Author's response to reviews

Title: Barriers and facilitating factors for disease self-management: a qualitative analysis of perceptions of patients’ receiving care for type 2 diabetes and/or hypertension in San Jose, Costa Rica and Tuxtla Gutierrez, Mexico

Authors:

Meredith P. Fort (mpfort@uw.edu)
Nadia Alvarado (nalvarado@incap.int)
Liz Peña (lpena@incap.int)
Carlos Mendoza (cmendoza@incap.int)
Sandra Murillo (smurillo@incap.int)
Homero Martinez (homero@rand.org)

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Author's response to reviews: see over
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Thank you for the opportunity to resubmit article MS: 7891156949868701 to *BMC Family Practice* and for sharing the thoughtful comments provided by the two reviewers. We have read through the reviewer comments and have prepared an improved manuscript for your consideration. In this letter, we respond to the specific comments about the previous version of the manuscript.

As recommended, we have added an abstract to the manuscript document.

**Reviewer 1: Achilia Morrow**

**Major compulsory revisions**

1) *Article does not contain an abstract.*

We have included an abstract to the manuscript document.

2) *Primary, but not secondary objectives are missing from the Background/Introduction. Although the TransTheoretical Model is mentioned, it is not introduced as a way of categorizing patients’ barriers and facilitators to care.*

We have reworded the purpose of this article in the last paragraph of the Background/Introduction section specifying that the main objective is to present patients’ perceptions on disease self management focusing on facilitating factors and barriers. As suggested, we have introduced the TransTheoretical Model as a way of categorizing patients’ barriers and facilitators to care.

3. a) *Is there a script of questions used for the focus group available?*

We have included an explanation in the Methods section about data collection, the topics explored during focus group discussions, and that the analysis presented in this manuscript focused on the questions relevant to patients’ perceptions of barriers and facilitating factors.

3. b) *Some confusion—did two members of the team code without a pre-defined list of codes or just reviewed it for consistency. How were differences resolved?*
We have reworded the explanation of the coding process to clarify the different research team members’ roles. Two members of the team coded without a pre-defined list. Then, two additional members reviewed it for consistency and the team as whole resolved differences through a group discussion.

**Minor essential revisions**

4) Description of participants is included in the methods; usually this information is found in the result section.

We have moved the description of the study participants to the results section.

**Minor discretionary revisions**

5) Concerning the last paragraph of the results discussing how disease is experienced by caregivers, although interesting, I am not sure how this fits into the theme of barriers and facilitators.

We believe that it is important to include how the disease is experienced by caregivers because we found that in a number of cases the patients are in fact caregivers themselves and they presented it as a barrier to taking care of themselves. We have clarified this point in the results section and included quotes that do a better job of representing this situation.

6) Consider addressing how does this paper add to the already existing literature.

We have added a statement of how this article contributes to the existing literature at the end of the Background section.

7) Mentioning the stage of change when discussing quotes would help to improve the flow of the paper.

The primary aim of this article is to present barriers and facilitating factors to patient self-management. The stage of change framework is helpful for organizing our results section, however not all quotes may be classified into one stage, as described in the section referring to cross-cutting themes. When possible we have added in the stage of change in discussing quotes, and when it is a theme that is not linked to one specific stage we have not done so.

**Reviewer 2: Chima Ndumele**

**Major compulsory revisions**

1) Did the each stage reach a level of “saturation”? Would these quotes qualify as being representative of themes that were mentioned consistently? The authors should provide additional information regarding how the reader should conclude that the stages are a useful framework for classifying these FGDs.
The reviewer is correct in asking us to clarify whether each of our stages reached saturation. We have re-reviewed the transcripts from all of the FGDs and have made slight modifications to Table 1 to include additional concepts that we identified that were presented in the FGDs. The quotes included in the table are illustrations of each stage and were selected because they capture each of the stages in the transtheoretical model in phrasing that patients might be likely to use when communicating with providers.

Each of the quotes presented in the results section of the manuscript is representative of the themes that were mentioned in the focus group discussions and help illustrate the concepts presented in the table as well as those that were not linked to one specific stage.

2) In the manuscript the authors suggest that they analyzed transcripts from the two sites separately, however, but provide a very limited discussion of the similarities and differences between sites? Moreover, the focus groups were conducted in two settings with some similarities but notable differences as well (prevalence rates of the conditions). The authors should provide some rationale for why the findings from FGD held in these settings should be combined?

The analysis of transcripts from focus group discussions conducted for the formative phase of a regional intervention study were analyzed together in order to explore patient perceptions of disease self-management in the region. Although we recognize up front that cultural differences exist in the two populations included in the study, we were particularly interested in commonalities between them in order to inform continued studies aimed at improving the provision of chronic care and cardiovascular risk reduction in the broad Mesoamerican region.

3) There is no discussion of whether the cities chosen are designed to be representative of primary care access in low- and middle income countries and whether the FG participants are representative of hypertensive and diabetic patients in these areas/clinics?

We have added in an explanation that the sites were selected for FGDs as they were the two sites in the Mesoamerican region that were selected for a primary care intervention study funded by the US National Heart, Lung and Blood Institute (NHLBI). These two sites are in fact not representative of primary care access in low- and middle income countries but rather were sites selected because of already existing infrastructure and programs for patients with chronic conditions. We have included mention of this in the manuscript.

4) Do the authors have demographic comparisons of the individuals who participated and declined to participate in the FG? In San Jose, only 22 of the 38 selected adults actually participated in the groups, were these two groups systematically different?
We have clarified and corrected the information on study participants in San José, Costa Rica and in Tuxtla Gutiérrez, Chiapas, México presented in the previous version of the manuscript. A total of 32 people participated in FGDs in Chiapas and 38 people participated in FGDs in Costa Rica. Summing the participants from the two sites, a total of 70 individuals were included in a total of 12 focus group discussions: 6 in each site.

5) The authors fail to mention the selection criteria for the individuals who were recruited to their study? This could provide some clarity surrounding the target population for the study.

We have added in the selection criteria for individuals to participate in the study in order to clarify the study’s target population.

Minor essential revisions

6) The initial paragraph of the manuscript describes the morbidity and mortality associated with chronic conditions in the developing world. However, the authors never introduce nor tailor this discussion to hypertension and diabetes, the conditions of interest for these studies. The authors may consider and introduction more relevant to these specific conditions.

As recommended by the reviewer, we have tailored the introduction more to hypertension and diabetes in the region.

7) Several areas in the background section deserve a citation. Including, but not limited to the statements which begin with “However, primary health care providers “(para 2), “likewise, patients may have difficulty communicating” (para 3), and “there are mixed results about the extent” (para 6).

We have reworked the background section and added in several references as suggested.

Minor discretionary revisions

8) The authors mention the primary mechanism for recruitment as referral from providers, but later discuss individuals recruited through flyers. The authors may consider mentioning all recruitment methods used.

We have clarified the explanation of the recruitment mechanisms in one place in the methods section.

We look forward to your feedback on our revised manuscript and if you have remaining comments or questions, we would be most happy to work with you to continue to improve the manuscript.
Thank you for your consideration.

Sincerely,

Meredith Fort, PhD, MPH
Postdoctoral Fellow
Comprehensive Center for the Prevention of Chronic Diseases (CIIPEC)
Institute of Nutrition of Central America and Panamá