Author’s response to reviews

Title: Rethinking the patient: using Burden of Treatment Theory to understand the changing dynamics of illness

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Author’s response to reviews: see over
Dear Dr Henderson

MS: 1521101466119899: Rethinking Patient-hood: Workload, Capacity and Burden of Treatment
Carl R May, David T Eton, Kasey Boehmer, Katie Gallacher, Katherine J Hunt, Sara MacDonalld, Frances S Mair, Christine M May, Victor M Montori, Alison Richardson, Anne E Rogers and Nathan Shippee

Thank you for expediting the progress of this paper after it became lost in the BMC system. My co-authors and I are very grateful for this, as we are to Dr Grant and Professor Best for their interesting and helpful reviews. Here we submit a revised version of the paper.

Neither of the reviewers asked for significant revisions. In the table below, we outline what we have done to respond to their specific criticisms. More generally, we have made the purpose of the paper clear by modifying its title. This is now: Rethinking the patient: using Burden of Treatment Theory to understand the changing dynamics of illness. We have also carefully edited the main body of text. We have removed boxes 1 and 3 two and their associated text and figures completely – leaving five figures to be embedded in the text.

We hope that this version of the manuscript satisfies the reviewers and the editorial team. We look forward to hearing from you in due course.

Yours sincerely

Professor CR May
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<th>Reviewers' remarks</th>
<th>Our response</th>
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<td>Reviewer 1.1 Figure 1: Honestly, I couldn't entirely follow the logic of the circular arrow flows. How does the rightmost concept in each figure feed-back directly to the leftmost &quot;starting&quot; concept?</td>
<td>Each figure now has added explanation in the text (pp7,9-11). In addition, we have now removed boxes 1 and 2 from the manuscript.</td>
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<td>Reviewer 1.2 Final sentence: &quot;we have offered an alternative...which is a &quot;partnership&quot; approach&quot;. This is an overly grandiose statement, as healthcare partnerships have been advocated by many others, most clearly and influentially by Wagner’s chronic care model.</td>
<td>We have restructured the discussion and conclusion (pp12-15) in response to 2.4 below. This claim is no longer made. We have also now referenced Shivageya and Croker’s systematic review of such models, published whilst this paper was under review.</td>
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<td>Reviewer 2.1 In the first section of the Background, it is stated that “Over the past six decades the nature of these burdens has changed” indicating a change in predominance from acute to chronic illness. There is no description of why the burden has increased on individuals, perhaps because treatment is more complex and there is more multi-morbidity. There is also no mention of the other significant changes in society that have had an impact on the support systems available.</td>
<td>We have made a major modification to the Background (pp3-5) sections that links treatment burden to systems and structural change more directly, and also links these more clearly to supporting references.</td>
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<td>Reviewer 2.2 In the same section 3 categories of illness are mentioned but then there is no differentiation throughout the rest of the paper between them. Is that because the models described do not differ between these 3 categories?</td>
<td>We have now embedded these in the text so that they do not differentiate between different populations (p3).</td>
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<td>Reviewer 2.3 In the last part of this section the scenario is described where the burden of self-care leads to patients becoming overwhelmed and increased healthcare costs. This statement does not seem balanced by any estimate of an alternative approach.</td>
<td>We believe that there is good empirical evidence that this is the case for a proportion of ‘self-managers’. Our qualitative research reveals this, but further investigation on a larger scale is needed to validate the theoretical model we present here. We note the former on pp3-4, and the latter on pp14-15.</td>
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<td>Reviewer 2.4 The four recommendations at the end of the paper in the Conclusion section do not link well with the body of the paper. The paper focuses on models describing the burden of self-care but does not really offer any alternative throughout the paper until these conclusions.</td>
<td>This material has now been integrated with the discussion (pp12-13). The conclusion is now much more focused and does not include recommendations.</td>
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