Author's response to reviews

Title: A comparison of mental health policy and direct practice stakeholder perceptions of factors impacting evidence-based practice implementation

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Author's response to reviews: see over
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Denise O’ Conner, Ph.D.
Associate Editor
Implementation Science

Dear Dr. O’Connor

We are pleased to have the opportunity to submit our revised manuscript (MS: 1523426603422626) entitled “A Comparison of Policy and Direct Practice Stakeholder Perceptions of Criteria Affecting Evidence-Based Practice Implementation.” We greatly appreciate the reviewers’ comments and suggestions. While two of the reviewers had few comments or concerns with the scientific approach or writing, one reviewer had a large number of comments. Thus, our response is rather lengthy. We addressed each comment in detail and, as requested, used “track changes.” Below we provide a detailed list of the recommendations expressed by each reviewer, followed by our responses and subsequent changes made to the manuscript. We also note where in the manuscript changes were made. We hope that our response has adequately addressed all reviewer concerns. Please feel free to contact me with any questions or concerns. We look forward to your decision.

Sincerely,

Gregory A. Aarons, Ph.D.
Reviewer Rapley:

1. The referencing at the end of the paper seems to be astray, see especially page 17 – references 36 and 35 seem wrong.

   Response: We appreciate the reviewer’s attention to the references and have reviewed and revised the references to ensure that they are correct.

2. Discretionary revision: In relation to limitations, the classical position around such self-report accounts of perceptions of barriers and facilitators is asking how to they relate to actual practice. See for example Checkland’s two papers around this::


   Checkland KH, Coleman A, Harrison SR, Hiroeh U. (2009). 'We can't get anything done because...': making sense of 'barriers' to Practice-based Commissioning. J Health Serv Res Policy, 14(1)

   Response: We have added text detailing the limitations of practitioner reports of barriers to the limitation section on page 21 and have included the references suggested by the reviewer.

Reviewer Ballini:

1. Section Results - first paragraph where the 14 clusters are listed although examples for each cluster are given in the additional files, I suggest that authors provide general definitions of the clusters.

   Response: In response to the comments and suggestions of Dr. Ballini and Dr. Hetrick we have added substantial text in the beginning of the results section on pages 13-15 detailing the themes present in each of the fourteen clusters for the reader in addition to the reference to the full data in the additional file.

Reviewer Hetrick:

1. While an interesting methodology, it does seem that a lot of the richness and depth that can come from focus group data was lost in what was an extremely complex methodology.

   Response: The methods using in concept mapping differ from traditional focus groups in that they are used to generate ideas around one question and are really statement generating or brainstorming groups. In the current project the data are words, phrases, and short statements that were taken in list form in response to the focal question, limiting the “richness” of the data compared to traditional focus groups. However,
concept mapping provides the opportunity to gain collective knowledge through brainstorming processes and allows for the integration of data from multiple stakeholders. We believe both methodologies can inform implementation science; however, this paper focuses solely on the use of concept mapping to create conceptual models of barriers and facilitating factors among different levels of stakeholders in child/adolescent mental health. In order to reduce confusion between the two methods we have changed the label for “focus group” to “brainstorming group” throughout the text.

The description of statements grouped by cluster contained a lot of potentially useful information about factors that one might need to consider when implementing EPB. The cluster names were somewhat meaningless in that if you only read these, you would not know what to target when trying to develop strategies for implementation.

Response: In response to the comments and suggestions of Dr. Ballini and Dr. Hetrick we have added substantial text in the beginning of the results section on pages 13-15 detailing the themes present in each of the fourteen clusters for the reader in addition to the reference to the full data in the additional file. We believe the cluster names continue to have meaning as they represent important domains of barriers and facilitating factors to consider when implementing EBPs.

Additionally, each cluster contained both positive and negative statements, again making the cluster headings meaningless in terms of being able to use them to develop implementation strategies. Overall, this may mean the cluster map is invalid or at the very least not very helpful in terms of guiding practice.

Response: The reviewer notes an important issue in regards to literature on barriers and facilitating factors in the sense that the absence of a factor may represent a barrier while the presence would be a facilitating factor and vice versa as described on page 15 of the results and page 17 of the discussion. The 105 statements were not specifically categorized as barriers or facilitating factors, however we believe when these items are grouped together, they provide a conceptual framework of important domains “clusters” to be examined as part of implementation readiness and can comprise both barriers and facilitating factors.

