Author's response to reviews

Title: Towards personalised integrated dementia care: a qualitative study into the implementation of different models of casemagement.

Authors:

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Author's response to reviews: see over
To the editor of
BMC Geriatrics

date:
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Concerns: Paper for publication in BMC Geriatrics,

Dear Professor Irene Pala,

Please find attached the revised paper “Towards personalised integrated dementia care: a qualitative study on facilitators and barriers to the implementation of two case management models”.

We corrected the original paper based on the comments of the two reviewers.

Edits of the article

These are the edits of the article that were made based on the reviewers' and editor's comments. Edits in the article are marked and therefore easy to trace.

We have sent the manuscript to check on English spelling and necessary changes were made to optimize the quality of the English used.

Reviewer 1

Comment 1

Reviewer: The findings need to be further synthesized and more clearly presented. While the use of micro, meso and macro levels is helpful in the analysis, there is an extensive list of factors and I suggest that further attempts be made to synthesize or group these in common themes/subthemes. This will also facilitate the use of illustrative quotes to support the main themes.

Reply authors: We have synthesized the extensive list of factors into common themes in Table 3 to present them more clearly. We explain the use of these themes in the Results section on page 9:

“All factors in Table 3 were synthesized into the following themes: case manager characteristics, content of case management, organizational structure, collaboration with dementia care partners, quality of care and law & legislation and financing.”

Is the section on Influencing factors and preconditions related to the preparation phase? If
yes, this should be clear in the text and table.

Reply authors: we have added the following text on page 9 in the Results section:
“Table 2 shows external factors and preconditions that can influence the implementation during the whole implementation process. Table 3 shows factors that influence the implementation during the combined preparation and execution phase and the continuation phase.”
We have also changed the title of Table 2 to: “External factors and preconditions before starting the implementation that can influence the implementation process”

There are numerous statements made in the text that certain factors were present in both models eg facilitating factors in the execution phase, but this is not clearly represented in the table 3; I would expect to see for example, a + for any factor represented in both models but this is not the case. As another example, continuous investment in communication with GPs is indicated with a + only in the linkage model, but in text is stated to be present in both models.

Reply authors: Table 3 only displays differences in facilitators and barriers between both models. Continuous investment in communication with GPs is indeed named in the text to be present in both models, so the + in only the linkage model column is wrong. We have deleted this facilitator factor from Table 3. We also deleted the barrier: “Because of fragment-ed financial support, case managers have to continually report what they do and how much time it takes, which is very time consuming and at the expense of direct client care” in Table 3, as this factor is also present in both models (as described in the text on pages 15-16) and therefore does not belong in the table.

Comment 2
Reviewer: The discussion begins with a restatement of the study aim (which is not needed here) and content of the case management, (which could be included in the introduction). Instead, the discussion should start with a summary of the important new contributions of this paper, what this study does to fill gaps in the existing literature.

Reply authors: We have deleted the restatement of the study aim. As the described content of case management in the discussion is based on the data collection of this study, we have not moved it to the introduction but (along with the text of subheading “personalized care”) pushed it backwards in the discussion. We felt the most important differences between the models are related to the organizational structure of the models, therefore we begin the discussion with the description of these differences. We also describe the important new contributions of this paper.
We have added the following text on page 18 in the discussion:
“The most important influencing factors found were related to the organizational structure and collaboration. The results of this study contribute to knowledge about how the successful implementation of these models differs.”

Further, there is a need to extend the discussion of implications of study findings, eg at micro, meso and macro levels, for practice, policy, education.

Reply authors: We have added the following text on page 24 in the discussion to elaborate more about implications on micro, meso and macro levels:
" Policy recommendations are needed to stimulate and guide the development of case management initiatives. To ensure successful implementation of case management in different regions, the government should promote a uniform model in which case management is pro-
vided by an independent organization with a close connection to an expert team (micro level), and where case managers work in close collaboration with other care professionals to stimulate integrated dementia care (meso level). Financial contracts between health insurers and case management providers should be stimulated to obtain full insurance coverage for case managers and eliminate fragmentation of finances (macro level).

Furthermore, collaboration in the dementia care network should be optimized by providing education about case management for partners and clients, and by forming teams of care professionals that focus on providing optimal care for clients instead of focusing on profit for their own organization."

