Author’s response to reviews

Title: Healthcare professionals’ views of palliative care for American war veterans with nonmalignant respiratory disease living in a rural area: a qualitative study

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Manuscript (PCAR-S-18-00066)

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Dear Editor

I am pleased to resubmit for publication the revised version of manuscript (PCAR-S-18-00066) "Healthcare professionals’ views of palliative care for American war veterans with nonmalignant respiratory disease living in a rural area: a qualitative study.” We are very grateful to you, the editorial team and the expert reviewers for taking the time to review our manuscript and for providing valuable and constructive comments. We provide a point-by-point response to each comment below.
Thank you

Dr Clare Mc Veigh

Reviewer 1 queries:

1. Authors need to give more context to explain why they chose to focus the study on American veterans, i.e., beyond just the cited statistic of COPD being 3x more common in the veteran population.

This has been accommodated within the text; lines 75-76 and 83-87

2. The study "Aim" statement is too broad and non-specific.

This has been accommodated within the text – Lines 107-108

3. The focus group question guide includes 2 aim statements, but the second one concerning HCP communication is not clearly connected to what is reported in the manuscript.

Thank you for highlighting this. The main aim of the study was to explore palliative care service provision, both generalist and specialist, therefore this topic was included in the focus group to enhance the findings in relation to service provision.

4. No mention of Veterans Administration (VA) as the overseer and purveyor of healthcare services for veterans in the US - this is an important contextual factor for what is available and accessible to veterans from a healthcare perspective.

This has been accommodated within the text – lines 94-104
5. Insufficient description provided in the methodology section - what is meant by a "broad interpretivist approach" & "thick description"?

Thank you for highlighted this, this has been accommodated within the text- lines 118-121 and lines 236-240.

6. What was the rural area (state, population, other HC services available, what services are provided and covered in this VA hospital and what does that mean in terms of cost to the patient, provision of services, i.e., what is missing and for what percentage of veterans in the hospital's catchment area)?

Thank you for highlighted this, this has been accommodated within the text- lines 33, 94 – 104.

7. How were focus groups made up, i.e. on what basis were participants assigned to particular focus groups, or where they?

Healthcare professionals attended a focus group that was at a time and date that was convenient for them. This has been added to the manuscript. Lines 129 and 130.

8. "Informed consent was also ongoing throughout the focus groups" - what does this mean?

Removed to improve clarity.

9. Results and discussion section - Report would be strengthened by adding to the number of illustrative quotations provided as evidence for the interpretation made or conclusions drawn. Some quotations do not seem to connect with interpretations made by the authors.

Additional quotes added to each theme to strengthen the results section throughout the manuscript. Pages 11- 18.
10. The quotation referring to telemedicine does not even mention palliative care despite the authors using it as evidence to support the use of telemedicine as a new model of PC delivery.

More details of the quote from the original transcript added to enhance this section. Lines 437 - 445.

11. Discussion of veterans' coverage via VA belongs in the introduction/background section - it provides some of the necessary context as already mentioned.

Changes made to introduction section as suggested, see previous comments.

12. I agree with the "limitations" section - it would have strengthened the study to have included focus groups with patients and their caregivers - only getting HCPs' view of what patients and their caregivers think/feel gives a very narrow perspective. Also having more than one site and more than one state (each state has its own culture and context) would have strengthened the study.

This has been noted within the limitations section.

13. Conclusions - NMRD is not "commonly experienced" by veterans, but is more common in this population than the general public.

Accommodated within the text – lines 571 and 572

14. The study has not "demonstrated" anything per se—it has suggested possible perspectives on the issue.

Changed to suggested – line 573
15. In the authors' conclusion related to telemedicine as an option for the delivery of PC in this population, they do not say how this medium might address the barriers identified in the study, i.e., association of PC with dying, and association of PC with "surrendering". Perhaps the most valuable insight arising from the study is this idea that veterans' may view PC somewhat differently than the general public, yet the authors have not offered suggestions for future research or follow-up.

Thank you for highlighting this, the discussion section has been strengthened to accommodate these recommendations – lines 540 - 561

16. I found it difficult to accept the interpretive leaps made by the authors based on small focus groups in one VA hospital in a rural area of one state within the US.

Thank you for this. The limitations section acknowledges that the study only involved the perspectives of HCPs from one site.

17. Finally, given the narrow scope of the study, I suggest that the title be revised to indicate that the study is based on HCPs' perspectives only and reflects the situation in one state only, not all of "America" as the title currently suggests.

Title amended to accommodate suggestions – lines 1 -3

Reviewer 2 queries:

1. Introduction - this could be restructured and developed further to provide a strong rationale for the focus on veterans, so as the inclusion does not appear incidental.
See response to reviewer 1.

2. Although the authors briefly state the heightened prevalence of NMRD in the veteran population, it would be important to stress the rationale to focus the research specifically on a veteran population rather than a general population sample.

See response to reviewer 1

3. The rationale to focus on a rural geographical location could also be strengthened. Be mindful of use of 'remote', definition varies internationally.

See response to reviewer 1.

4. If the authors could clarify choice of 'America' throughout rather than 'United States'

America used throughout

5. Methods - Methods well described, though qualitative reporting guidelines could be cited. Detail on data storage superfluous.

COREQ guidelines citation inserted – line 219

Data storage information maintained to provide a transparent audit trail and highlight ethical considerations.

6. Discussion - Findings on challenges with prognostication and disease trajectory could be linked to issues more broadly with non-malignant disease. Although findings relate to the NMRD literature broadly, the parameters of how the findings may be generalised could be clearer.
Thank you for highlighting this, reference now made to other non malignant conditions – lines 487 and 488.

7. Similar to the introduction, the defining characteristics of the veteran population and how this relates to the findings could be developed further.

Accommodated, see previous comments.

8. There could be more developed engagement with literature throughout, particularly in relation to implications for practice/service development

Implications for practice and future research now highlighted in discussion – lines 540 - 561

9. Check grammar re use of tense, e.g. page 17

Manuscript reviewed