Author's response to reviews

Title: Qualitative Evaluation of a Local Coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework

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Author's response to reviews: see over
Dear Miss Eden Bobier, dear Prof Mark Harris:

Thank you very much for your kind consideration of our manuscript. We also would like to thank the reviewers for their comments which helped us to improve our manuscript significantly. Please find attached the revised version of our manuscript „Qualitative Evaluation of a local coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework“. The manuscript was revised and edited by an English native speaker. As we could address the vast majority of your and the reviewers recommendations, we hope that our manuscript is now suitable for publication in „BMC Family Practice“.

Sincerely

Lena Kramer

Reviewer's report

Title: Qualitative Evaluation of a Local Coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework

Version: 1 Date: 23 February 2012
Reviewer: Judith Cole

Reviewer's report:

MINOR ESSENTIAL REVISIONS

Thank you very much for the grammatical corrections. We changed the errors according to your comments.

In the Abstract Background section:

1. Add the word ‘the patient between’ in this sentence: ‘Due to its chronic character shared care of the patient between general practitioner (GP) and cardiologist (C) is required.’

2. Add an apostrophe after GPs.
3. Add the letter s at the end of the word opinion.

4. Add the word ‘to’ to make ‘into’:

   ‘The objective of this study was first to evaluate GPs’ opinions regarding the pathway and its practical implications and secondly to suggest a theoretical framework of the findings by feeding the identified key factors influencing the pathway implementation into a multi-dimensional model.’

In the Abstract Conclusions section:

5. Add an apostrophe after the word factors:

   ‘… but go a step further and propose a theoretical framework to understand the key factors’ influence …’.

In the main Introduction section:

6. Add percentage sign after 7.0:

   ‘In the United States, about 7.0% (women) to 9.1% (men)’.

7. Add comma after ‘continuous’:

   ‘Most patients with CHD need lifelong, continuous, complex medical care…’.

8. Delete ‘A’ and capitalize Better:

   ‘Better coordination and communication between GP…’.

9. Add ‘the’ before ‘main objectives’:

   ‘… providing optimal evidence-based medical care for patients are the main objectives of clinical guidelines.’

10. Add ‘the’ after ‘Despite’:

    ‘Despite the high scientific quality of most guidelines …’.

11. Delete ‘the’ and replace it with ‘their’. Delete ‘of guidelines’:

    ‘Despite the high scientific quality of most guidelines and their wide promulgation, their actual impact on clinical practice and quality of care is limited.’

12. Delete ‘showed’ and replace with ‘have shown’:

    ‘Numerous international studies have shown that effective and lasting …’.

13. Delete ‘defined through their’. Delete ‘their local translation, a’. Replace latter with ‘locally translatable, and involve a’:

    ‘One approach to improve implementation is the use of clinical pathways which are multidisciplinary, locally translatable, and involve a stepwise procedure, determined timeframes and standardized care for a specific clinical problem.’

14. In next paragraph, beginning ‘To date, most experience with treatment pathways …’ , there are 5 instances of hyphenated terms ‘Beveridge-type’ and ‘Bismarck-type’, and there are more throughout the manuscript. These terms
should not be hyphenated.

15. Last line on page 4 – add apostrophe after GPs:

‘On the one hand we aimed to evaluate GPs’ opinion regarding...’.

In Methods section, Development and description of CHD pathway section:

16. First sentence, add comma after ‘Germany’:

‘In 2008, GPs and cardiologists from the Marburg region, Germany, were invited ...

17. Second sentence, replace ‘14’ with word ‘fourteen’ because it is at the

beginning of the sentence:

‘Fourteen GPs and 4 cardiologists took part.’

18. Third sentence: ‘a bottom-up approach’. Can a sentence be added to explain

what this is, as the reader may not know?

Thank you for the advice. An additional explanation was given in the method section.

19. Last sentence of this section: ‘...we provided both a laminated pocket

version...’. To whom did you provide this?

An additional explanation was given in the text.

The treatment pathway is briefly described but not in enough detail. Would it be

possible to include a figure to show the pathway in detail, such as a reproduction

of the laminated pocket version which is mentioned?

We added the English version of the CHD pathway as a supplementary file.

