Author's response to reviews

Title: Bridging the Gap between Basic Science and Clinical Practice: A Role for Community Clinicians

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Author's response to reviews: see over
November 24, 2010

Gregory Aarons, MD
Associate Editor
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Re: Response to Reviewers for 3 Linked Manuscripts:
1. Kahn, et. al., Bridging the Gap between Basic Science and Clinical Practice: A Role for Community Clinicians (MS ID: 8993275072034627)
2. Beckett, et. al., Bridging the Gap between Basic Science and Clinical Practice: The Role of Organizations in Addressing Clinician Barriers (MS ID: 3357063182034652)
3. Ryan, et. al., Reengineering the Clinical Research Enterprise to Involve More Community Clinicians (MS ID: 6016189052034664)

Dear Dr. Aarons:

Thank you for your ongoing interest in the three manuscripts we have submitted. We are eager for *Implementation Science* to publish the three linked manuscripts. I believe all of the queries made to the research team are now addressed. This cover letter serves as the overall letter for the three related manuscripts. Kahn, et al is recommended as the first manuscript in the series. Beckett, et al should be the second manuscript in the series, and Ryan, et al is the third. Please note that I have also uploaded revisions for the Beckett and Ryan manuscripts. The Kahn manuscript has previously been uploaded and accepted.

Kahn, et al. (MS ID: 8993275072034627). The manuscript for which I am first author (Kahn, et al) is to be the first in the series. You previously indicated that no further revisions were requested for this manuscript. In an email from *Implementation Science* Editor on September 03, 2010, I received notification saying, “We have great pleasure in informing you that we have provisionally accepted to publish your paper but before we send it to Production for publication the files will be sent to our copyeditors for copyediting. We will be in touch once this has been done. However we do need the manuscript in a word.doc file for the copyeditors, please would you be good enough to e-mail this to us as soon as possible.” Immediately following my receipt of that email, I submitted the requested word document to the copyeditors. I followed up with two emails but I have not heard from the editors regarding the Kahn, et al manuscript since September 3, 2010.

Beckett, et al. (MS ID: 3357063182034652). In reviews received September, 2010, Dr. Aarons recommended that the manuscript clearly cite the two related manuscripts (Kahn, et al, and Ryan, et al).
Author response: This has been implemented in the Methods section.

Dr. Aarons also recommended the qualitative findings be supported by quotes from the transcripts.

Author response: The manuscript has been revised to include quotes from the transcripts in the Results section.

One reviewer had no additional recommendations.

One remaining reviewer comment was: While an explanation of why is presented in the cover letter, this explanation is not adequate to justify this conceptually unclear practice. The Results need to specify what the authors found in the data, and nothing more. The Discussion is the place for their suggestions for remedies based on the Results and the literature. Only the data should speak in the Results. The authors may speak in the Discussion.”

Author response: The Results Section of the manuscript has been revised. For each of the five stages of the model, the Results Section now specifies the concerns and suggested strategies for addressing those concerns, as reported by interview respondents. All strategies and comments by the research team are now described in the Discussion Section. Thank you for this suggestion. We concur the manuscript is now cleaner.

Additionally, as suggested by the second reviewer, the entire manuscript has been edited for writing style.

Ryan, et al. (MS ID: 6016189052034664). In reviews received September, 2010, we received helpful suggestions from the editors and reviewers. A summary of the suggestions and the authors responses are presented here.

Reviewer comment: In the Methods Section, last sentence, the Ryan, et al manuscript refers to expanded description of study methods in Kahn, et al and Beckett, et al but does not cite the manuscripts.

Author response: On page 5, the Kahn and Beckett manuscripts are now referenced in standard reference format.

Reviewer comment: In the Results section, paragraph 2, page 6, if the RSO were to use a business model, couldn’t the RSO also contribute to funding this enterprise, allowing it to become self-funding? Reviewer 3 states “Since funding is so crucial to the enterprise, it would be more compelling to discuss how that would occur. Would this be an NCRR operation, would it be for profit or not?”

Author response: The reviewer is correct. We appreciate your noting our omission of this point in the text. Savvy RSOs are likely to realize that they stand to gain in terms of prestige
and/or profit if they are able to successfully develop and maintain a large and diverse research network of community providers. Since consortia of organizations will have to compete with each other to become RSOs and RSOs will compete with each other to attract studies, we would anticipate that RSOs would contribute at least some resources (directly or in kind) to the development and maintenance of their research network. (Duke is a good example in that it invested many of its own resources into developing a research network composed of Duke alumni and affiliates.)

We have modified the text so it now reads (on page 6 of the revised text):

It can be characterized as a flexible tool to be shared across all funders of clinical research (potentially including, for example, NIH or individual Institutes within it, pharmaceutical companies, specialty societies, and even the RSOs themselves).

Reviewer comment: In the section on Community Outreach on page 9, the revised community outreach section is vague. How would this long term outreach occur? What is meant by a participatory approach? While such an approach would most likely foster greater clinical and community engagement, there is no indication in the text of what this participatory approach would be. The features of the RSO as described are recruit, train, collect feedback, offer quality audits, and provider remuneration and coordination to the network. These features do not include traditional methods of participatory research.

Author response: We have revised the entire section to include more specifics. We comment on how long term outreach might occur, and we edit the term participatory approach.

We have expanded our description about community outreach, noting that such an approach would include: (a) providing opportunities and information to; (b) reducing the research burden on; and (c) seeking advice and feedback from clinicians and community members. We have also removed the phrase “participatory approach” having realized that readers might confuse it with “participatory research” -- which this not the intent of this section.

The “Community Outreach” text now reads:

Community Outreach: Currently, most community outreach efforts are study-specific with few resources dedicated to fostering broader, more long-term relationships between community clinicians and the research enterprise. Long-term outreach would engage communities, members and clinicians by: (a) providing research-related opportunities and information; (b) reducing the burden to participate in research; and (c) soliciting advice and feedback about the research process. Clinicians, for example, would be updated about research opportunities available to them and their patients and reminded of the importance of clinical research to clinicians and their professional organizations, and the value patients derive from research conducted in community settings. The burden of research would be reduced by offering clinicians and their staff training and support to participate in multiple studies and by making it easier for individuals to identify, enroll and participate in studies being conducted in their own communities. A strong community outreach approach would also foster greater clinician and community participation in the design and implementation of the research itself. Seeking clinician and community engagement and feedback would help ensure that study
designs and logistics were more likely to take into consideration the realities and constraints of community practices and that communities would have a greater voice in identifying the research questions and topics that were most relevant to them. This suggestion is consistent with the RE-AIM framework, one of several evaluation frameworks developed to support the assessment of interventions in terms of the translatability and public health impact of health promotion.\textsuperscript{25-27}

Please accept my appreciation for you and the editorial staff at *Implementation Science* for your patience regarding these manuscripts. I hope you find these manuscripts responsive to your comments and suggestions.

I am happy to arrange a call if you identify additional issues to be addressed.

If you have any questions, please call me at (310) 794-2287 or email me at kahn@rand.org.

Sincerely,

Katherine L. Kahn  
Senior Natural Scientist

cc. Megan Beckett, Ph.D.  
Gery Ryan, Ph.D.