Author's response to reviews

Title: Factors influencing the implementation of clinical guidelines for health care professionals: a meta-review

Authors:

Anneke A.L. Francke (a.francke@nivel.nl)
Marieke M.C. Smit (marijee.smit@xs4all.nl)
Anke A.J.E. De Veer (a.deveer@nivel.nl)
Patriek P. Mistiaen (p.mistiaen@nivel.nl)

Version: 4 Date: 4 August 2008

Author's response to reviews: see over
Dear Editor,

Thank you for the comments on our manuscript submitted to BMC Medical Informatics and Decision Making. We have revised the manuscript in response to the latest comments by the two reviewers. In the next pages we give a detailed point-by-point response, indicating where and how the manuscript has been revised.

One of the two reviewers has pointed out that some further language revision is required. We have (again) asked a native English-speaking professional reviser to correct the complete manuscript. In an additional file you will find a letter from the reviser, guaranteeing that the English in the manuscript meets the usual quality standards.

In addition, we made the following format changes you requested:
* we shortened the abstract to no more than 350 words.
* we removed the Annex from the body of the manuscript and uploaded it as an additional file.

We look forward to receiving your comments on the revised manuscript.

With best wishes, also on behalf of the other co-authors,

Patrick Mistiaen and Anneke Francke

---

ANNEX
The authors’ reply to the reviewers’ report regarding the manuscript “Factors influencing the implementation of clinical guidelines for health care professionals: a meta-review

In response to Reviewer 1 (J. Burgers):
* The reviewer wrote that the manuscript does not contribute to an original synthesis of research findings. He also pointed out that our recommendation that guidelines should include all relevant health professionals was included as an item in the AGREE Instrument. >>>>> In the Conclusion section of the revised version we explicitly refer to the AGREE Instrument (2001) and to what the AGREE Collaboration states about the involvement of the targeted professionals.

* The reviewer states that the discussion on multiple versus single strategies does not provide a real answer to the question 'which factors positively or negatively affect implementation of guidelines'.
>>>>> We do not fully understand what the referee means by this comment.
In our opinion, the results of our meta-review clearly indicate that there is relatively considerable evidence that the use of multiple strategies constitutes a main factor positively affecting the implementation of guidelines.

* Unawareness of a guideline among professionals seems to be self-evident to the reviewer, who asks for additional information on how awareness can be raised.

>>>> In the new version we write about this issue: “Clearly, it is not sufficient to merely disseminate a guideline. Targeted implementation interventions – in which professionals themselves are preferably directly and actively involved – should take place to create awareness. Examples of such targeted interventions may be combinations of (web-based, written or face-to-face) practical recommendations, educational material, and educational meetings (see for instance the Sachs article)”.

* The reviewer states that the issue of co-morbidity in patients is a good point, but that relevant references are missing.

>>>> In the revised manuscript, we have added two relevant references on co-morbidity in relation to guideline implementation (Tinetti et al., 2004 and Durso, 2004). We also devote greater attention to this issue with the words: “Professionals, presumably, assume that guidelines are based on a general clinical picture and are insufficiently tailored to the often complex care needs of patients with co-morbidity. For instance, Tinetti et al. and Durso therefore argue for greater attention among guideline developers to the specific needs of patients with co-morbidity. To improve guideline implementation, these authors recommend that guidelines should also provide guidance for interventions in patients with multiple conditions as well as information on risks of specific interventions in these patients.”

* The reviewer recommends that we make another attempt to make the paper more attractive by rewriting the Discussion/Conclusion section.

>>>> We followed this advice and revised the Discussion/Conclusion section in several respects:
- We added some additional sentences on (a) the importance of target group involvement, (b) the enhancement of professionals’ awareness of clinical guidelines and (c) the issue of co-morbidity (see above)
- The Discussion section was integrated in the Conclusion section
- In the Conclusion section a number of sub-headings expressing the content of a text part were added.

* The reviewer wrote that the English can still be improved.

>>>> The complete manuscript has (again) been revised by a native speaker of English from a reputed translation/editing agency. This agency guarantees the quality of the English in the manuscript, as is evidenced in the accompanying letter from the agency (see Annex).
In response to Reviewer 2 (I. Watt)

- This reviewer emphasizes that we responded adequately in the previous version to the peer review comments and that the article is relevant to BMC Medical Informatics and Decision Making. However, the reviewer finds the layout of the paper a little confusing in so far as the Conclusion section is quite long and comes before the Discussion section. A new and more focused Conclusion section could be written and placed at the end of the paper as is normal practice.

>>> We deleted some unnecessary sentences and tried to make the focus of the Conclusion section more clear by using subheadings. In addition we integrated the Discussion section in the Conclusion section, placed at the end of the paper.