In Methods section, Study design section:

20. First sentence, add full stop after ‘CHD’. Delete ‘on the’ and replace with ‘This

larger study was on the’:

‘Our study was part of a larger feasibility study (28) with 18 GPs in three study

arms (8 pathway developers, 6 pathway users, 6 control group) and 290

consecutively recruited patients with CHD. This larger study was on the
development and evaluation of a local CHD treatment pathway...’.

21. Remove hyphen from ‘mixed-method’ and add an ‘s’ to the end of method.

Should be: mixed methods study.

22. ‘An overview of the intended study design is given in Figure 1. Does this

study design refer to the larger feasibility study? If so, add:

‘An overview of the intended larger feasibility study design is given in Figure 1.’

23. ‘In brief, the project aimed to improve the shared care...’.

Does this refer to the larger project? If so, insert: ‘In brief, the larger project ...

24. Insert apostrophe after ‘physicians’:
‘The quantitative study investigated physicians’ adherence to pathway...’

25. Insert apostrophes after GPs and physicians. Delete ‘assumed’ and replace with ‘ascertained’:

‘To gain further insight into GPs’ opinion regarding the pathway and the factors influencing GPs’ decision to (not) implement the CHD pathway, we conducted this qualitative study in the middle of the feasibility study, so that physicians’ experience with the pathway could be ascertained.’

26. Delete ‘between’ and replace with ‘during’. Delete comma after LK and add ‘who was’:

‘Face-to-face interviews were undertaken during February and March 2010 in the physicians’ practices by one of the authors (LK) who was not involved in the development of the pathway.’

27. Delete ‘both’ and replace with ‘all’:

‘GPs and patients were informed in detail about the study and all gave their written consent to the study participation.’.

28. Change ‘ethic’ to ‘ethical’:

‘Ethical approval for the study was obtained from the...’.

Methods section, Participants and recruitment procedures section:

29. Second sentence, change ‘are’ to ‘were’:

‘Thus, by selecting respondents that were most likely to yield useful information...’.

30. Third sentence, add ‘did’ between ‘we not’. Change ‘included’ to ‘include’:

‘As the GPs of the control group had no experience with the pathway we did not include them in the study.’

31. Fourth sentence, capitalize practice: should be Department of General Practice.

32. Last sentence, change ‘neighbour’ to ‘neighbouring’.

Methods section, Data Collection section:

33. ‘The interview guideline ... was informed by previously conducted studies of our department ...’. Were other sources in the literature used, not only those from your own department?

*The interview guideline was developed according to previous research from our department and the assumptions of the theory of planned behaviour. No other literature was considered.*

Methods section, Data analysis section:

34. Fourth sentence, begin the sentence with ‘The’. Delete ‘afterwards discussed’
to evaluate the coding frame’ and replace with ‘then the evaluation of the coding
frame was discussed’:
‘The first three interviews were coded and then the evaluation of the coding
frame was discussed.’
35. Fifth sentence, change ‘analyzing’ to ‘analysis’. Change ‘occurred’ to
‘emerged’. Delete ‘to have achieved’ and add ‘was achieved’ at end of sentence:
‘Within the analysis process no further categories emerged, so we considered
that theme saturation was achieved’.
36. Seventh sentence, delete ‘the’ before ‘qualitative’:
‘The data analysis and interpretation followed the standards of qualitative content
analysis.’

Results section, Study Population section:
37. First sentence, change ‘twelve’ to 12. Delete ‘of originally 14’:
‘Of the 20 physicians invited, 12 pathway developers (8 GPs, 4 cardiologists) and
four pathway users consented to conducting face-to-face interviews.’
38. Second sentence, delete ‘due to’.

Results section, Individual flexibility section:
39. In quote, change ‘everyone’ to ‘every one’:
‘And I think that every one of us has a certain plan of how to proceed for every
clinical picture.’

Results section, Interaction related factors section:
40. Second sentence, delete ‘the’ before ‘knowledge’ and add ‘the’ before
‘patient’s’:
‘Furthermore, the participating physicians reported that knowledge of the
patient’s background ...’.

