Author’s response to reviews

Title: Meeting the Home Care Needs of Disabled Older Persons Living in the Community: Do Integrated Services Delivery Make a Difference?

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Author’s response to reviews: see over
Mr. Ross Hopkins  
The BioMed Central Editorial Team

Re: Manuscript: MS: 8817925475550359. Meeting the Home Care Needs of Disabled Older Persons Living in the Community: Does Integrated Services Delivery Make a Difference? Nicole Dubuc, Marie-France Dubois, N’Deye Rokhaya Gueye, Michel Raîche and Réjean Hébert.

Dear Mr. Hopkins:

Please find enclosed a letter containing point-by-point responses to the suggestions and comments made by each reviewer, and a copy of our revised manuscript. We highlighted in yellow all changes made in the revised file. Lastly, we would like to express our sincere thanks to the two distinguished scientists who reviewed our paper. Their comments enabled us to clarify many points and to enrich the manuscript’s content.

Thank you for your attention regarding our paper.

Sincerely yours,

Nicole Dubuc, PhD  
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**First reviewer: Lynn Jansen**

**Reviewer’s report:**
The recommendations provided are all classified as discretionary revisions. (...) Comments provided are primarily editorial in nature.

To enhance clarity of presentation:

1. **Consider ‘suggests’ versus ‘suggested’ in the 4th line of the ‘results’ section in the abstract.**

   **Answer:** We corrected this to “suggest” (“the findings suggest”); see Results in the abstract (page 2, line 3).

2. **Include the question (as noted in title of article and first section of discussion) in the background and/or methods section of the abstract. The research purpose/goal is well defined in the first sentence under the ‘Methods’ section.**

   **Answer:** We added the research goal (Background in the abstract, line 2).

3. **Include a definition of ‘unmet needs’ (noted in measurement section), ‘activities of daily living’ and ‘instrumental activities of daily living’ (noted in Table 3) in the background section of the manuscript. Also consider inclusion of the salient features of the PRISMA Model in the background section.**

   **Answer:** We have included common definitions of unmet needs, ADLs, and IADLs under Background (page 3, paragraph 1, line 7). We also present key elements of the PRISMA model under Background (page 5, paragraph 1, line 7). To clarify the use of ADLs and IADLs in our study, we have provided all 29 items of the five SMAF subscales instead of only giving a few examples (p. 7, first paragraph, line 1).

4. **Reword lines 5 and 6 in 3rd paragraph under background: Does care fragmentation result from a wide range of services and numerous care providers and partners – or could it be that the fragmentation results from how these services and partners are organized?**

   **Answer:** The sentence has been reworded for clarity. See Background (page 4, paragraph 1, line 5).

5. **Consider review and reference of the following article, (and particularly reference to un-met needs among the elderly living in the community), in the discussion section of the manuscript: Forbes et al. (2008). Gender differences in use and availability of home-and community-based services for people with dementia. Canadian Journal of Nursing Research, 40(1), 38-59.**
**Answer:** We have added information related to the paper of Forbes et al. in three sections. 1) Under Background (paragraph 1, line 6), we added information about the prevalence of unmet needs found in their study. 2) Under Discussion (page 14, last paragraph, line 3, and page 15, paragraph 1, line 6), we added information related to gender and dementia as predictive factors of unmet needs.

6. In the 4th paragraph in methods section: instead of critiquing each study noted in this section, retain the descriptive preci and then present a synthesized critique of what is known and not known from the study findings presented in this paragraph (for example, design issues, exposure time of intervention, health care provider participation (also, might any other health care providers in addition to physicians not have participated in the reported studies). A summary paragraph in this section would clearly identify the substantive issues underpinning the need for further study in the topic area.

**Answer:** We present a more synthesized paragraph of studies that have investigated unmet needs as a main outcome of an ISD network (page 4, paragraph 2). The substantive issues underpinning the need for further study in this topic area is already presented in the preceding paragraphs and at the beginning of this one.

