Author's response to reviews

Title: Attitudes among Healthcare Professionals towards ICT and Home Follow-up in Chronic Heart Failure Care

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Author's response to reviews: see over
Dear Editor of BMC Medical Informatics and Decision Making,

I hereby submit a revised version of the paper previously named, “Caregiver Attitudes Towards ICT and Home Follow-up in Heart Failure Care”, now named “Attitudes among Healthcare Professionals towards ICT and Home Follow-up in Chronic Heart Failure Care” for publication in BMC Medical Informatics and Decision Making.

The comments from the reviewers, as well as from the editor, have been taken into consideration. This resulted in many changes being done to the manuscript, and I have therefore collected all changes in tables next to the reviewers’ comments. These tables follow directly after this letter.

If you have any questions or comments you are very welcome to contact me at any time. Thank you for your time.

Sincerely yours,
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<td>The term 'caregiver' is very misleading. Why not use 'health care professionals'. The term caregiver is generally used for the care of partners and family of patients.</td>
<td>We have corrected this by exchanging the word “caregivers” for ”healthcare professionals“ throughout the manuscript. We have also changed the title in accordance to this.</td>
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<td>For me, the concept of 'medicine clinics' is not clear. What kind of clinics are this?</td>
<td>“Medicine clinics” is a direct translation from the Swedish name for the clinics (“medicin kliniker/mottagningar”). These clinics are responsible for CHF care, among many other conditions, when no special cardiology clinic is present at the hospital. Since we have not found a more appropriate word, we have added text similar to “hospital departments responsible for CHF care” to clarify.</td>
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<td>I think the main problem of this survey is the way it was distributed. It was distributed to the heads of 85 clinics and with a request to distribute the forms to 'relevant personnel'. There was no idea on the number of health care personnel available. As a consequence response frequency is unclear and response bias may have influenced the results. Therefore the conclusion that ‘general opinions among health care personnel in cardiology on healthcare ICT are positive as well as opinions on home follow-up and distance monitoring’ cannot be drawn from this survey results</td>
<td>We agree with the reviewer on this point, and apologise that we have been unclear. The text has been changed to &quot;the general opinions among the healthcare professionals in this study&quot;. Also, we have added more discussion on bias and problems with dispatch. We still, however, consider the results to be interesting indications on opinions regarding ICT in CHF care.</td>
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<td>The discussion is too comprehensive and contains information that should be described in the results (eg differences between occupations and choice of patients)</td>
<td>“Choice of patients” has been removed from “Discussion”. Instead some of the information in that section is moved to “Introduction”, and some parts are put in the new section “Future Studies” under “Discussion”. As for “Difference between occupations” we consider this section to be better suited for discussion as we are only speculating as to why the results are what they are. However, we agree that some of the information in this subsection is not suited for “Discussion”,</td>
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and the subsection is therefore reduced. The same goes for "Attitudes Towards Distance Monitoring...".

Affiliation; department of Signals and Systems
This has been corrected.

Introduction; second alinea; sentence is much too long
The sentence has been divided into two sentences.

