Author's response to reviews

Title: Intervention mapping for development of an implementation strategy for the insurance medicine guideline on depression

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Author's response to reviews: see over
On behalf of all authors, I hereby provide a revised submission of our manuscript: “Intervention mapping for development of an implementation strategy for the insurance medicine guideline on depression”.

We thank the reviewers for their comments, which we all used intending to improve the paper. We agreed with all the comments of both reviewer 1 and 2.

On request of the BioMed Central Editorial Team we used ‘tracked changes’ and highlighted text for the revision. Deleted text fragments are found in the ‘tracked changes’ and added text fragments are highlighted in yellow.

Major revisions:

1) Reviewer 1 advises us to restructure the paper, so that the reader better can understand what qualitative work was done. Reviewer 1 also would like to see the key messages per section highlighted in some way. In response, we made boxes at the end of each section containing the key messages and showing more insight in the qualitative data collection. The qualitative data collection was obtained by semi-structured interviews and rounds of consultations with IPs, staff-IPs, medical adviser, IP trainers, psychiatrists, researchers, and managers. Showing all the details of these interviews should be too extensive for the purpose of this paper, so we decided to mention only the main topics of those interviews and show some examples of the questions from those interviews.

2) Reviewer 1 mentioned having difficulties in understanding of the context in which the IPs operate. We hope that we made the context more clearly now, by adjusting the text of the introduction section and by adding information about the specific context of IPs in a box at the end of the introduction.

3) Concerning the discussion, reviewer 1 advises us to establish our findings with the literature on behavioural change. We changed the discussion section intending to show how the Theory of Planned Behaviour (TPB) is related to the adherence of guidelines by physicians and how in our study, these are integrated in the frame of Intervention Mapping. We added literature about TPB and guideline adherence of physicians:

   Review of Faraquhar e.a.: Clinicians' attitudes to clinical practice guidelines: a systematic review.
   2 Articles by Grol e.a: Improving Patient Care; The Implementation of Change in Clinical Practice. Successes and failures in the implementation of evidence-based guidelines for clinical practice.
   Article of Hanbury e.a.: Use of a time series design to test effectiveness of a theory-based intervention targeting adherence of health professionals to a clinical guideline.
   Article of Rebergen e.a.: Adherence to mental health guidelines by Dutch occupational physicians
   Article of Ceccato e.a: Adopting health behavior change theory throughout the clinical practice guideline process.
4) Reviewer 1 is interested to see how ‘the won work is brought back to the general context’ in the discussion. By developing an implementation strategy for the guideline on depression on base of the needs of the Insurance Physicians and the stakeholders at the Institute, we tried implement the guideline in a more effective way than usual happens at the Institute. Potential barriers in guideline adherence of physicians were addressed. Whether, our implementation strategy really proved to be effective, will be evaluated in the RCT. What we found is that, Intervention mapping proved to be a useful tool for the development of our implementation strategy.

5) The evaluation section in the methods was shortened in the revision as was supposed by reviewer 1. Indeed this evaluation is neither methods nor results, but it belongs in the sixth step of the Intervention Mapping process. In this final step of the IM process the evaluation of the program plan should be described in the method together with the other 5 steps of IM. In our study as a whole, this evaluation plays a part of great importance, because we evaluate our program plan (the implementation strategy for the guideline on depression) by means of a Randomised Controlled Trial.

Minor revisions:

1) Reviewer 1 and 2 had a question about the “the IM process figure by Bartholomew, modified” Actually we added only one term (insurance physicians) to the original process by Bartolomew, calling this unintentionally “a modified version”. In the revision we now explained this correctly in the subscript of the original figure.

2) Reviewer 2 advises us to explain the saturation procedure and the Grounded Theory in the method section, step 4. In the revision we explained the saturation procedure. Furthermore we decided to leave out the Grounded Theory because an explanation of this Theory would take too much text and reviewer 1 wants the text to be shortened. An explanation of the saturation procedure favours an explanation of the Grounded Theory, because the saturation procedure is what we actually did, and that should be mentioned in the methods. The Grounded theory forms the theoretical background of the saturation procedure at another level.

3) In general, we tried to compromise the text where possible, trying to shorten the paper without loss of its meaning. We highlighted the key messages of this paper by putting them at the end of each section in a box.

4) We had the paper send to a native speaker with experience in research texts, for language corrections.

With kind regards,
F. Zwerver