This study may be more suited as a short report unless the authors can a. make more of the meaning of the differences between the two groups they studies; and/or b. describe in more detail what each cluster means, with more analysis of the statements contained in each and a discussion of how an understanding of these clusters might facilitate implementation of EPB.

Response: We believe that the study adds to the literature on implementation and that both the differences and lack of differences between the two groups are meaningful. Additionally, the clusters identified help to elucidate a conceptual framework of domains to address as part of implementation readiness and at what level (policy/practice) each factor may be seen as most important and amendable to change. Additionally, we have noted the comments of two reviewers with regard to clarification of the clusters to
provide more meaningful data and as such have incorporated additional text describing each cluster and its themes in more detail. However, as the purpose of the concept mapping procedure is to allow for data reduction and the statements listed in the additional file comprise the entire set of data collected, we have not added any additional analysis of individual statements for each cluster.

2. Minor Essential Revisions: There is a need to use consistent terminology throughout the transcript – e.g. facilitating/hindering, barriers/facilitators, facilitators/impediments; use/implementation of EPB.

Response: We have edited the text so that “barriers” and “facilitators” are consistently used. We had also checked to ensure that the terms “use EBPs” and “implement EBPs” are utilized appropriately according to their intended meanings.

3. Minor Essential Revisions: The conclusion statement in the abstract is unclear e.g. what are ‘cross system level approaches’ and how does this relate to the result of this study?

Response: We have edited this sentence to clarify the meaning as approaches that takes into account the perspectives of multiple levels of stakeholder groups/

4. Major Compulsory Revisions: I think the aims of the study are not clearly articulated

a. At times the authors appear to be aiming to undertake a generalist study, that happens to be taking place in a youth mental health service; however, at times there are statements (for example in the background section of the abstract) that suggest this study is aiming to build the knowledge in the area of youth mental health.

Response: While this article is specifically focused on youth mental health, we believe the results and concept from this manuscript may be useful to help understand other areas of public sector services as described in the discussion section on pages 19-20.

b. The authors state they want to examine perspectives toward EPB but in reality only report results that show views are different, rather providing detail about what the views are and how they are different. As the results are reported, the aim seems to be to ascertain if views are different or the same between policy makers and providers. In some ways they appear to seeking to establish factors that can generally be considered as barriers and facilitators (e.g. paragraph 4 of the background) and this is counter to much of the evidence that suggests barriers and facilitators unique to the organization where one is seeking to implement EPB need to be established

Response: We have added text describing the aims of the study earlier in the manuscript on page 5 to help frame the study. We acknowledge that barriers and facilitating factors are often unique to organizations; however, we believe that there are many common themes and domains that emerge across public sector settings as we have described on pages 19-20 of the discussion.
c. It is not clear what the authors mean when they refer to views about what ‘is important in EPB implementation’ – important in what regard? Important in terms of factors that need to be considered that may impede or facilitate implementation of EPB?

Response: The importance ratings were used to describe the subjective importance each participant placed on each factor (statement) regarding what influences the acceptance and use of EBPs in publically funded mental health programs. Text was added on page 10 to clarify.

5. Major Compulsory Revisions: The background section suffers from the neglect of a whole body of work about implementation strategies based on rigorous RCT evidence. Authors state that efforts to implement EBP should be guided by knowledge and experience’ and should add here that efforts should be guided by evidence and cite, for example, Cochrane review of implementation strategies. They also state in the third paragraph that very little is known about what factors inhibit or facilitate the adoption of evidence but again, we do have some evidence about what intervention strategies can facilitate the implementation of evidence. There have been several recent publications about barriers and facilitators to the implementation of EPB in youth mental health services in Australia.

Response: We appreciate the author’s literature recommendations regarding barriers and facilitating factors to implementation strategies and have revised the introduction to include this suggested literature on pages 4 and 6. Additionally, we have included text relating to the need to have implementation guided by evidence on page 6. We have also deleted the statement the little is known about what factors inhibit or facilitate adoption of evidence in the newly edited paragraph on page 7.

6. Minor Essential Revisions The meaning of several statements is unclear (perhaps due to the lack of clarity about the aims of this study). For example, it is unclear what point the authors are trying to make in the second paragraph of the background – that various factors influence whether EPB takes place? Is the point about consumers bringing their own view that these views/expectations/value etc…may or may not line up with what the evidence says? Is it (at the end of this paragraph) that the authors mean that ‘in order to predict what factors may be important to consider to ensure successful implementation…’?