*There is also a need to tease out the implications based on phases.*

Reply authors: We have added the following text on page 23 to elaborate more about implications based on phases: “One of the strengths of this study is that it identifies factors relevant to different phases of implementation. This may help care organizations define adequate implementation strategies during the preparation and execution phase but can also help to ensure long-term continuation of case management.

As distinctive important factors were identified in each phase, such as developing clear referral procedures to case management in the initial execution phase and keeping the expertise of case managers up to date in the continuation phase, project leaders are informed on the key factors that facilitate the implementation in each phase and thus need special attention.”

**Comment 3**
*Reviewer: In the abstract and text, specify the type of qualitative study design used, and provide a reference in the text.*

Reply authors: We have added the type of qualitative study design in the abstract and in the design sections and added a reference on page 6. “We used a qualitative case study design”.

**Comment 4**
*Reviewer: In the abstract, under results, instead of identifying the number of facilitators and barriers for each model, suggest describing some of the main facilitators and barriers.*

Reply authors: We have changed the results section in the abstract and included some of the main facilitators and barriers for both models: “The independence of the case management organization in the intensive model facilitated the implementation, whereas the presence of multiple competing case management providers in the linkage model impeded implementation. Most impeding factors were found in the linkage model and were related to the organizational structure of the dementia care network and how partners collaborate with each other in this network.”

**Comment 5**
*Reviewer: The introduction frames the issue of case management in the Netherlands. This should be extended to a more international context, including a broader range of references related to case management.*

Reply authors: We have added some sentences about the international context of case management in the introduction on page 3, elaborating on different case management models that exist internationally as well as international references. “Worldwide, there are different case management models that are implemented in various ways [3,4]. These differences are related to e.g. the type of care case managers provide (e.g. assessment, education, liaising,
counseling), degree of collaboration with other care professionals, integration in a multidisciplinary team and professional background of case managers.

**Comment 6**

*Reviewer: The introduction should include a stronger statement of the need for this study; what new understandings can this study contribute and why is this important?*

Reply authors: We have added the following text on page 4 to make a stronger statement about the need for our study: “This study is important because while case management is growing exponentially, there are still no general guidelines for successful implementation. Insight into the facilitators and barriers of the implementation of two different case management models will help to decide which model is more effective, and will contribute to the development of guidelines for the implementation of case management. This will help other regions to implement case management successfully [11,12,13].”

**Comment 7**

*Reviewer: Describe what factors determine which case management model is used, eg is it by geographic area? some other factor?*

Reply authors: We have added the following text on page 6 to explain which factors determine the use of the case management models in regions:

“The most important factor that determined which case management model is used in a region is the presence of one or multiple care organizations that could perform case management. Regions with one major care organization could integrate case management within that single organization (intensive case management model). Regions with multiple care organizations that all wanted to perform case management implemented the linkage model in which many case management providers are active.

In Amsterdam Nieuw-West, Amsterdam Zuid-Oost, Amstelveen and Flevoland Oost, the linkage model was executed and studied. In Noord Holland Noord, Haarlem and Almere, the intensive model was executed and studied.”

**Comment 8**

*Reviewer: The research questions should be clearly identified.*

Reply authors: On page 5 we have changed the aim of the study to a more clear description of the research questions: “The research questions in this study are: which factors facilitate and impede the implementation of two different case management models? Do the two models differ with regard to the identified facilitators and barriers of implementation? A further question was which of the models best enables case managers to provide personalized care?”

**Comment 9**

*Reviewer: The abstract and design sections indicate the inclusion of patients; however, the key figures listed in the text on page 7 do not include patients; this needs to be clarified or revised.*

Reply authors: The use of the word “patients” in the abstract and design sections is wrong. There were no patients interviewed for the process analysis. We have changed this into “project leaders” in the abstract. In the design section we have changed “patient and caregiver representatives” to “patient & caregiver advocacy organizations”, which is what we intended to refer to in the previously submitted manuscript.
Comment 10
Reviewer: The authors should include demographic descriptions of the participants, eg gender, age range for patients, perhaps by case management group. On page 10 there is a statement re full time vs part time and this should be included in the demographic details.

Reply authors: As we did not include patients in our study, as rectified in response to comment 9, we did not include demographic descriptions of participants. On page 7 in the methods section we do provide a list of the types of stakeholders we interviewed.

Comment 11
Reviewer: On page 8 the authors indicate that they extracted data from the Nivel report re facilitators and barriers of different types of case management, yet on page 4 they indicate that the study did not describe factors based on different models; these two statements are contradictory.

