Author's response to reviews

Title: Developing a Patient-Centered Outcome Measure for Complementary and Alternative Medicine Therapies I: Defining Content and Format

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Author's response to reviews: see over
December 15, 2011
To: Editors of BMC CAM
From: Cheryl Ritenbaugh
Re: Revisions to MS 1419430714613815

We would like to thank Drs. Johanna Hok, Andrew Long, and Sheila Greenfield for their reviews of our manuscript entitled “Developing a Patient-Centered Outcome Measure for Complementary and Alternative Medicine Therapies I: Defining Content and Format”. We have made the following changes to our manuscript, and believe that we have responded to all of their essential and discretionary revisions. We have pointed out our responses in a narrative fashion because in several cases more than one reviewer was pointing to similar issues.

Dr. Hok asked us to specify more explicitly how we defined what was considered “shifts in well-being associated with CAM treatments” (p. 10) in the 106 analyzed interview transcripts, and whether we achieved a consensus regarding this term before the secondary analysis. To respond, we referred to meeting notes from that period, and identified the process (consensus) and the criteria. That information is now provided on p. 11, paragraph 1.

Drs. Hok and Long both requested additions to the Discussion section regarding other contexts in which this measure might be used. We have expanded on that topic, pointing out other possible contexts, on p. 26, paragraph 2. Further, Dr. Hok requested additional discussion as to how the instrument might function in different types of CAM settings. We have addressed that point on p. 26, paragraph 1.

Drs. Hok and Greenfield pointed out to us some important literature that we had failed to cite in relation to our own work. We have incorporated references to the recent metasynthesis by Smithson, of which we were previously unaware, in the first paragraph of the Discussion, p.23, citations 44-46. Following that, we discuss the MyCAW and MyMOP questionnaires (also p. 23). We also refer to Smithson et al on p. 26, paragraph 1. We hope the addition in the Discussion will adequately address Dr. Greenfield’s request.

Dr. Long pointed out that it is important to note that it is not necessarily the case that a shift in perceptions of well-being will occur following use of CAM. We agree with him, and have made small edits throughout to modify statements that implied this. In addition, the material added to the Discussion on different responses under different conditions (see above) may also address this point (p. 26). In the Study Limitations section (p.27-28), we point to the other study component which will evaluate how more than 600 participants across very different interventions used the instrument, thus providing us with empirical data on participant response, which we know to be quite variable.

Drs. Long and Greenfield raised a number of questions about our descriptions of the 6 studies that provided the initial qualitative data. For Dr. Greenfield, we have included the references to the publications from the 6 studies in the Methods section as well as Table 1. For Dr. Long, we have modified Table 1 by adding the number of interviews in each study, and providing additional clarification on the types of CAM therapies involved in each study. We have added text to the Methods section on p.
10 on the credibility (internal validity) of those original studies.

Dr. Long stated that it would be helpful to give an example of the “conceptual transition” on p. 11. We have instead added a forward reference to guide the reader to the results that are to come in the next page where this concept will be made clearer. In addition, we have expanded the title of Table 2 to better describe the contents, and have improved the Table 2 column headers. We are hopeful that this will provide the necessary clarification.

Dr. Long also identified confusion created by the textual reference to Table 4 when the meaning of all of its data (right-hand column) was not clear. We have added text to provide clarification on p. 13 where Table 4 is first referenced, rather than adding another partial table. The amended wording (new text underlined below) is “The resulting item pool and assigned categories generated through Phase Ia are shown in Table 4 in the left hand column (the numerical rankings in this table are described below in section 1b Results: Quantitative Analysis).”

We have also added the information on total possible responses (n=34) to Table 4 as suggested by Dr. Long.

The reviewers have pointed out a number of textual edits that we have corrected.

Dr. Hok: p. 23: revised first sentence of Discussion.

Dr. Greenfield: 2nd paragraph of Background (missing t), and wording change in Abstract Background.

Dr. Long: Recommended wording has been added to the Abstract.

We thank the reviewers for their helpful comments. We feel that the paper is substantially improved by these modifications.

We are simultaneously submitting the revision for the other member of this pair of research papers: “Developing a Patient-Centered Outcome Measure for Complementary and Alternative Medicine Therapies II: Refining Content Validity through Cognitive Interviews.” I am corresponding author on that paper as well. If these are both approved, and timing is reasonable, we would appreciate them being published together, as they are two pieces of the same story. Because of this, we have cross-referenced the papers, even though they are not yet in press.

Thank you for your consideration of this paper.

Sincerely,

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