Author's response to reviews

Title: Integrating an Internet-mediated walking program into family medicine clinical practice: a pilot feasibility study

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Author's response to reviews: see over
June 13, 2011

Adrian Aldcroft, BA(Hons)
Executive Editor
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Dear Mr. Aldcroft:

Thank you for overseeing the peer review of our manuscript entitled, “Integrating an Internet-mediated walking program into family medicine clinical practice,” (MS 8737807954871073). We are grateful for the referees’ thoughtful comments which have enhanced the quality of the manuscript and hope that our responses have satisfied the high standards of our peers and of this journal.

Attached is our detailed response to the concerns of Referee #2. All new changes to the revised manuscript are reflected by the coloured font indicative of Word ‘track changes’ font.

We appreciate your comments and those of the referees. Please don’t hesitate to contact us if there are further questions.

Sincerely,

Caroline R. Richardson, M.D.
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## Response to Referees’ Comments

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<thead>
<tr>
<th>Referee Comments</th>
<th>Author Response</th>
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<tr>
<td><strong>Referee 2</strong></td>
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<td>Positive elements of the article:</td>
<td>We acknowledge Dr. Ralston’s concerns about actively engaging providers to establish the best work flow processes that ensure intervention adoption into routine clinical processes of care. Drawing from Dr. Ralston’s extensive body of work on this topic (1) we have revised our limitations section to acknowledge this measurement issue which indeed had implications for our Phase II results (pp. 17-18).</td>
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<td>1. By what is presented in the paper, though, I am not convinced that the study sufficiently integrated the referral process into the flow of primary care. They reported on the impact in clinic workflow but I did not see that active engagement with the team to establish the best workflow and one that would address the barrier of physician time and perceived burden. “Physician viewed referrals as additional time burden.” As reported in Phase II results, they may have happened on to process that might work best where physician recommends and MA refers, but it is not clear if this was vetted further with teams as a potential standard workflow or would become standard practice in a larger RCT. For large scale uptake in a trial and to be concordant with PCMH principles, clearly working out these roles and responsibilities is key.</td>
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## References