Author’s response to reviews

Title: Actions and processes that patients, family members, and physicians associate with patient- and family-centered care

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Author’s response to reviews:

Subject: Revisions to BMC Family Practice - FAMP-D-18-00300

Dear Dr. Halcomb,

Thank you for your comments and for the helpful reviews of our manuscript FAMP-D-18-00300, "Actions and processes that patients, family members, and physicians associate with patient- and family-centered care." We have revised our manuscript and hope it is now acceptable for publication in BMC Family Practice. Our point-by-point responses are below. Changes to the text are indicated with tracked changes.
We very much appreciate all the thoughtful comments. We believe they have made the paper much stronger. In addition to making the revisions we requested we also made a number of other changes to improve the manuscript including: 1) fixing typos and adding minor clarifications, 2) adding a description on the collaboration that produced this work, and 3) correcting our “Ethics approval and consent to participate description”.

Thank you for the opportunity to make these changes. We look forward to hearing your response. Please contact me if I need to do anything else to facilitate publication.

Sincerely,

Clarissa Hsu, PhD
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Point-by-point responses for FAMP-D-18-00300

Reviewer reports:
Aneesa Abdul Rashid, MBBCh BAO (Reviewer 1): The abstract was well presented
The methodology was also well presented.
The supplements were very helpful in reading the content of the discussion.

I would like to recommend explaining what an ambulatory care physician is, is it the same as a primary care physician?
Response: Thank you for these suggestions, which will help a wider audience understand this work. We have added explanations and background as recommended.

Pg 5 lines, 105-107 now reads: “In each region, we conducted separate focus groups with patients, family members, and physicians who spent at least half of their time working in outpatient settings (includes primary care, urgent care and specialty care).”
I would also like to recommend giving a little background on the IPFCC as those not from the US (including myself) may not be familiar with this concept/NGO.
Response: We have added explanations and background as recommended, specifically we added additional information on page 4 to make clear that the project was a collaboration between four organizations, one of which was IPFCC and we added information about IPFCC’s mission to Table 1.

It is interesting that the first 2 domain relies heavily on the communication skills of the physicians with their patients and family. The third one is on respecting time, they also mention a simple method to overcome this - which is by communicating it to the family and patient.

Response: Thank you for this observation. We agree that these are interesting findings from our data.

Penelope Abbott (Reviewer 2): Thank you for the opportunity to review your manuscript, which I recognise will have substantial practical value. I have some recommendations before publication.

Abstract
This needs some improvement as it currently creates a rationale and aim of your article but does not articulate your own contribution. There is a lot of space given to the background and very little information given in results or conclusion. For example, the first sentence of the abstract's conclusion was not convincing, saying your work fills a critical gap, but the reader does not know how. I suggest highlight some of the concepts and domains.

Response: We agreed that these changes would improve the abstract and have rewritten to reduce the background information and provide more specific information about the results and conclusions. For example, the abstract now lists the three key domains covered by the paper and the conclusion describes how our work fills a critical gap in the field. Please see the track changes in the manuscript for full revisions.

METHODS
Line 115 - please give the cash incentive amount
Response: We have added the requested information (“$100.00 for patients and caregivers and $150.00 for physicians”).

Line 116 - Please give details in the main part of the methods summarising how the semistructured interview guide was developed. This is too important to move into the appendix, given that this appears to have been an important part of your method.
Response: Thank you for this suggestion. We have added additional details about how the focus group guides were developed (Methods, b. Data collection).

Line 122 - The Thematic analysis and coding approach is not clear. You have stated that the initial codes were predetermined, suggesting a deductive element to the analysis, however in line 122 also refer to your approach as inductive TA. You have not given the reference for Bernard 2006 in your paper, therefore I was not able to understand your thematic analysis method.
Response: Thank you for pointing out this oversight. We have now included Bernard in the references. We also revised Methods, c. Data analysis to clarify that our process was indeed inductive, using codes and themes that emerged from the data but organized into a priori domains from, for example, the PFCC definitions.

Line 132 - I understand the themes have been conceptualised as actions, which is good, though suggest this be stated explicitly in methods that this is how you approached coding and the rationale for this rather than stating 'action themes'.
Response: We have revised the description of the code development to be clearer that the codes that emerged were due to the goal of the focus groups and guide’s strong focus on specific actions. We have left the term action themes as we feel that this term still accurately describes the specific themes that surfaced around these actions.

RESULTS
I suggest substantial cutting back of the illustrative quotes. They are very long, but there is also opportunity to decrease the numbers of quotes if you want to include them in the results as you have. Currently they make the results section difficult to read, particularly as in several places you let the quotes speak for themselves without describing the finding adequately. The writers could consider adding (shortened) illustrative quotes to Table 3 if they prefer to include all the quotes, so that they could report more effectively on their findings in the results without disturbing the flow of the results section.
Response: We appreciate this feedback and we trimmed the quotes as much as possible and added additional interpretation in selected places where the transition to the quotes was abrupt.

Line 233 - I query this theme of non-verbal contact by touch being part of the domain of respect and dignity, and the research team interpretation of the physician's discussion of physical examination. The quote suggests to me a maxim of medical education that neglecting to do physical examinations of patients is a common mistake made by doctors which leads to incorrect diagnosis.
Response: We see the reviewer’s point but continue to feel that this action belongs under dignity and respect as it is about making a personal connection with an individual and making them feel cared for. As we explain in the text, the personal connection through non-verbal means is another way that clinicians can communicate caring for an individual, which may include physical cues that they are attending to the patient by sitting down or a brief touch. We specifically point out that while the physical examination is a medical assessment process, it was also seen as a way of making this personal connection and convey caring and personal attention. We would like to keep this insight in the paper as we feel it adds important detail and something actionable for clinicians to consider when thinking about increasing their personal connection with patients. However, we are willing to delete this point if the reviewers and editors feel it is a distraction.

DISCUSSION
The discussion is short and could be deepened. In this manuscript there is substantial restating of your goals and methods and findings and no discussion in the light of the literature at all. Your argument that this is critical and useful work by the action list you have generated needs more support through an argument based in the literature.
Response: Thank you for these suggestions, we have revised and expanded the discussion and added a paragraph situating our work in the literature on this topic.

Minor suggestions
P 5 line 87: I would not use the word emerges when referring to the paper as the paper reports on findings, it is a confusing use of the word in a qualitative study.
Response: We have revised this sentence and it now reads: “This paper is the result of a collaboration between the American College of Physicians, the Institute for Patient- and Family-Centered Care, the National Partnership for Women and Families and Kaiser Permanente Washington Health Research Institute. The goal of our collaboration was to develop a behavior-based survey instrument to measure PFCC in primary care and other ambulatory care settings (such as outpatient specialty care).”

Line 113 - typo - missing 'in'
Response: The sentence on line 113-114 of the originally submitted manuscript read: “Two research team members with experience facilitating focus groups and conducting qualitative research (CH and MFG) attended all focus groups.” We acknowledge that it could also be phrased: “Two research team members with experience IN facilitating focus groups and conducting qualitative research (CH and MFG) attended all focus groups.” But would like to keep our original wording as it is grammatical correct.