Author's response to reviews

Title: Challenges to implementation of developmental screening in urban primary care: a mixed methods study

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Author's response to reviews: see over
Dear Emily Crow:

We thank you for your consideration and review of our manuscript entitled “Challenges to Implementation of Developmental Screening in Urban Primary Care: A Mixed Methods Study”. We would like to resubmit our edited manuscript for consideration. We have addressed the reviewer comments and BioMed Central Editorial suggestions in the following way.

In response to Reviewer 1’s comments:

1. Although we appreciate the suggestion for a correlation study of the components of the theoretical framework on psychosocial variables, we did not collect perceived beliefs of the participants before the intervention. Therefore, we are unable to correlate this information with sociodemographic variables or screening rates. However, we have revised Table 5 to reflect the sociodemographic variables of the children who were screened and P-values so that the reader may infer the effect of sociodemographic variables on referral and early intervention completion rates.

2. In response to a desired comparison between the variables of the focus group and the participants of the developmental screening, we have added a sentence on page 16, line
15-17 of the Screening Results section that describes the comparison between Table 1 and revised Table 5.

3. In response to the desired number of screened children prior to the screening intervention, we have added a sentence to the Methods section on page 11, line 12-14 that describes that this data did not exist at the local Early Intervention agency or at our hospital, but based on preliminary work the referral rate was less than 10%.

4. In response to a desired discussion on factors that could identify children who did not complete referral, we would like to reiterate that this study was performed in a high-risk population. However, we have added on page 19, lines 11-13 of the Discussion section further clarification that certain groups cannot be targeted for addition services based on this study. We also added our finding that a greater proportion of those referred were male or of African-American race (Table 5) to page 18, lines 20-21.

5. Reference 23 has been edited and updated (now reference 24).

6. We have removed Figure 1 as requested by the reviewer.

7. Although we appreciate the suggestion, we feel that Table 1 is important in showing the socio-demographic similarities of the focus group participants and the screening participant demographics (when compared to Table 5). Additionally, we have added on page 16, line 15-17 of the Screening Results section that describes the comparison between Table 1 and revised Table 5.

8. We simplified Table 2 by removing the themes column to help make it less exhaustive.

9. Although we appreciate the commentary, we feel that Table 3 is critical in showing the reader how we developed each implementation strategy using information from the focus groups, with Table 3 providing a link to Table 2.
10. Although we do not have solid figures on prescreening rates to edit Table 4, we did add to the Methods section on page 11, line 12-14 that describes that this data did not exist at the local EI agency or at our hospital, but we estimate the screening rate was less than 10%.

In response to reviewer 2’s comments:

1. We thank you for your very informative suggestions. In response to your desire to include key findings from the focus groups in the abstract, we have removed the first sentence of the abstract background and third sentence of the abstract methods section, and then added the focus group key findings to sentence 2 of the abstract results section.

2. Thank you for pointing out the reference for the second sentence of the background. I edited the reference to include the original source, which is Glascoe & Shapiro 2006 (Reference #3).

3. The definitions used on page 6, lines 6-9 were edited to include more detailed information about the delineation of screening and surveillance as supplied by reference 10 (American Academy of Pediatrics, 2006).

4. Thank you for your comments.

5. In response to more emphasis on the need for care coordination once a referral is made, a sentence was added to the third paragraph of the discussion section (last sentence), “Moreover, our results show that once a clinician makes an EI referral in this high-risk population, additional care coordinator resources are needed to facilitate the referrals.[24]”
In response to BioMed Central’s editorial comments, we have updated reference 23 (now reference 24) to include the full reference. In response to copyediting, all authors on this manuscript are fluent English speakers. We have gone through the manuscript to pinpoint any miswording. The abstract was rewritten to be more concise and to have better flow. On page 5, line 10, important was revised to vital. On page 5, line 21, “importance of” was revised to “need for,” and “to improve” was revised to “improving.” On page 21, line 6, “depictions” was revised to “assessments.” Lastly, the manuscript was formatted to meet all of BioMed Central’s journal style.

Again, we thank you for your consideration of our manuscript and look forward to a potential acceptance.

Sincerely,

James P. Guevara, MD, MPH
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