Author’s response to reviews

Title: Variables associated with interprofessional collaboration: A comparison between primary healthcare and specialized mental health teams

Authors:

Nicolas Ndibu Muntu Keba Kebe (docteurnicolasndib@yahoo.fr)
François Chiocchio (francois.chiocchio@telfer.uottawa.ca)
Jean-Marie Bamvita (jean-marie.bamvita@douglas.mcgill.ca)
Marie-Josée Fleury (flemar@douglas.mcgill.ca)

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Author’s response to reviews:

December 5

Dear Dr. Van Royen:

Thank you for your insightful comments and for those of the reviewers that proved most helpful in improving our manuscript. The requested revisions (in yellow in the manuscript) have been addressed.

We hope that these changes meet with your approval, and remain entirely at your disposal should you require further information.

Thanks again and best regards,

Marie-Josée Fleury, Ph.D.
Professeure titulaire
Département de psychiatrie, Université McGill
Douglas Hospital Research Center
6875 LaSalle Blvd.,
Montreal (Québec), Canada, H4H 1R3
Email: flemar@douglas.mcgill.ca.

Dear Dr Fleury,

Once you have made the necessary corrections, please submit a revised manuscript online at:

Technical Comments:
1. Please include Figure Legends Headings.

2. Please include list of abbreviations.
Response: We have made all the corrections requested.

Reviewer reports:

Carole Orchard (Reviewer 1): Please include all comments for the authors in this box rather than uploading your report as an attachment. Please only upload as attachments annotated versions of manuscripts, graphs, supporting materials or other aspects of your report which cannot be included in a text format.
Please overwrite this text when adding your comments to the authors.
Thank you for carefully reviewing the previous areas identified as needing either attention to or clarifications.
Response: Thank you!

There remain a few aspects that need to be corrected. Pg. 4 line 23 you identify the demographic variable of 'sex' this is not correct 'sex' is a biological marker. The correct term is 'gender' which is a social marker.
Response: As requested, we have changed “sex” by “gender” in the text and in tables.

Pg 7. line 17-18 this is an interesting point. It was addressed in a paper published in the Journal of Interprofessional Care around a socialization framework to lead to development of dual identity by Khalili, 2014.
Response: As suggested, we have added this reference.

pg. 10 line 5 the choice of the measure for collaboration for your study was interesting. What was surprising was although you cite Bookey-Bassett et al's paper (reference #33) that identifies two measures of IPC that have high conceptual coherence you still choose another to use that does not have the same level of validity. There are three established constructs to IPC -- partnership, cooperation, and coordination. These are measured with the Assessment of Interprofessional Team Collaboration Scale (AITCS, 2018) and this measure is widely used across a number of settings in health care and countries albeit it is not in Canadian French and this may be the defining decision made. You may comment on this point in your limitations.
Response: You are correct. This information has been added to the new version of the manuscript, in the limitations section.

On pg. 11 line 3 and 8 you state there are two dependent variables. However, you only have one IPC n the study. Doing a comparison between two groups does not make it two dependent variables. Please correct this error.
Response: The correction was made in the study method section (Analyses), as requested.

In your discussion on pg. 13 line 9-11 you generally state that there is a difference in teams working across the two sites in the study but do not clearly explain the difference. Since this comparison is made throughout the study this point needs to be more fully explained such as were there Family Physicians in the PHC sites vs. Psychiatrists and Clinical Psychologists in the MH-SSTs? This would have a potential direct impact on the findings and needs to be more clearly reported.
Response: First, MH-PCTs and MH-SSTs are not located in two different sites. They are both present in each of the health and social service centers (HSSC) across the four sites included in this research. As
explained in the article, MH-PCTs are quite new and integrate various numbers of clinicians who originally worked in MH-SSTs. We have added some additional information on the composition of MH-PCTs and MH-SSTs in the Methods section (Study design and sample). The percentages and types of professionals integrated into MH-PCTs and MH-SSTs are also presented in the results section of the manuscript. However, while the proportion of medical professionals was greater among SSTs, and psychosocial professionals more prevalent among MH-PCTs, inter-professional collaboration (IPC) was not associated with type of professional in either MH-PCTs or MH-SSTs. This information has been also added to the discussion in the new version of the manuscript.

Pg. 13 line 21 which IPC competencies are you relating to? There are more than one published sets.
Response: The information has been added in the new version of our manuscript.

Pg. 15 line 3 the use of multidisciplinary teams should be made clear. Do you really mean those that practice from a multidisciplinary model of care? Or are you using IPC and multidisciplinary to mean the same? If so this needs to be corrected. They are very different.
Response: We mean teams that practice from a multidisciplinary model of care, such as those offering case management to individuals with complex needs. This information has been added in the new version of our manuscript.

Pg. 15 line 9-10 discusses success of teamwork associated with team identification. However, no mention of the importance of Intergroup Contact theory and its mediators (Pettigrew & Tropp, 2008) that directly require a set of actions to be taken to address power differentials that seem to be missing in your discussion.
Response: Thank you for this remark. This information is now added to the manuscript.

Thank you again for your comments and suggestions!

Kris Van den Broeck, Ph.D. (Reviewer 2): Dear authors,

Thanks again for your thorough revisions.

I commented on how selecting a set of items and changing the answer categories might have an influence on the validity of the measures used. You rebutted that earlier studies suggest these adaptations would have no impact on the validity of the scale. Please integrate this information in your manuscript; I am probably not the only one who would make this remark, and it is always better to anticipate critique.
Response: As suggested, we have integrated this information into the manuscript, in the method section. Thank you!

With this information added, I would say your paper is accepted for publication.

Best,
Kris

Thank you again for all your comments and suggestions!