Author's response to reviews

Title: Improvement of primary care for patients with chronic heart failure: a pilot study.

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

Herewith we submit our revised manuscript entitled ‘Improvement of primary care for patients with chronic heart failure: a pilot study’.

We would like to thank the reviewers for their comments. We really appreciate their efforts and suggestions for improvement. Unfortunately one reviewer considers the article of limited interest. We think the relevance of our study, despite its limitations, is based on the relative shortage of studies on how to improve heart failure care in primary care. It may not be apparent all over the world that medical care for this complicated condition can be delivered in primary care. Furthermore, we think that pilot studies, though with limitations by their nature and not as rigorous as for instance a RCT, need to be published as a starting point for further research. We feel encouraged by the opinion on the level of interest from both other reviewers and we feel sure that based on the comments of all three reviewers we were able to improve our text substantially.

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Subject Submission of revised manuscript
In the table we present reactions to all comments. We revised the paper accordingly. The corrections suggested considering the English language are dealt with in the text and not listed here.

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<th>Reviewer's report 1</th>
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<tbody>
<tr>
<td><strong>Minor essential revisions</strong></td>
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<tr>
<td>1 The structured organization includes regularly planned contacts. How often were these contacts planned and how often were they performed?</td>
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<td>2 One of the roles of the visitor was to check if practices were able to select appropriate patients. What were the selection criteria?</td>
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<td>3 Throughout the period a GP with specific knowledge of treatment of CHF was available. Is this GP consulted during this period, and if (s)he is, how often and for which reasons did this occur?</td>
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<td>4 One of the goals is changes in drug treatment and medication changes. This study reports (only) the new prescribed medication. How about the scheduled titration of medication according the multidisciplinary guidelines, and how about adjustments in medication as result of patient’s complaints? Did they occur, and if they did, how often and by who were they managed: by the GP, the nurse or the assistant?</td>
</tr>
<tr>
<td>5 The information about smoking in the text and table doesn't match. The text reports that 6 of the registered smokers were (again) advised to stop smoking. The table shows 6 advised smokers at baseline and 4 smokers were advised again.</td>
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<th>Discretionary revisions</th>
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<td>1 A trained practice visitor visited all practices: to which discipline belongs the visitor?</td>
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<tr>
<td>2 Some practices were offered three extra visits. What was the cause for these extra contacts, and by who were they induced: by the practice or by the visitor?</td>
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<th>Reviewer's report 2</th>
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<tr>
<td><strong>Major Compulsory Revisions</strong></td>
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<td>1 Although it is probably just an error in the way</td>
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things have been worded, the statement about ethics committee approval at the end of the article and the text about this in the methods section need to be consistent – in one place it says that approval was not needed and in the other that it was obtained. This needs clarification.

committee assessed the study proposal and judged the study could be conducted without its approval (Design and notes after the Conclusion).

2 I would suggest that the conclusions are not strictly valid and may need re-phrasing. What the findings have indicated is that, although the intervention showed promise, modifications are needed prior to testing in a larger study.

We agree and added this issue in the Conclusion as elaboration in the ‘implications…’ paragraph.

### Discretionary Revisions

1. It would be useful to know the professional background of the ‘practice visitor’ – was this a health care professional or a non-medical researcher?

The practice visitor was an experienced practice consultant from practice accreditation trained in data collection and supporting practices in organizational changes. She was a former practice assistant (Improvement programme).

2. It would seem important to provide more specific information about uptake of the study by general practitioners who were invited, as this type of detail is important in considering the results of piloting. The actual number invited would be useful so that uptake can be accurately derived, rather than just reporting that a random sample was selected and uptake was low.

We informed 654 practices about the project (Results, sample).

3. I would strongly suggest that this paper should be substantially shortened to reflect the fact that it is a report of a pilot study. The introduction and discussion, in particular, could be much more concise and focused. The discussion would be improved by a focus on the ways in which the authors are considering changing the programme before further evaluation and any additional development work that they propose to carry out (such as the ‘barrier analysis’ that they mention).

Though on some issues clarification is suggested, we shortened the paper as suggested (Interpretation).

### Reviewer's report 3

### Major revisions

1. It is not clear what outcomes measures are being examined. Essentially a before and after design, no control group to compare against

We agree: Quantitative data included changes in lifestyle advise and medication during the study period (Design).

2. Is the information from this study new and original? The literature review was limited and it is not clear what this adds to the literature.

We found little evidence on improvement programmes for primary care for heart failure. We used elements proven effective in former research on other conditions. The patient registration form may be an effective component combining treatment guiding and data collection (Interpretation and Strengths and weaknesses).

3. Small study, no sample size, no statistical tests perform – lacks scientific rigour.

We agree we present a small pilot study. That is the reason we did not do any statistical tests. Evaluation of feasibility is purely qualitative. However, we strongly believe
The Centre participates in the Netherlands School of Primary Care Research (CaRe) acknowledged by the Royal Academy of Science (KNAW).

4. When did the study take place? Was the sample GPS representative? Of those participating was the sample representative of non-participating GPs?

The study took place in 2007-2008, the sample was not representative: sample size was small; and participation was voluntarily and may have led to selection. We considered that acceptable at this stage as we present the results of a pilot study (Results, sample).

5. The intervention was very vague and not well controlled, so GPs may have interpreted the intervention in different ways. For example, was there only one researcher who went out to the practices?

One practice consultant did all the visits (Improvement programme).

6. The statistical methods are inadequate/non-existent.

As stated, we present the results of a feasibility study. We considered statistical analysis not suited given the research question and sample size.

Yours sincerely, on behalf of all the authors,

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