Author's response to reviews

Title: Improving dementia diagnosis and management in primary care: A cohort study of the impact of a training and support program on physician competency, practice patterns, and community linkages

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Author's response to reviews: see over
To: Editor, BMC Geriatrics

From: Christine Lathren, Philip Sloane, Joseph Hoyle, Sheryl Zimmerman, Daniel Kaufer

November 20, 2013

Dear Editor,

We are pleased to resubmit manuscript # 7472343991045775, entitled Improving dementia diagnosis and management in primary care: A cohort study of the impact of a training and support program on physician competency, practice patterns, and community linkages. This letter addresses the reviewer comments and recommendations point by point. Reviewer comments are numbered and placed in italics, followed by author responses.

1. The authors need to provide additional information regarding the recruitment protocol. How many physicians (total number) from each region were invited to participate in the study? How did the authors identify physicians who were “especially active” in geriatric care? How did the researchers ensure the validity and reliability of the data collected as part of the study? How did the researchers manage the intra-observer and inter-observer errors?

We added information on recruitment numbers and protocol.

We also added a line about the internal consistency of the physician confidence data. For this questionnaire, we unfortunately have no independent assessment of abilities or knowledge, nor did we have the resources to verify changes in behavior as far as cognitive tools use (this is pointed out in the discussion). Referral patterns were in fact verified by actual referral rates to community services.

Regarding intra- and inter-observer reliability, we did not include information on these as intra-observer reliability would be problematic to obtain (and typically is not done for such data) and inter-observer reliability would have been impossible to obtain—there is no alternative rater of the physician’s abilities/knowledge.

2. The researchers should consider identifying any real or perceived cultural or structural barriers that could influence the interaction between physicians and community resources.
In the discussion, we have offered a few barriers that are typical in the physician-community resource relationship, and how this project addressed them. However, since this research was not heavily theory-based, we did not expand beyond this.

3. The concluding section should be expanded to further capitalize on findings of this excellent study to suggest how to “scale up” such interventions. There is a large body of literature that the authors can use to contextualize their findings and to propose innovative solutions to the challenge they identified in this section.

A paragraph and three new references have been added within the discussion section regarding intervention approaches that will likely be helpful in expanding to reach a wider audience.

We appreciate the opportunity to resubmit this paper.

Sincerely,

Christine Lathren, MD, MPH
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