Author's response to reviews

Title: Effectiveness of using group visit model to support diabetes patient self-management in rural communities of Shanghai: a randomized controlled trial

Authors:

Shengsheng Liu (cdclss@sohu.com)
Anhua Bi (cdcbah@sohu.com)
Dongbo Fu (dbfu@shmu.edu.cn)
Hua Fu (h-fu@shmu.edu.cn)
Wei Luo (gooddays8@hotmail.com)
Xiaoying Ma (gao_feng_shu@hotmail.com)
Liyan Zhuang (ly-z@hotmail.com)

Version: 4 Date: 4 October 2012

Author's response to reviews: see over
To Whom It May Concern,

We are pleased to re-submit our manuscript entitled “Effectiveness of using group visit model to support diabetes patient self-management in rural communities of Shanghai: a randomized controlled trial” for publication in BMC Public Health. We would like to thank the reviewers for their very useful comments. We have provided a response to each of the issues identified, and have highlighted the changes in yellow in the manuscript. We would be happy to make any additional revisions if necessary.

REVIEWER 1

1. Background:
2nd paragraph, 4th sentence: Please provide reference.

We have provided a reference for the challenges that using trained lay leaders to support patient self-management is facing in rural community in Shanghai. Please see the 2nd paragraph of ‘Background’.

The challenges were identified by authors through the evaluation of the dissemination of lay-led patient self-management education program in rural communities in Songjiang District, Shanghai. For example, we introduced this lay-led self-management education program into five rural communities between 2003 and 2005, but were only able to recruit enough volunteer lay leaders in one community.

2. Methodology
   Recruitment and randomization
   2nd line: ‘They were contacted by a recruitment letter describing the diabetes group visit intervention as a “new community diabetes care service provided by the community health centre” where participant would “learn how to self-manage their diabetes in a group led by a general practice team every month in the community”. This must have created some bias for the controls. The controls must have looked for the group activities. Please clarify this.

   We thank the reviewer for this comment and agree that the controls may have looked for the group activities. In fact, no one in the control group attended any group visit sessions in this study because participants were advised about the two possible treatment assignments through an informed consent agreement. The controls may learn some self-management skills and knowledge from patients placed in intervention group through ongoing peer contact in the community. However, this type of bias may lead to underestimation of the true intervention effect.

3. 2nd paragraph: 4th sentence: ‘Neither the participants nor the members of the........were blinded to treatment assignment.’ This requires further clarification.
We have clarified in the 2nd paragraph of ‘Recruitment and randomization’ as follows: “Participants were aware of their treatment assignments. The members of the general practice care team knew which participants were in intervention group, but they did not know which patients in the community served as control subjects for this study”.

4. 8th sentence: “Control group members received usual care’. ‘Usual care’ needs to be explained. How the control group differs from the intervention group in terms of receiving the program? Control group taking the same intervention but one to one basis (vs. 20-25 persons group in intervention group), or control group received same intervention but from a single provider rather than a group of 3, GP team. It is not clear from the methodology.

We have added additional information regarding the usual care. Please see the 2nd paragraph of ‘Recruitment and randomization’.

5. Data collection and statistical analysis
How the self efficacy was measured? As the reference article is in Chinese, definition or little description of the measure would enrich the manuscript.

We have added additional information on the definition of self-efficacy and how was self-efficacy measured in this study. We added a new reference to it. Please see the 1st paragraph of ‘Data collection and statistical analysis’.

6. Conclusion
The two first lines of the two paragraphs are identical, says same thing. The authors may wish to merge the conclusion to one paragraph.

We have merged the two paragraphs into one according to the reviewer’s suggestion. Please see ‘Conclusion’.

REVIEWER 2

1 - Intervention group members made action plans for a one-month period. This “one month period of time” needs explanation and needs references where it has worked elsewhere. Usually action plans are for a much shorter period (i.e., one week).

Thank you for this comment. We have added additional information addressing action planning for a one-month period. Please see ‘Topics of the group self-management education’ under ‘Development of the Chinese diabetes group visit program’.

2 - The second person helping delivery of the group visit did follow-up with members to support them in adhering their action plans. When did this follow-up take place - ....after 1, 2 3 or 4 weeks?
We have added additional information regarding when did group leader follow-up with group members on action plans. Follow-up with group members on action plans by group leader was recommended to be done within one week in person or by telephone. Please see the 1st paragraph of ‘Implementation of the Chinese diabetes group visit program’.

3 - Follow-up is a major challenge in self-management and this information is extremely important and should be highlighted.

Thank you for this suggestion. We have added additional information to highlight the importance of providing follow-up on action plans in the 1st paragraph of ‘Discussion’.

4 - The 60 minute period after the visit could include "behavioral counseling."
This needs to be explained - mainly because the self-management intervention is also considered a behavioral change intervention.

We completely agree with the reviewer, that the 60-minute one-on-one visits with health care providers after the group self-management education could include “behavioral counseling”. But we consider this as a reinforcement for group self-management education because some individual learning needs or barriers may be poorly addressed in group session. We have added additional information explaining this point under ‘Topics of the group self-management education’.

5 - The article reads quite well and the authors should be commended for their efforts. However, there are a few instances where the "tense" needs to be examined.

Thanks. We have revised the “tense” in several places. Please see the 1st and 5th paragraphs of ‘Abstract’, the 2nd paragraph of ‘Background’, the 3rd paragraph of ‘Discussion’ and the 4th sentence in ‘Conclusion’ Section.

6 - As well, prepositions are missing - e.g., in the Discussion Section, 4th paragraph .... "Firstly, the patients actually participated in the study were significantly older..... Should read "Firstly, the patients who actually participated in the study.. The authors can address this.... and it would certainly improve the clarity of the article.

We have added prepositions as requested. Please see the 1st sentence in ‘Recruitment and randomization’ Section and the 4th paragraph in ‘Discussion’ Section.

On behalf of our co-authors, I would like to thank you for considering our manuscript.

Sincerely,

Shengsheng Liu and Dongbo Fu