear on what level to apply the findings.
Reply 1: *We have clarified throughout the manuscript that “leaders” refers to healthcare organization leaders.*

Comment 2: Abstract: "Patient and family advisory councils (PFACs) can be used as a tool to obtain patient perspectives." Not a fan of "can be used as a tool." ideally not just being "used" as a "tool", but a strategy to better understand and honor the patient experience and improve care delivery thanks to patient input.
Reply 2: *Changed the word “tool” to strategy to better understand and honor the patient experience and improve care delivery thanks to patient input.*

Comment 3: Abstract and Intro - not all readers know CPC+ mandated PFACs otherwise they would not receive funding. Also what support did sites have to do PFACs**?** (More for background section).
Reply 3: *We have added text to the introduction and abstract to provide more background of CPC+.*

Comment 4: Abstract Results - you don’t list how many interviews you conducted or any demographic data. The results are repetitive - you list the four themes then rephrase the four themes. I do not understand what "linked to the leadership and PFAC involvement" means. By "leadership" do you mean the facilitators of the groups themselves, the PAC

members as leaders, or AMC leaders? Ultimately your themes are a mix of perceived effective leadership relate to PACs, and perceived rationale of PAC or perceived benefit of PACs. This mixture is not easily actionable from an implementation science point of view.
Reply 4: *Added: 19 participants were interviewed across 5 PFACs and four main themes were identified and linked to the leadership styles and PFAC involvement.*

Comment 5: Abstract conclusion: I do not know what this adds to a reader's understanding of the topic.
Reply 5: *We have added text to highlight why leadership styles matter.*

Comment 6: Background: line 74 - arguably PFACs date to the Community health center movement which had patient representation in governing boards. PFACs have been in existence at least (with that name) since the early 80s. Also in background - what supports did CPC+ give to sites getting started? Addressed number 1 concerns
Reply 6: *Please see our response to Reviewer A above.*

Comment 7: Line 81 - you say "studies have highlighted" and don't have any references. Number 1 concerns
Reply 7: *We have added citations to address this concern.*

Comment 8: Methods - you need much more info on your interview guide and the goals of this study as well as the conceptual framework it's based on. I don't see how the themes/results map onto the stated goals of the interview guide. Looking at piece of interview guide.
Reply 8: *We have added text to clarify this issue, particularly related to the idea that our findings about leadership styles emerged from the interviews and were not included explicitly in the interview questions. In addition, we have included the guide as an Appendix.*

Comment 9: Results - unclear if interviews came from members of multiple PFACs from different care sites, what clinics/sites were they representing? How representative is this PFAC to the rest of the health center?
Reply 9: *We have added text in the methods and results sections to clarify that participants were drawn from PFACs across the entire medical center.*

Comment 10: Discussion is extremely long and again seems to miss large swaths of existing literature. Why do you comment on the lack of diversity?
Reply 10: *We have condensed the discussion section to address this concern. We include a discussion of diversity because one role of healthcare leaders is to ensure that they are hearing voices that represent the population of patients they serve.*

Comment 11: Limitations **-** why do you say this pfac is 10 years old if it is part of CPC+, isn't that a newer initiative?
Reply 11: *We have modified this text to clarify that the PFACs in this study were in existence prior to CPC+.*