Reviewer: Anne Moen

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<td>The paper state four aims (p. 4), and it would be important to focus in somewhat more to fully appreciate the contribution. The use of “eHealth tools for patient follow-up” and “ICT-support in health care” should be more consistent, and stating the focus more clearly to be “CHF” from the beginning of the manuscript would also help.</td>
<td>We believe that the fours aims in the manuscript have been covered in both the results and the discussion, as far as was possible considering the method of dispatch. There is a difference between eHealth- and ICT-tool in healthcare. eHealth refers to something larger (an umbrella term) while ICT-tools is term connected to the actual system (machine, software, etc). We have gone through the manuscript to ensure we are consistent in when we refer to the larger idea of eHealth and when we refer to the ICT tools used. A few changes have been done to clarify. The term CHF now appears in the abstract (background part). It is also mentioned in the title of the paper.</td>
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<td>This paper reports on findings from a survey, where the authors have collected data from a strategic sample. Further clarification and explanation of how descriptive statistics and (too) many graphs make a qualitative study is absolutely needed before the paper can be evaluated</td>
<td>We have removed the word &quot;qualitative&quot; from the text as this can be misinterpreted. Instead we focus on ensuring that it is clear that the results in this study should only be taken as indicators for the opinions of healthcare professionals in CHF care.</td>
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<td>The data are self reports, but because of the low response rate and uncertainty of who (which institutions) and why the specific respondents were selected makes it difficult to evaluate how sound</td>
<td>We have added a section in “Method and Material” describing the drawbacks of the dispatch. We have also added some more info in the discussion part. We now believe that it is quite clear for the</td>
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the data are. Tighter alignment with studies on the same topic could help the reader that the results should be seen as indications rather than facts, and that we cannot draw any conclusions about the opinions of the general population from this study. Similar studies exist, however, there are too large differences between our study and those studies to be able to compare the results in depth.

It would be helpful with a more extensive review of the literature, fewer graphs, and more overview tables to help the reader to understand and appreciate this reported work.

Three of the graphs have been converted into tables. However, it is our opinion that graphs is a good way for the reader to get a quick understanding of the results without having to read the details of the result, and therefore we have kept the majority of them. In order to avoided repeating results from figures/tables we have rewritten the text in results and included some parts previously appearing in “Discussion”.

Papers discussing the general opinions among healthcare professionals of ICT tools in healthcare are not that common. Most of these reports are evaluations of specific tools, e.g. implementation of new EHR at a hospital. We have referred to a review paper which summarizes these studies.

The paper presents a lot of empirical material, but unfortunately all the aspects are not picked up in the discussion. The authors should also include more

This comment seems to be missing a part. We are not clear on what the reviewer is proposing. We have chosen the, according to us, most interesting results considering the aims of the study to discuss in “Discussion”. Since the results are not conclusive the discussion does not benefit from being to detailed.

Are limitations of the work clearly stated? Only partly, it is a problem that sampling strategy, response rate and potential bias in the answers is only presented as part of the discussion.

We have included this information in the “Methods and Material” part as well.

Actually, I miss reference to newer work on tele-monitoring, CHF care etc. In addition, stating more explicitly what the paper adds to the

The purpose of this paper is not to describe state of the art eHealth applications in CHF care. Nor is it assumed that the responders
Body of accumulated studies would strengthen the contribution have any knowledge in this area. However, we have included a few more recent references in the Introduction. We have also tried to be more clear in what we hope to contribute by this manuscript in the Introduction.

When reading the draft, it is implicit until page 4 and aim that this is about CHF patients and providers’ attitudes to use of ICT to monitor or interact with these patients. Also pointing out explicitly implications of attitudes among professionals related to CHF care and treatment would improve clarity. We have added the term CHF to the abstract (background part). It is also mentioned in the title of the manuscript.

The paper would benefit from a thorough proofreading; in terms of simplification of long, complicated sentences where the message becomes blurred and the meaning hard to get. The findings are presented “mechanically”, repeating the graphs but little abstraction or summary as would be expected if this is a qualitatively oriented report. Much of the text in Results have been changed to avoid repeating the data in the tables and graphs. Also, some of the information in Discussion has been moved to Results. Some sentences have been reduced, and the text has been revised.

**Comments from the Editor:**

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<td>Further consideration of your manuscript is conditional on improvement of the English used.</td>
<td>We have now had the manuscript reviewed by a native English speaking person with a PhD in Technology.</td>
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<td>Please revise your Methods section so it states the ethical approval received by your study.</td>
<td>Ethical approval is not necessary for these types of studies according to Swedish rules and regulations.</td>
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<td>Please also ensure that your revised manuscript conforms to the journal style.</td>
<td>We have done our best to make sure the manuscript follows the guidelines you provide. If we have not been successful please let us know so that we can correct the errors.</td>
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