Author's response to reviews

Title: A pilot study evaluating alternative approaches of academic detailing in rural family practice clinics

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Author's response to reviews: see over
Dear Dr. Yaman:

Thank you for considering the manuscript entitled “A pilot study evaluating alternative approaches of academic detailing in rural family practice clinics” for publication in the journal BMC Family Practice. We appreciate the thoughtful review it received from your external reviewers. In the pages that follow we have attempted to address each reviewer’s comments and indicate where manuscript revisions were made. Additionally, the track change feature of Microsoft Word was used to indicate where edits have been made.

Please do not hesitate to contact me if any additional clarification is required

Sincerely,

Daniel Hartung
Reviewer 1

#1: The aim should be clarified.

Page 4 Line 10: Revised the last two lines of background to better articulate the goal of this study. “The overarching objective of this project was to develop and gain experience using a distance-learning academic detailing model. Specifically, the goal of this pilot study was to gain insight on the effectiveness and satisfaction of such a program in family physicians practicing in rural Oregon.”

#2: This is a small study, with in fact three different interventions (face-to-face, video conference, and flash-enabled learning module. The authors have ambitions of detecting differences between the face-to-face and distant learning groups, but as on could expect (one group with n = 12), the material is too limited to show any statistical differences. With respect to this aim, the design is far from ideal.

We acknowledge this study was small, limited in scope, and statistically underpowered for many of our comparisons. It was our hope to gain practical experience as well as generate pilot data for future and more robust research grant applications. We have summarized our assessment of these data as well as our own insights in the discussion/conclusion section on page 14 line 5.

“Several lessons emerge from this project that will assist in informing a longer-term more sustained effort in the state. First and foremost, the distance approach, as formulated in this project, was not viewed as favorably as outreach delivered in person. This is consistent with the theoretical framework of detailing which stresses the importance of relationship building and credibility on affecting change.4,23 Future work should either abandon this approach or supplement it with individual interaction. At the very least, if a similar approach is used, it will be important to actively assess and incentivize provider engagement, as well as knowledge attainment and retention with the distance modules. Video conferencing may still be a viable option if it can be configured in a way that facilitates the personal connection between the detailer and provider. Also, it is unclear at what interval or intensity of engagement needs to occur in order to achieve a desired change. Understanding this will be critical for sustaining programs that cover geographically distant areas. Finally, the effort required to synthesize evidence into usable clinical practice recommendations it not a trivial matter. Although a variety of organizations have built a sizable library of material that can be used in academic detailing efforts, gaps remain. The work of packaging evidence syntheses for clinical use will grow substantially as evidence from the US comparative effectiveness research enterprise accumulates.”

#3: What is a “needs-assessment focus group”? Is it a group interview to assess educational needs?

The needs assessment focus group was a focus group to obtain preferences for educational format and topics. We have changed the term to “focus group” for clarity.

#4: It is unclear what the numbers and columns in the figures means.

The legends for the figures have been edited to explain what each number represents.

#5: Table 1: RUCA category needs to be explained. What do the figures mean? Listing all specific dates for the visits is not necessary.

Have added more descriptive information about RUCA codes to legend and table.
#6: This study is presented as a “pilot study”. What is the take home message for further research in this field?

See point #1 above.

Reviewer 2

Compulsory

1) I feel the most interesting element and the real new knowledge is the development and roll out of the electronic web module and more details on this should be included in the article. e.g. design, format, interactive, initial reaction of participants, were you able to monitor engagement and use.

Unfortunately, we did not directly track use of the web modules. We have added some details about the development of the web modules. We also have added some data about web hits to our various modules. These edits start on page 6 line 20.

2) Clearly identify the prescribing QI that were targeted in each topic area

We have added some more details about our prescribing report starting on page 7 line 4. We have also added a new table (table 2) that summarizes the messages discussed during each module.

Minor

3) Pg 6 Figure 3 describes the likelihood…….this is quite confusing paragraph and should be rewritten

The proportion of individuals indicated they will or would likely participate declined to between 58-70% when the detailing involved distance learning this seems to contradict the preceding sentence and may be could be phrased differently.

We have revised this paragraph for clarity.

4) Was prescribing feedback aggregated at the practice level or the individual practitioner level?

Prescribing feedback was aggregated at the practice level

5) Having run the pilot report what specific changes would inform a bigger study

We have included a larger discussion about what specific aspects we would retain or modify based on our experience with this project on page 13.
6) References on academic detailing are dated; perhaps examine more recent studies using academic detailing

We have conducted another literature search and modified our citations. The older citations reflect the seminal publications in the field.

7) label all figures, also include figure footnote n=sample size

Figure legends are included in the manuscript document

8) Table 2 Stratify responses by In person and distance

Unfortunately, we do not have these data identified by intervention group any longer.

Reviewer 3:

No comments to address