Author's response to reviews

Title: Bridging the Barriers towards Evidence-Based Medicine in General Practice: a focus group based Study

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Author's response to reviews: see over
Covering letter for the article with ID 693703765014609,

Dear editors,

We would like to thank all reviewers for the useful comments on the article ‘Barriers to bridge to stimulate the Implementation of Evidence-Based Medicine in General Practice: a focus group based study.’ Please find below the answers to the questions posed and the suggestions given by the reviewers.

Reviewer Frank Dobbs:

General

-comment 6: We changed the previous title into ‘Implementing Evidence-Based Medicine in General Practice: a focus group based study.’ We agree with the reviewer that the previous title ‘Bridging the barriers…’ did not completely fit the goal of the article. Since the implementation process is the main focus, we used ‘implementing EBM’ as a broader term that covers barriers as well as strategies.

Discretionary revisions

We have taken the reviewers’ suggestion to propose recommendations for our Health Service in account in the conclusion section. To do so, we listed six general strategies to work on the barriers between different ‘actors’ and to cope with the ‘factors’ mentioned in figure 1.

Reviewer Ilkka Kunnamo:

Major Compulsionary Revisions

-comment 1: The reviewer noticed an incompatibility between the number of focus groups reported in the methods section and the numbers reported in the results section that link to a certain text paragraph in table 5 and 6. This is due to the fact that results from a test group and a try-out file (for coding) were assigned to the same hermeneutic unit within the software Atlas-Ti, as were the other focus groups. Once a document has been assigned to a hermeneutic unit the software creates a number. Even when the test group or try-outs are deleted afterwards, the numbers will remain. Since this feature is known by many users of Atlas-ti and because of the fact that an explanation of this would become very technical, we have chosen not to address this incompatibility. However, when the reviewers feel it would be appropriate to do so, we can add a footnote.

“ The number of the focus group (first one in a row of three) does refer to the place of the interview within the hermeneutic unit of the software programme, hence it is likely that this number exceeds the number of focus groups reported when test groups or try-out files are used within the same hermeneutic unit.”

-comment 2:

-considering the fact that no ‘factors’ were mentioned on the meso-level and only few on the other levels
-considering the fact that the responses of our participants do not reveal extra ‘factors’
-considering the fact that we would like to keep the model (figure one), because it could stimulate other researchers to identify extra ‘actors’ and ‘factors’ of interest.
we adjusted the conclusion section. More emphasis is placed on the ‘actors’ and the active participation of the different ‘actors’ in the negotiation process towards an evidence-based health care system is stressed.

Minor Essential Revisions

-comment 3: We added the coding task to the list of contributions from KH and EV in the ‘authors contributions’ section’, as suggested by the reviewer.

-comment 4: We changed ‘situated’ into ‘located’, as suggested by the reviewer.

Discretionary Revisions

-comment 5: We changed the term ‘logistics’ into ‘EBM-resources’, where appropriate. The term was also adjusted in figure 1. However, we wish to hold on to the term ‘competences’ (instead of education suggested by the reviewer). We found no clear evidence in the focus groups for a lack of education. Practitioners felt there were educational programmes, but their quality was often insufficient to gain the right competences to be able to implement EBM-principles into daily work. ‘Competences’ is a general term which includes knowledge, skills and attitudes. Education is just one element that can improve these competences. (For example there is also sensibilising, motivating, informing, providing incentives to change attitudes etc…). We feel that ‘lack of competences’ and ‘lack of education’ do not have the same meaning within this manuscript.

-comment 6: We have rewritten the paragraph ‘actor: the media’ in order to clarify the role of the media in the economic debate on rational choices within health care to the readers. The need for prioritization is handled in the closing word of the conclusion section.

-comment 7: The literature search we have done did not reveal references on decision support systems. We included a footnote on the search string used to detect articles. The references suggested by the reviewer are important to add. We cited these articles in the discussion section on recent developments in the field of evidence-based medicine. To be consistent in this section we also included references on the support of effects of educational programs, since both ‘factors’ are mostly mentioned together. The recent trend towards the use of online evidence during patient contact hours was described to complete the discussion section.

We hope that the revised version of the article will be appreciated by the editorial team. Please note that we are willing to answer any further questions.

Yours sincerely,

On behalf of the team of authors,

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