Reply authors: The Nivel report does report on facilitators and barriers but does not distinguish between the different regions and case management models they studied. The text on page 4 is accurate. We changed the text on page 8 into: “To compare our results with the results of the national case management study of Nivel, information on facilitators and barriers to the implementation of case management was extracted from the Nivel report”.

Comment 12
Reviewer: The authors should include a description of the strategies they used to ensure qualitative rigor.

Reply authors: We have added the following text on page 8 in the analysis section to describe strategies used to ensure rigor: “Qualitative rigor was ensured by a number of steps. We created an audit trail of coding and analysis decisions, including evolving coding schemes. Credibility of the research was promoted by peer debriefing among colleagues of the research department (15). We ensured reliability and validity by including 7 distinct regions across the Netherlands and using three different investigators who analyzed the data. Member checks were performed with each stakeholder after an interview was conducted. This means interview data was checked with stakeholders for accuracy after the interview. Furthermore, each interview was double coded by two independent investigators from a group of three different investigators.

We have also extended a sentence on page 7 where we describe the use of purposive sampling by adding the following text: “The stakeholders were selected via ‘purposive sampling’ [18], to promote qualitative rigor.”

Comment 13
Reviewer: For Table 1, are the roles of the case managers the same across models or different? Explain.

Reply authors: We have added/changed the following text on page 18 in the discussion: “Although the intended roles of case managers are similar in both models (providing guidance, care and referring clients to care services), the content of the provided case management does differ between the models. While the intensive model is based on a comprehensive concept of case management, in line with the national ‘Dementia Care Standard’ [4], the linkage model does not meet this standard. Case managers in the linkage model perform fewer tasks than case managers in the intensive model. This is a result of an ongoing disa-
greement about whether case management should be a person’s only function (intensive model) or can be carried out in a (part-time) dual-employment (linkage model). Case managers with a dual role experience more time constraints, making it difficult to provide the full range of tasks as described in the Dementia Care Standard.”

Furthermore, case managers in the intensive model all provide similar tasks and have a uniform vision about these tasks, but case managers in different organizations in the linkage model do not have this vision. This is mentioned in Table 1 (see: delivery of services).

Comment 14
Reviewer: For Table 2 and 3 the authors need to explain the use of + or - or blank in a note at the bottom of the page; I assume + means facilitator and - means barrier; For Table 2 are these results related to the preparation phase, as alluded to in the text? Clarify.

Reply authors: below Tables 2 and 3 we have added the explanation for a + or – or blank. “+ = facilitating factor, - = impeding factor, a blank cell means a factor was not extracted from interviews in regions within this model or the Nivel study. “ We have changed the title of Table 2 to: “External factors and preconditions that influence the implementation”, as this table does not show results related to the preparation phase.

Comment 15
Reviewer: For quotes, the authors should indicate participant numbers so that the reader gets a sense of how broadly the quotes represent participants.

Reply authors: It is not possible to indicate participant numbers for quotes because the quotes are taken from individual interviews.

Comment 16
Reviewer: Under study limitations, list any limitations related to the characteristics of participants, eg were patient and caregiver perspectives fully described?

Reply authors: In response to comment 9 we explained that we did not interview patients or informal caregivers in our study. The intention of the study was to gain insight into facilitators and barriers of the implementation of case management from a professional view. However, we mention the absence of patient en informal caregivers in this study as a limitation by adding the following text on page 23 in the discussion:

“In this study we looked at facilitating and impeding factors in the implementation of two case management models from the perspectives of care professionals. Interviewing patients and informal caregivers who received case management from the two models might have provided us with different information about the implementation of the models.”

We would also like to refer to page 23, the limitations section of the discussion, where we describe that some stakeholders had difficulties trying to remember the early stages of the implementation as this was many years ago.

Reviewer 2
Reviewer: One question is that perhaps there should be a comment on relevance to other healthcare systems.
Reply authors: We added the following text on page 24 in the discussion:
“The results of this implementation study with respect to case management models in dementia care may also be of relevance for other health care systems that provide multidisciplinary care (such as chronic disease care or geriatric psychiatry) and where case managers contribute to the effectiveness and efficiency of the provided care.”

We would be very pleased if you would reconsider this paper for publication in BMC Geriatrics

Awaiting your answer,
yours sincerely,

Lisa van Mierlo, MSc