Discussion section, Main Findings section:
41. Last line on page 15, add ‘by’ after ‘physicians’:
‘...enhance the compliance in physicians by about 32% ...’.
42. Page 16, ninth line from top of page, change patient’s to patients’.
43. Fifteenth line from top of page, change ex- to exclude.
44. Sixteenth line from top of page, change physician’s to physicians’.

Discussion section, practical implication section:
45. Third line of this section, replace ‘treating’ with ‘been treating. Delete ‘before’:
‘... some of the physicians reported to have been treating their patients already
like the pathway recommends.’
46. Fifth line of this section, change ‘on its own no sufficient’ to ‘on its own it is an insufficient’.

47. Ninth line of this section, add a comma after Further.

Discussion section, Theoretical framework section:

48. Change ‘give’ to ‘giving’. Add ‘is’ after ‘which’:

‘Besides reporting our findings and give some practical implications we aimed to abstract our results and giving a theoretical framework (see Figure 2), which is based on the main categories mentioned in Table 1.

Additional comments:

The objectives of the study are clear.
The study design – qualitative interviews – is appropriate.
The study is not representative of the general population of GPs and cardiologists because those interviewed about the new treatment pathway are those who designed and used it. This is acknowledged in the discussion section.

Controls were not sought in this study – the reason given is that they weren’t using the pathway but would it be useful to compare them to those who were using it? There is a control arm in the larger study so do you think this is sufficient?

As the interview guideline questions referred exclusively to the CHD pathway, it was not possible to query the study’s control group as they did not know the pathway.

The sample size is small but perhaps sufficient for this evaluation study.

In the Methods section, the treatment pathway is briefly described but not in enough detail. Would it be possible to include a figure to show the pathway in detail, such as a reproduction of the laminated pocket version which is mentioned?

We added the English version of the CHD pathway as a supplementary file.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.
Reviewer's report

Title: Qualitative Evaluation of a Local Coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework

Version: 1 Date: 13 March 2012

Reviewer: Mark Harris

Reviewer's report:

Kramer et al. Qualitative Evaluation of a Local Coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework.

This is a qualitative study examining the local treatment pathway for patients with CHD in one region of Germany. This was part of feasibility study. There is comparatively little research in this area so it has the potential to make a contribution.

Although the sample of participants is small and is comprising largely of those involved in the development of the pathway, the methodology is generally appropriate and the conclusions are qualified by a number of acknowledged limitations.

The paper contains a very large number of English grammatical errors and needs to be carefully revised and edited.

The manuscript was revised and edited by an English native speaker.

The description of the number and type of participants in the abstract, methods and results is clumsy and I had to carefully read the text a several times to discover that there participants were drawn from 20 physicians of which 16 consented and 2 subsequently withdrew leaving 14 (8GPs and 4 cardiologists).

Thank you for the advice. We revised these sections and deleted some superfluous information.

In the abstract the reference to the feasibility study and the number of GPs (18) and patients (290) in this study should be removed as this is confusing and not relevant to this study (only 16 GPs were invited to participate and no patients).

The sentence was deleted.

The conclusion should briefly summarise what was actually concluded about the implications for the use of the pathway or the theoretical framework rather than just saying that a implications and a framework were found.

Additional explanations were given in the conclusion section of the abstract.

In the introduction (2nd paragraph, on page 4) the authors state that local adaptation increases the chance of implementation of guidelines. This is controversial and the studies referenced in the introduction do not test this. This
is referred to again in the Discussion on page 15 – however the reference here is quite old (12 – Grimshaw 1993). The authors should acknowledge that there has been some debate about the value of local guidelines (eg Silagy et al. Family Practice 2002 19: 223-230).

Thank you for the advice. The paragraph was revised and literature was added.

In the discussion the comment on page 16 that “The cooperation between GPs and cardiologists was widely appreciated by both sides” is somewhat superficial comments that should be deleted or expanded on.

The sentence was deleted.

Similarly in Page 7 the observation that some participants reported already treating patients according the pathway deserves some further discussion. This is a common observation in studies evaluating the response of doctors to audit feedback and other facilitated quality improvement activities. This clearly relates to the attitudes (consistent with the Theory of Planned Behaviour) and is unlikely to be simply addressed by the modifying “the layout of the laminated pocket version”.

The paragraph was revised.


Thank you for the advice. An additional explanation was given and literature was added.