7. Consider reporting the p value of all statistics reported in the narrative sections of the manuscript.

**Answer:** P values were added where necessary.

8. In the second paragraph in discussion section, 3rd last line, should ‘A’ be added at the beginning of the sentence?

**Answer:** We have opted for “Some” instead of “A few” (page 13, last paragraph, line 18).

9. Third last paragraph prior to conclusion – 4th line from the beginning of the paragraph add ‘un-met needs’ after ‘Our relatively high rates.....’

**Answer:** Correction done (page 16, paragraph 2, line 4).

10. Consider discussion/recommendations for further research regarding how a case management/individualized service plan approach might enter into ‘factors’ that account for the differences in the level of unmet needs between experimental and control areas of the study.

**Answer:** We briefly discuss this aspect under Discussion (pages 13–15), with the addition of four sentences.
Second reviewer: Mitchell P LaPlante
Reviewer's report:
(...)
I have only a few suggestions that I feel require attention.

1. Please change handicap to unmet need throughout. The handicap term is regressive terminology—the WHO ICF and other agencies have stopped using that term.

Answer: We made this correction throughout the text.

2. Can you add a sentence or two about the psychometric properties of the SMAF? Is it an IRT validated scale or validated by some other latent variable technique? The inclusion of seeing, hearing, and speaking in IADLs is unusual. Can you add a sentence to justify that (based on the literature already cited)? Also, the same for the unmet need measure.

Answer: As recommended by the reviewer, we have added some sentences on the psychometric properties of the SMAF (page 8, end of paragraph 1).

The SMAF was not validated by a latent variable technique. The handicap section has not been subject to specific validation but, since its development, the SMAF is used routinely in clinical settings to attribute services.

Common ADL and IADL scales do not usually include seeing, hearing, and speaking. The SMAF places these items in the communication section (and not IADL). Since the SMAF’s prime objective is to provide a diagnostic instrument for clinicians, considering multiple aspects is important to identify relevant problems, assure follow-up, and improve the functional status of older people. In this way, the SMAF does not cover only ADLs and IADLs, but represents a multidimensional needs assessment covering five domains proposed by the WHO during SMAF development. In the case of vision and hearing, according to the first WHO classification and the model on which it was based (Wood and Badley), these two items were part of disabilities as "limitation of function or restriction in activities." It is thus appropriate that they were included in the SMAF. See page 6, last paragraph, line 4, where we added a sentence to justify this.

To help understand the SMAF and for greater accuracy in this paper, we present all the 29 items of the five subscales separately instead of only giving examples for each (page 7, paragraph 1, line 1).


3. Specific comments:

1st paragraph on page 7: please describe the time elapsed between first and second waves. Also, the timing of all the waves should be described.

*Answer:* We added some precisions in the text in different sections to clarify this aspect. See *Participants and Data-Collection Procedures* (page 6) and page 7, paragraph 2, last sentence.

The 2nd paragraph on page 7 appears to be addressing an aspect of the validity of the SMAF. It might be helpful to introduce that as the purpose here. Then start a new paragraph when the discussion turns to perceived health and combine that with the next paragraph.

*Answer:* We reorganized the paragraphs as suggested (page 8, paragraph 2, line 1). We added a sentence to introduce and connect the information requested in the reviewer’s point 2 (page 8, paragraph 1, line 2).

Could you include the mean unmet need score in Table 1? That is of interest, since you are comparing the mean score in the statistical analysis. Please also note in Table 1 that the disability and unmet needs variables are for Wave 2.

*Answer:* Corrections done. See Table 1.

Page 13. Please state here specifically how much is what you refer to as the “modest” amount of variance explained. Is that the 65% of the change over time that the model accounts for?

*Answer:* The modest amount refers to the final growth model that explains 25.4% of the variance (see Table 2). We modified the sentence to be more accurate (page 14, paragraph 2, line 3).

On page 14, it is stated “Other studies, like ours, included people with dementia and used a proxy as respondent. Having a proxy was associated with a reduced likelihood of unmet needs [6, 13].” If need and unmet need are both assessed by professionals, then this seems contradictory or at least confusing. Please clarify.

*Answer:* Indeed, this is confusing, so we removed “like ours” from the sentence. It referred solely to the inclusion of people with dementia (page 15, paragraph 1, line 4).