Author’s response to reviews

Title: Multidisciplinary teams of case managers in the implementation of innovative integrated services delivery for elderly people in France

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We would like to thank the Editor and the Reviewers for their thorough review, detailed comments, and useful suggestions. In the following section, we provide a point-by-point response to the reviewers’ remarks. We have tried to be as concise and direct as possible, focusing on the most salient aspects of the changes made.

Responses to the Reviewer 1

Minor Essential Revisions

1. Please clarify in the article whether the lack of knowledge about case management teams is just in France or whether this extend to other locations.

We agree that this point was unclear. In the revised version, we have provided a more detailed description (see the Background p. 3).

2. It would be useful to know why the questionnaires where conducted anonymously when the focus groups were not. How were these two data sets coordinated as one.

The fact that questionnaires were conducted anonymously allowed us to avoid self-censorship for the question “Perception of being part of a team?”. Data from questionnaires were analyzed according to the educational background in the whole sample.

3. Please explain the following statement further: ‘Observation and documentation were used to validate the information obtained from the interviews’. What process was used? How was this validated? Was this
ethnographic observation? What form of documentation was used? And so on.

The Reviewer was quite right. Our main source of data were focus group. However, non-participant observations and analysis of documentation were used to get a better understanding of the practices of case managers and organization and missions of the teams. The Method section was revised to better explain this point (see the Methods p. 6-7)

4. Further explanation is required as to why the case manager that worked alone was excluded from the study. The article clearly states ‘case management would not be possible without day-to-day presence of other case managers’, however; this would have been more clearly validated if data had also been collected from the case manager who worked alone and not as part of a team.

We agree with the Reviewer that the point of view of the case manager that worked alone would be useful for the results. But this site was excluded because the case manager had just been recruited without experience as case manager (see the Methods p. 5).

Responses to the Reviewer 2

Major Compulsory revisions

1. The literature would be improved by adding the Assertive Community Treatment (ACT) literature which has extensively explored the nature and advantages of teams in implementing services including the collaboration between case managers – see Stefan Priebe, Gary Bond, Susan Phillips, Victoria Stanhope, Michelle Saylers.

We would like to thank the Reviewer for this suggestion. We are grateful and have incorporated some references about the ACT in the new version of the paper (see the Background p.3).

2. At times the delineation of professional roles is unclear. Did the participants have roles of case managers which were somehow separate from their profession, i.e. were they case managers who happened to be nurses or did they play the role of nurse on the team? Clarification of this would help to inform the discussion section of what constitutes interdisciplinary work.

We agree that this point was unclear in the original version. We revised the Method section to provide more information and clarify the unique role of the case managers (see Method p.5).

3. Need to clarify the criteria for the focus groups – was there only one team at each site? Were there 14 focus groups? What was the range of people attending the focus groups?

We agree with the Reviewer that this point was unclear. There was one team at each site. In the revised version, we added clarification about the study population (see Method p.5-6).
4. The description of the coding and analysis could be more specific to the data. Give examples of your open, axial and selective coding.

The reviewer is quite right. We gave some examples in the revised version (see Method p.6-7).

5. The description of the sample would be better placed in the methods section – within the study population paragraph.

As suggested, the description of the sample was placed in the methods section (see Method p.5).

6. I would suggest beginning the results section with a paragraph introducing the themes, which would tie them together – so the reader is clearer how they are answering the research questions and how they hold together.

We fully agree with Reviewer and we thank him for giving these suggestions. We made changes in the result section in order to better introduce the results (see Results p.7).

7. “Appropriation of the integration….” is not a good theme title – it is too literal – further abstraction is needed in the analysis to capture the essence of this theme. Overall the way the themes are presented it is not always clear – how much these are just straightforward implementation issues or critiques of the intervention as opposed to how they relate to multidisciplinary teams, which is the focus of the data analysis. Again “Support for Clinical Interventions…” does not seem to be addressing the focus of the study directly. There needs to be a refinement of the analysis which can generate more focused themes and make the connections between them more evident.

We would like to thank the Reviewer for these suggestions. We revised all the presentation of the results and we did a refinement of the analysis with more focused themes (See Results p.8-10).

8. On the whole the discussion section is excellent but because of the weakness in the way that the results are presented – it does not always seem to be building on the results. If the results are improved, they will better support the discussion section.

We fully agree with Reviewer and we thank him for giving these suggestions. In the revised version, the results are improved and support better the discussion section.