Reviewer's report

Title: Clinician Perceptions of Factors Influencing Referrals to a Smoking Cessation Program

Version: 1 Date: 28 September 2007

Reviewer: Scott E Sherman

Reviewer's report:

General

This is a well-written article about an important topic. Even the best of interventions will have little effect if it is not adopted by providers. This attempt to explain why some providers adopted a new program and others do not helps to shed some insight on how one might foster that change in future projects. And smoking is certainly a major problem, but you do not need me to elaborate on that. The rigor that the investigators brought to this qualitative analysis is a strength, including having an internal and external researcher, iteratively coding interviews, and having both a priori and emergent themes.

-------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. One of my main suggestions is that the theme – comparisons between high referrers and non-referrers – should be carried throughout the entire paper. Did the investigators analyze the transcripts separately for the two groups and develop separate themes for the two groups? This should then be carried throughout the results section, making the distinction between the two groups much clearer. Right now, the results section simply reads like a lot of quotes. While they are interesting, the reader is not left with a clear picture of the differences between the two groups. Perhaps there should be a table with the themes listed and the quotes in separate columns for the two groups.

2. The issue of comparisons is always a crucial one with qualitative research. If this was a focus group study, then the authors would be unable to make any comparative statements (like saying that one group is more likely to agree with Theme X), since patients in focus groups are inherently not sampled systematically. The study design in this manuscript is somewhere between that of the focus group and that of a typical quantitative survey. Nevertheless if the authors are going to state that something is more frequent (e.g., page 7, paragraph 5 – “...The high referring clinicians perceived less barriers... and reported using them more often.”), how did they decide if a theme was more frequent in one group than another? How were the patients sampled, so we can decide the extent to which this applies to the larger population? Ultimately, I think the authors will have to make comparisons (or else what is the point of the
manuscript), but I will need a lot more detail about the sampling and the analysis before I can assess the generalizability of the findings and the validity of the comparative statements.

3. We need to know a lot more about the sampling process. 18/28 high referring clinicians participated, which is great. It is the 13 non-referring clinicians that are the problem, since we don’t know whether 10 non-referring clinicians refused to participate or 180, and this greatly affects how “typical” the participants are. The authors should provide more detail on the sampling of the non-referring clinicians.

4. I would suggest including a table of characteristics of high referring and non-referring clinicians.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. It would help to have a little more data about the larger study. How were patients referred for treatment? Was it to a state Quitline or a private one? In what state did the study take place? Without understanding the typical process of care, it is hard to really appreciate the barriers.

2. Page 3, paragraph 2, sentence 1 – Change “show” to “shown”.

3. Page 4, paragraph 1, sentence 1 – I suspect you mean “…significantly influenced greater referrals in the intervention than control…”

4. Page 4, paragraph 1 – I need a little more clarity about the selection approach. As I understand it, you identified non-referring clinician practices and then randomly went through the clinicians until you got one willing to agree to participate. Since practices include multiple participating physicians, does this mean you excluded practices where some physicians referred and some did not? What kind of bias would that introduce, since there may be systematic differences between non-referring practices and “mixed practices”? Alternatively, if you included these mixed practices, what if the first person on your list was a non-referring clinician but you ended up including number 2 or 3 on the list who happened to be a referring clinician?

5. Page 7, paragraph 5, last sentence – Change “less” to “fewer”.

6. Page 10, paragraph 2, sentence 1 – I suspect there is a typo “…with the patients that are other…”, although I can’t be sure since it is a quotation.

7. Page 11, paragraph 3, sentence 1 – Change “its” to “it’s”.

8. Page 12, paragraph 3, sentence 2 – This sentence is too long and should be broken into separate sentences.

9. Page 15, paragraph 2, sentence 1 – Change “literature” to “literature review”.


Discretionary Revisions (which the author can choose to ignore)

1. Page 11, paragraph 2 – “Referral source” is confusing. It sounds like all referrals are coming from there, when in fact they are going to there.

2. Page 13, paragraph 2, sentence 4 – Can you include a reference or web link for this program. Readers may not be familiar with it.

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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.