Author’s response to reviews

Title: Implementation of the Milestones Communication Approach for patients with limited prognosis: evaluation of intervention fidelity

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Reviewer reports:

I really enjoyed reading this paper, and feel it is a valuable contribution to the literature. Strengths include:

Great structured approach to a high need situation: interprofessional communication with patients and families about prognosis and goals of care

Involves patients, families and the interprofessional team

Was tested in lung cancer, but has relevance to other cancers (and illnesses)

It is crucially important that we study real world implementation of communication

Used appropriate and effective methods for communication training

Useful to others who may want to implement this approach by describing the intervention and gives other an idea of what fidelity they might expect under similar conditions
Response:
Thank you very much. We appreciate your feedback!

Abstract: Reviewer reports:

Please clarify who delivered the MCAs and what support these people were given to deliver the MCAs.
I gather from the manuscript body that three nurse navigators were trained to deliver the MCAs and then their adherence to the practices in which they were trained was assessed by medical records review, but this is not clear in the abstract. The background section can be shortened if needed to provide additional space for this information.

Response:
Thank you for this suggestion. We clarified this aspect by changing the abstract to: “To implement this in clinical practice, effective communication between patients, family caregivers and healthcare professionals is essential. The Heidelberg Milestones Communication Approach (MCA) is delivered by a specifically trained interprofessional tandem (nurse navigator and physician) and consists of four milestone conversations (MCs) at pivotal times in the disease trajectory”

Abstract: Reviewer report:

I don't understand the conclusion sentences. I think the conclusion is that for the most part, the intervention fidelity was good. And that further work needs to be done to understand how fidelity could be improved. (As I understand it, there is not information available about what would have improved fidelity, but if there is, please provide it)

Response:
As suggested, we changed the conclusion: “The implementation of a trajectory-specific communication concept was largely successful. Additional studies are needed to understand how fidelity could be further improved.”

Background: Reviewer reports:

Is there data that the Heidelberg Milestones Communication Approach improves patient outcomes? If so please add this information to the introduction. If not, please note in the discussion that this is an important next step in evaluation of this approach.

Response:
We note in the discussion that patient evaluation is part of the HeiMeKOM-study: “Patient relevant outcomes are evaluated within a current randomized controlled trial, though, and will be shortly available.”

Methods: Reviewer reports:

As the manual is only available in German, more information from the manual should be provided in the method section so that others could reproduce this procedure if they wanted to. Specifically, please provide more information about:
- Who did the communication and follow-up calls - it sounds like these were the trained navigators but please clarify.

- What was the involvement of the patient's physicians in the MCs?

Response:
To clarify the procedure, we added the following information: “Five nurse navigators for oncology and palliative care and five physicians have completed the compulsory tailored training (...). After the training, three nurse navigators conducted and documented the MCs together with physicians and the follow-up calls.”

Methods: Reviewer reports:

Were any reminders or other supports provided to the navigators to support intervention fidelity?

Response:
No, but due to the experience, future booster sessions are planned to improve fidelity (as described in the discussion)

Results: Reviewer reports:

Is any information available about the challenge’s navigators experienced in completing the MCs? Information about what contributed to fidelity and what were barriers to implementing the processes would make this more relevant to readers.

Response:
Unfortunately, we did not gather this information systematically. Informal feedback by the nurse navigators revealed primarily organizational problems, especially in the beginning of the project (i.e. nurses were called in too late for the conversations, responsibilities during the conversations were not enough defined, ...). It would definitely be important for implementing the concept somewhere else to observe these barriers systematically.

Discussion: Reviewer reports:

Please provide data to support sentence in the second paragraph "The concept of MCA was well accepted by health care professionals."

Response:
We deleted the sentence since as described at the last comment this observation was based on informally and unsystematically collected data.

Conclusion: Reviewer reports:

As I understand it, the available data did not speak to the reasons why processes were conducted or not conducted. Thus, please revise the conclusion sentence "Besides reinforcement of the training of health care professionals, it seems important to address the contextual barriers and facilitators for successful
implementation of MCA in routine clinical practice." To acknowledge that we don't really know what would improve fidelity, but we should study that, e.g. "Further work should investigate factors that support and detract from intervention fidelity to improve it in the future."

Response:
Thank you for the suggestion, we adapted it.