Author's response to reviews

Title: Part II, Provider Perspectives: Should patients be activated to request evidence-based medicine? : a qualitative study of the VA Project to Implement Diuretics (VAPID)

Authors:

Colin D Buzza (colin-buzza@uiowa.edu)
Williams B Monica (monica.williams2@va.gov)
Mark W Vander Weg (mark.vanderweg@va.gov)
Alan J Christensen (alan-christensen@uiowa.edu)
Peter J Kaboli (peter.kaboli@va.gov)
Heather Schacht Reisinger (heather.reisinger@va.gov)

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Author's response to reviews: see over
December 22, 2009

Brian Mittman, Editor-in-Chief
Implementation Science
BioMed Central Ltd
Middlesex House
34-42 Cleveland Street
London W1T 4LB, UK

Dear Dr. Mittman:

We are pleased to submit the final version of our manuscript Should Patients Be Activated to Request Evidence-Based Medicine?: A Qualitative Study of Providers’ Responses to the VA Project to Implement Diuretics (VAPID) (MS: 1362923924720769). We have made a few minor changes based on the final suggestions of the two referees. These changes are described in the responses below. We again appreciate the time and effort you and the reviewers have put into our manuscript and believe that it has improved because of it.

We appreciate the opportunity to publish in Implementation Science. Please let us know if you need anything else or have questions.

Sincerely,

Heather Schacht Reisinger, PhD
Investigator, CRIISP, Iowa City VAMC
heather.reisinger@va.gov

Peter J. Kaboli, MD, MS
Associate Professor, Iowa City VAMC and University of Iowa College of Medicine
peter.kaboli@va.gov
**Referee 1: Aanand Naik**

Thank you for the opportunity to again review this manuscript. The authors have done a tremendous effort of addressing the many significance, methods, and synthesis points raised in the prior review. The authors, who are clearly experts in qualitative research, have more than sufficiently described their methods in this version. Finally I think the discussion now clearly presents a synthesis of the results into a theory of how patient activation results in changes in provider behavior. I have no essential revision recommendations for the manuscript at this point.

I. Discretionary Revisions:
I agree with the authors that perhaps the patient requests literature may not be a perfect match for this study's findings since only one physician actually reported behaviors resulting from direct requests for a specific medication. We have previously used the patient requests model to describe how collaborative and proactive communication between patients and clinicians can result in improved hypertension control among diabetes patients (Naik et al. 2008 Circulation). The path analysis model described in this prior work is consistent with the authors' current study findings. Perhaps this is a more direct model for describing how an activated patient is more likely to engage in collaborative and proactive communication of treated but uncontrolled hypertension. And then how the proactive communication facilitates changes in the treatment plan by the provider. However, please consider this as only a suggestion. There are already plenty of other studies cited in the paper by which the authors have sufficiently explained their findings.

We appreciate the reviewer's suggestion, and while we recognize the potential applicability of this additional resource, we agree it is not necessary in order to explain the results of the study.

**Reviewer 2: Derjung Tarn**

The authors have done a good job addressing the reviewer comments. The revised introduction and discussion strengthen the manuscript, which may best be published with its companion piece looking at things from the patient perspective. The one limitation that the authors did not cite was the fact that social desirability bias may have led providers to report that they knew about recommendations to use thiazides as first-line hypertension treatment, even if they previously did not.

We agree with the reviewer and have added this to the limitations.