Author's response to reviews

Title: Stakeholder Opinions Regarding Prescribing Quality Indicators: A Qualitative Study

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Author's response to reviews: see over
To: BMC Health Services Research Editorial Office

From: Liana Martirosyan, MD, MPH, PhD
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       The Netherlands

Concerns: (re)submission of a manuscript titled “Stakeholder Opinions Regarding Prescribing Quality Indicators: A Qualitative Study”.

Utrecht, December 5, 2011

Dear Editor,

We would like to submit a manuscript titled: “Stakeholder Opinions Regarding Prescribing Quality Indicators: A Qualitative Study” to your journal.

In recent years, much attention has been paid to measuring and improving quality of diabetes care using various quality measures or indicators. What is known is that despite the large number of prescribing quality indicators (PQI) developed for diabetes care in the last decade, they are largely underrepresented in quality indicator sets, such as the National Quality Forum and HEDIS sets in the United States or Quality Outcome Framework in the United Kingdom. We have conducted semi-structured interviews with key informants from relevant stakeholders in the Netherlands to understand the value and role they see for PQI in the assessment of quality of diabetes care. These stakeholders are all involved in health care quality improvement or assessment, including policy makers, patient and professional organizations, and health insurance companies.

Our findings clearly show the need to consider inclusion of specific PQI in the diabetes quality indicator sets. In addition, we have identified factors that may explain why PQI are not yet included in the common sets of quality indicators.

Earlier this year the paper has been rejected by the BMC Health Services Research based on the comments of a reviewer, however we were given an opportunity to resubmit the paper to your journal after addressing all the raised issues. We believe that we were able to respond to all raised comments, and that this revision has helped to improve the clarity and quality of our manuscript. Please find below the list with the main changes on the manuscript.

Our study was funded by the Graduate School of Health Research, University of Groningen, and University Medical Center Groningen in the Netherlands.

The authors declare no conflict of interest.

With regards on behalf of all co-authors,

Liana Martirosyan
Response to the editor’s and the reviewer’s comments

Associate Editor's comments:

My recommendation is that the paper should be rejected at this stage with the opportunity given to the authors to resubmit a substantially reworked version of the paper based on the comments of reviewer 1 and my comments listed below.

We would like to thank the editor for considering the paper to be interesting enough and worth a revision, although it is rejected at this stage.

In addition to reviewer 1's comments I would like to add there is a major problem with the sampling / or description of the sampling of the study. The 'patient group' actually represent the consumer organisation's medical advisor (a doctor or other medical professional) and the organisation's policy adviser. Neither seem to represent in any way a regular consumer / diabetes patient. I think this is a really important omission from the paper and the groups should be clearly described so as not to suggest 'the public' were included. Consumers are a key stakeholder group so to inadequately cover them is an important flaw.

We agree with the editor, and now we have provided more clear explanation of our purposive sampling, i.e. which professionals and why we wanted to include in our sample. We highlighted that it was not our aim to include the actual patients with the diagnosis of diabetes as participants of our study, and that we aimed at professionals who are using the quality indicators in their daily work.

I do not agree with Reviewer 1’s suggestion (pt 6) that the authors need to provide more detail about how 'disagreement in the analysis was resolved through discussion' as I have not seen this commonly presented in other qualitative papers. However, as reviewer 1 suggests much more explanation is needed throughout the paper on the qualitative research design and methodology, and the epistemiological assumptions on which these are based. Importantly this also leads to what these assumptions mean for interpretation of the results - e.g generalisability / transferability which is not addressed at all in the current manuscript.

Please see our further comment to the point 6 of the reviewer comments.

Attention is also needed to the English language throughout the paper - there are many minor grammatical / translation errors which need to be corrected.

We have paid a close attention to the English language throughout the text, in particular to the quotes, as they were translated from Dutch.

If at some stage you are able to fully address all of the referee's and the Editor's concerns, you may wish to consider submitting a new manuscript to BMC Health Services Research. If you are able to do this, a full covering letter, explaining the revisions made, should accompany the submission.

Please note that this decision applies across the BMC-series of journals. Therefore, if you were to submit your revised manuscript to another journal within the BMC-series, your submission should also be accompanied by a full covering letter.

Thank you for your interest in BMC Health Services Research.
Reviewer's report
Title: Stakeholder Preferences Regarding Prescribing Quality Indicators: A Qualitative Study
Version: 3 Date: 13 December 2010
Reviewer: Paul Ward

Reviewer's report:
Major Compulsory Revisions
1. The authors report a qualitative study, involving semi-structured interviews although there was no defense or justification either for this method, for the methodology or epistemologically. Indeed, the concepts of 'method' and 'methodology' seem to be confused in the paper. The readers need to be convinced that this method is the most appropriate one for their particular research question. Indeed, I would argue that since they are looking almost for rankings of preferences, that there are many other methods more well suited. Nevertheless, we need a much more well defined justification before we can make a judgement about the findings.