Response: This text described by the reviewer was included to show the different levels of needs and types of stakeholder perspectives which may impact EBP implementation. Additionally, we have added a statement laying out the aim of the study to the end of the second overall paragraph on page 5 to help frame the study as looking at differences in stakeholder perceptions of factors affecting EBP implementation.

7. Minor Essential Revisions: It is interesting to read evidence from other disciplines in the background, but again, authors should be careful ensure they are adequately informed about the work done on barriers and facilitators in the health/mental health field. Authors should note that continuing education has not always stood up to rigorous evaluation as a factor that facilitates EPB.
Response: While we had listed lack of funding for continuing education as one potential barrier found in previous research, we note the reviewers concern over mixed evidence on the usefulness of such strategies and have eliminated this sentence in the text and have added additional text about barriers and facilitating factors for implementation from the literature on page 6.

8. Minor Essential Revisions: The last paragraph in the background probably belongs in the methods section.

Response: In response to the reviewers concerns we have edited this text in the introduction and incorporated the bulk of the text into the methods section on page 8.

9. Minor Essential Revisions: The methods section would benefit from a more in-depth discussion of the organizational context in terms of the health system generally, how this relates to the health insurance scheme in this country, the agencies and the organization structure of these agencies.

Response: We have added additional text on page 8 to clarify the structure of the county run and county contracted mental health service agencies in the current study as well as information about funding including insurance.

10. Minor Essential Revisions: In the methods section it is unclear what it means that people had ‘direct experience with EPB’ – does this mean they know what it is, they practice EPB or they have experience in implementing EPB?

Response: We have clarified this sentence on page 12 to indicate direct experience implementing EBP services for non-consumer participants.

11. Minor Essential Revisions: In the methods section, the paragraph describing characteristics of the sample should be in the results section and it would be more interesting to read about how the policy and practitioner group differed or were similar, given this is what the aims of the study were.

Response: We have moved the section on sample characteristics from the methods section to the beginning of the results section. As we only have basic demographics for the two groups (age, gender, race, etc) we are unable to include much information about the differences between the groups but have included this basic demographic information on page 12.

12. Major Compulsory Revisions: In the methods section it is isn’t clear what the aims of the study are e.g. the authors speak about understanding participants perspectives – but perspectives of what?

Response: We have worked to more clearly lay out the aims earlier in the paper at the end of the second paragraph on page 5 so that the reader can better understand the purpose and goals of the manuscript.
13. Major Compulsory Revisions: In the methods section, subsection ‘concept mapping’ there is a section that appears to more clearly define what the aims of the study are beginning ‘The research team then defined the purpose of the project…’

Response: This information was clarified earlier in the paper at the end of the second paragraph on page 5.

14. Minor Essential Revisions: It is not clear what authors are referring to when they use the term ‘stakeholder group’ – if it is that they mean the policy and the practitioner group then these are the terms that should be used throughout.

Response: In this paper we use the term “stakeholder group” to refer to all 31 participants in the current study among six different categories (county officials, agency directors, program managers, clinicians, administrative staff, and consumers) which has now been referenced on page 9 of the methods. When combined as “consumers, clinicians, and administrative staff” we refer to this group at the “practice” group and when combined as “county officials, agency directors, and program managers” we refer to the group as the “policy” group as described on page 12 in the “Sample Characteristics” section of the results. We have edited the text to ensure consistency of terms.

15. Minor Essential Revisions: I don’t think it is the ‘youth service system’ but the youth mental health service system that the authors are referring to in the subsection “procedure”.

Response: We have corrected this text to read “youth mental health service system.”

16. Minor Essential Revisions: In the analysis section it isn’t clear what the term ‘card sort’ means (data from the piles or data from the each card).

Response: The card sort is described in detail in the procedure section on page 10. We have noted this by inserting “described above” into the first sentence of the analysis section which uses the term “card sort.”

17. Minor Essential Revisions
Is a ‘square symmetric similarity matrix’ the official term – if it is it needs explanation, if it isn’t then this term isn’t clear.

Response: This is the official term and a reference has been added for the reader. The text following the term “square symmetric similarity matrix” also describes how this matrix is created.

18. Minor Essential Revisions: The analysis section is extremely complex and could do with additional work to make sure its meaning is clear. For example at the end of the first paragraph it would help if there was a summary statement in lay language about what this procedure in this paragraph produces e.g. a summary or average of the way statements were grouped together.
19. Minor Essential Revisions: I think the second paragraph of the analysis section needs some restructuring to ensure clarity of meaning. The second half of the second paragraph is particularly unclear. The authors could arrange this section around the two concepts of stress and interpretability and have a paragraph of each that explains what each of these concepts means and how the analysis operates for each.

