Author's response to reviews

Title: Impact of a web-assisted tobacco quality improvement intervention of subsequent patient tobacco product user: A DPBRN Study

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Author's response to reviews: see over
Thank you for the review of our paper. We appreciated the positive comments of the reviewers and the directive critiques. We specifically appreciate the comments from reviewer 1 that the article is of outstanding merit, and reviewer 2 that it was very important. Below, we address each critique in order, and reference the changes in the paper.

Reviewer 1:

1. Abstract is misleading (overly positive)...
   We have now revised the abstract to make it clear that this was a negative study.

2. CONSORT statement was missing...
   We now have included a CONSORT diagram, and we now clarify how many practices and people were enrolled. Our study had two layers of participation. Tobacco users could complete an anonymous report of provider performance, and then each patient had the option of agreeing to provide their contact information to participate in follow-up.

3. Unadjusted and Adjusted Odds Ratios...
   We now present both unadjusted and adjusted odds ratios in text.

4. Data on attempts to quit smoking were not provided
   Self-reported Quit attempts were measured during follow-up. We now have added an additional outcome of attempted Quit during follow-up.

5. There are no details of the intervention, and appendix A was missing.
   We apologize that Appendix A was missing. We have now included this appendix and a brief detail of the intervention in the methods. The intervention in this study was targeted at the dental practices. We have now provided an expanded discussion of the intervention. We provide information on how providers were trained. However, in the spirit of pragmatic trials, we did not enforce a specific method of behavioral counseling. We have adding information regarding the Michie and West work to place or provider intervention in context

Reviewer 2:

1-1. It is possible that sick smokers are more likely to quit smoking than healthy smokers.
   As we noted above, there was no positive or negative effect of the intervention. As requested, in our new draft, we now include a stratified analysis, by level of self-reported health.

2-1. Abstract – randomization and follow-up.
   We have now included the method of randomization and follow-up in the abstract.

2-2. Tobacco control quality paragraph could be shortened (done)
2-3, 2-4, 2-5, 2-6, 2-7 – we have edited and moved paragraphs as requested.

2-8 In Table 2, we have clarified and changed C2 NRT USE should be Nicotine Replacement Therapy Use.

2-9. Table 2 should be separated. We have now split this data into Table 2 and 3.

Reviewer 3:

1. The reviewer asked for clarification regarding our outcome measure (whether it was cigars/cigarettes and/or smokeless tobacco).
   Our goal was to look at all tobacco products. The rate of quitting cigarettes specifically comparing I and C followed a similar pattern (Intervention = 18%, control = 16%), a 2% difference.

2. The reviewer had questions regarding the selection of practices and the four states, and had several other questions...
   Clinic selection criteria – this was a study within the DPBRN. DPBRN is a dental research network in the Southern U.S.

3. Effect size and precision added to text (see Methods, Baseline and Follow-up data collection).

4. Consort Diagram has been included.

5. No difference in NRT use and no difference in cessation rates –
   We have now made it clearer that this was a negative study.

6. We have now created a heading for study limitations

8. P value in abstract and paper body corrected to align.

9. Additional work has been done to improve writing content.

Minor Revisions
1 – Corrected the reference to reflect the appropriate time frame.

2 – Re-worded to align with details of underutilization of several interventions.

3 – Reported rates of a provider actually delivering cessation advice are very low (J Dent Educ. 2011 Apr; 75(4):527). Reference #4 detailing practitioner self-reported activity is somewhat misleading.
   Reference #4 changed.
4 – Second and Third paragraphs rewritten to include correlated reference for link between economic difficulties and visiting dentist for cosmetic reasons.

5 – Added reference for statement “Tobacco control quality improvement programs------successful”.

6 – Results moved from methods section

7 - The paragraph “Some prior tobacco control------of quit smoking advice” could be deleted. This paragraph was deleted.

8 – This sentence has been deleted

9 – This sentence has been deleted

10 – Corrected capitalization

11 – Deleted sentence

12 – The follow-up question “Do you smoke, ------now?” If the patients responded yes, is that informative enough about the type of tobacco used? We wanted to look at the rate of quitting tobacco.

13 – These paragraphs have been moved

14 – Removed this content

15 – This statement deleted

16 – This paragraph has been moved

17 - On page 12 - The statement “Intervention targeted ------after dental visit” needs clarification.

Table (1) - For ethnicity reported, some choose to decline to answer; we apologize, now added age. Table (2) – Total denominator varies due to some missing data for some responses