We agree with the reviewer that a justification for choosing a qualitative study design was not explicitly explained, and now we have provided a clear rationale for choosing to conduct in-depth interviews. (Methods, p.6-7)

2. Linked to the point above, the paper claims that the 16 participants 'represented' particular groups - which I find hard to believe. The authors temper this assertion slightly in the section on Limitations, but nevertheless, I think they need to go back to their epistemological assumptions. The authors either need to qualify their statement on 'representativeness' or change it.

We have provided a more detailed explanation of our purposive sampling (methods, p.7) to avoid confusion that the patients with diabetes were involved as a stakeholder in this study. We highlighted that it was our aim to include in our sample professionals working in different professional organizations in the Netherlands, who are responsible for policy making in the field of prescribing quality in the country. Therefore, among the relevant organizations, we have also included an organization representing patients' rights and interests in the Netherlands.

3. We need details on the Research Design and Methodology - neither of these are mentioned at all.

We have now provided more information on the rationale of the study, choice of the methods, selection of participants, and analysis of data.

4. There are no details of theoretical framework - at the moment it feels rather descriptive, but the key methodological purpose of qualitative research is the development of theory (inductivism). The Discussion section needs to be used in order to develop theoretical ideas about quality, maybe about inter-professional boundaries - but we need to see this level of scholarship in qualitative research.
We have provided the theoretical framework in the introduction part, i.e. the existing domains of prescribing quality, such as safety, undertreatment, costs, etc. (pp. 4-5) We have explained in the methods part that we were exploring opinions of different participants regarding these existing domains (p. 7). As for the inter-professional boundaries, this is a very interesting topic; however, it is rather a separate and different research question, which we did not aim to answer in this particular study.

5. In terms of sample and representation - the authors claim to represent 'the public', although from Table 1 it seems that the 2 people interviews were a policy adviser and a medical practitioner - the authors need to comment on this. To what extent can 2 people be representative, but also two people in professional roles.

We have provided a more detailed explanation on our purposive sampling (methods, p.7) to avoid confusion that the patients were involved as a stakeholder in this study. We were interested in opinions of professionals representing different organizations in the Netherlands, who are dealing with quality of care measurement and improvement with use of quality indicators. Therefore, we have also included professionals from an organization representing the patients and consumers.

6. The authors make a great deal about the fact that 2 people translated and transcribed the interviews (I assume they were undertaken in Dutch and translated into English) and then a number of people had a hand in analysing the data. I would like to see much more detail and critique about this. They say that "disagreement was resolved through discussion" - they need to provide more comment and detail on this, maybe citing some evidence of it. Having done lots of qualitative research myself, I realise the difficulties in trying to manage the analysis 'by committee' and would find it a useful addition to the paper if the authors were to provide more details, so that their final Results can be interpreted better by the readers.

The analysis of data was done by 2 researchers. Both researchers analyzed all data independently. The research group was having regular meetings to discuss the emerging codes and categories. We had a large volume of the collected qualitative data, and, we found it important to do the analysis in 2 persons to make sure that the coding is reliable. We did not experience any major disagreement between the two researchers during this process. However, several times, we had to go back and to listen to the original interviews. This is a normal part of any qualitative research, and following an advice from the editor, we do not provide much detail on specific examples of disagreement.

7. Linked to the point above, the section on Data Analysis makes the whole process look clean and linear, even though it is very rarely the case for qualitative analysis. I would like the authors to be clearer on the actual process of analysis. Also, they do not talk about the temporal aspects of analysis - did it start after the first interview?, if so, how did this affect the subsequent interviews? The huge benefit of qualitative research is its flexibility and the opportunity to learn from each interview and then to build this learning into subsequent interviews. I would like to know more about if and how this occurred.

We have provided now in the methods part that we started analysis in parallel with data collection (p. 9). We have also provided that this did not affect our interview guide, i.e. we had
the same topics and questions covered in all interviews. The reason for this is that we have pilot tested our interview guide prior to actual in-depth interviews.

8. The second person in the interview collected Field Notes - I would like to know more about these - how were they used in the analysis?, what form did they take?

The taken notes were helpful when translating the interviews verbatim. However, the notes did not play a major role in data analysis, because the full verbatim translation was conducted for each of the interviews before the analysis. So the analysis of data was not based on the notes, but on the full interviews translated verbatim.

9. Overall, the paper needs a much more critical eye - it suffers at the moment from being to 'clean' and 'clinical' and therefore reads rather artificial and descriptive. Anyone who has done qualitative research will know that is not the case, so it is important to be much more transparent about the process.

We have provided in the discussion part(p.30, section on limitations) that our results may not be representative for similar stakeholder in other countries.

Level of interest: An article of limited interest
Quality of written English: Needs some language corrections before being published
Statistical review: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests: I declare that I have no competing interests