Response: We have added more information to clarify cluster interpreting (from cluster analysis) and stress (from MDS) for the reader and have arranged them into separate paragraphs as suggested by the reviewer on page 11.

20. Minor Essential Revisions: There needs to be a clearer explanation of how solutions were evaluated. A point map is explained, but a cluster map is not as well explained – probably there just needs to be a reminder about how the clusters were derived and that this is what the cluster map is.

Response: We have added extra text describing the interpretation and creation of clusters and the cluster map on page 11.

21. Major Compulsory Revisions: The listing of the labels in the first paragraph of the results section does not add anything to the paper without referring to the additional file. It is not clear that these grouping are meaningful in and of themselves, perhaps invalidating the cluster map, because they don’t appear to be able to guide the development of strategies for implementation of EPB.

Results: We have added more description of each cluster in order to increase their understanding and content in the text on pages 13-15. We believe that these clusters names represent meaningful data as they represent a condensed version of the entire data set which points to domains important to consider in implementation readiness.

22. Major Compulsory Revisions: There is a lot of information provided about how to interpret the figures, at the expense of describing what the results mean. The real reporting of results does not occur until the second to last paragraph.

Results: We have added the meaning of the results to the discussion section and have focused the results section solely on providing a framework for and describing the results. We have also added more text describing what each cluster means in more detail for the reader.

23. Major Compulsory Revisions
It is hard to know if the results section is correctly structured because the aims are not clear, but it could be that the general results should be described first and then described in terms of the
policy and practice groups. If there was never the intention to describe the general barriers and facilitators to implementation of EPB then this final paragraph is not necessary.

Results: We appreciate the reviewer’s comment have deleted the last paragraph of the results as this data is not central to the aims and can still be gleaned from the tables for interested readers and have stated the aims earlier in the paper in order to provide a better framework for the reader.

24. Major Compulsory Revisions: The discussion section includes statements that don’t appear to be supported or described in the results. For example, the statement about the concerns about the evidence base in the first paragraph is not clearly described in the results. Perhaps this highlights the lack on meaning in the cluster headings.

Response: We appreciated the reviewer’s perspective and suggestions with regards to the needs for additional clarification of the clusters beyond just their label for both interpreting the meaning of the results and their implications. We have added more descriptions of items in the text which include some of the specific examples mentioned in the discussion. While we believe that there is a richness in having all of the original data, the current method provided a way to condense this information into categories that we believe still carry meaning and can be helpful in advancing implementation science in a less cumbersome way.

25. Major Compulsory Revisions: It would be useful if there was more discussion of what factors were common across each group and how to target these areas/address these barriers. There also needs to be more practical discussion about how you do take into account differing perspectives when designing strategies to implement EPB. For example, it could be as simple as saying that both policy makers and practitioners should be consulted and involved in a collaborative way when implementing EBPs.

Response: While we appreciate the reviewers suggestion, we are only able to compare commonality and target areas for cluster ratings as all 105 statements were rated by participants in both groups; therefore, we cannot separate common factors, but only common importance and changeability ratings. We have provided comparisons of cluster ratings in terms of importance and changeability across each group and have provided additional text to the discussion on page 18 of how collaboration between policy and practice levels can be used to address these implementation issues. We have also added a sentence on page 18 as suggested the reviewer noting that policy makers and those in direct practice should be consulted and involved in a collaborative way when implementing EBPs.

It is unclear what authors mean by ‘optimizing message content and delivery method’?

Response: We have edited this sentence on page 19 in an attempt to provide clarity by specifying what the “message” is (EBP information and related implementation issues) to be tailored in content and delivery.
It is unclear who the better collaboration is between (end of the second paragraph).

Response: We have added the text “among different levels of stakeholders” to clarify this sentence on page 19.

26. Minor Essential Revisions: The discussion of the four phases of implementation should be in the background and help set the scene of the field on knowledge that the authors are intending to contribute to.

Response: We agree with the reviewer’s comment and have added text on our conceptual model of implementation including the four phases and role of multiple stakeholders in the model to the introduction on page 4.

27. Minor Essential Revisions: There is a statement in the fourth paragraph that is about context (about different sectors operating in central authority) could go in the methods section as part of a more in-depth discussion of the context in which this study took place.

Response: We have left this information in the discussion but have included additional information regarding the context in which the study took place to the methods section as well on page 8.