Author's response to reviews

Title: Experience of using mHealth to link village doctors with physicians: Lessons from Chakaria, Bangladesh

Authors:

Nazib U Z Khan (nazib@icddrb.org)
Sabrina Rasheed (sabrina1@icddrb.org)
Tamanna Sharmin (tamanna@icddrb.org)
Tanvir Ahmed (tanvir@icddrb.org)
Shehrin S Mahmood (shaila@icddrb.org)
Fatema Khatun (kfatema@icddrb.org)
Mohammad Iqbal (migbal@icddrb.org)
SMA Hanifi (hanifi@icddrb.org)
Shahidul Haque (shahid@icddrb.org)
Abbas Bhuiya (abbas@icddrb.org)

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Author's response to reviews: see over
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The Editor
BMC Medical Informatics & Decision Making,

Dear Editor,

Re: “Experience of using mHealth to link village doctors with physicians: Lessons from Chakaria, Bangladesh” manuscript submission: Response to Reviewers

Dear Editor,

The research article mentioned above report’s findings on assesses an intervention that linked village doctors to formal doctors through call centre from the perspective of the village doctors who participated in the intervention. Following receipt of the Reviewers’ observations, we have made substantial changes to the manuscript accordingly. We would also like to respond to the Reviewers’ comments:

1. Reviewer: #Hans Ossebaard

Reviewer's report:

This slightly adapted paper is a readable and valuable contribution to the issue of how to get mHealth/eHealth effectively and efficiently on the ground in low-resource countries where informal/formal; traditional/modern; rural/urban and other oppositions affect implementation of 'new' technologies. Mobile technology is used to engage traditional village doctors and connect them with trained physicians to improve the quality of their health care delivery in the south-eastern part of Bangladesh. Discussion could be a shorter and should be qualitatively different form 'conclusion' which can only be based on the collected data.

Thank you very much for your comments. We have shortened the discussion section and tried to make the conclusions more focused. Please have a look at both the sections.

Why did the intervention had to stop?

We already had mentioned why intervention was stop in our background section page number 5, line number 126-12.

References could be up-dated here and there
We include a new updated reference and also excluded few references in the reference section in the page # 22-24.

2. **Reviewer:** Yiing-Jenq Chou

**Reviewer's report:**

This study investigates the experiences of using call services for a group of village doctors from Bangladesh. I think this study has important policy implications as this call service, as described by the author, may be an effective way to solve the problem of inadequate professional medical manpower in the country. The paper is well-written with methodology properly described. There are some limitations of the study, which may be beyond the authors’ control at this stage. However, the authors may consider address them in the future if this call service is to be re-implemented, and this study be used as a reference for the service provider. Some of the limitations should be discussed in the Discussion section.

*We have separated a section for discussing the limitation of the study in the discussion section.*

*Page # 20*

1. The village doctors participated was only those who joined and used the “mHealth” service. I think it is equally important to determine the reasons for not joining the program for those who did not sign up for the service. The “mHealth” program was terminated in 2013, and as suggested by the authors, the main reason was not enough calls. If this is the case, it is important to increase the coverage and it would definitely help if those who previous refused to join the program can choose to join if the program is to be re-implemented.
We agree with your suggestion. The program was offered to all the village doctors and those who agreed to participate were enrolled. If the program was successful it could have attracted those who did not join. In the future these things have to be kept in mind.

2. Given the program was terminated in 2013, from a practical point of view, is it possible to re-implement the program at all? In other words, how feasible is it to solve/improved the problems raised? For example, I would think “people being unfamiliar with the program” can be easily solved by some public advertisement. However, “technical instability” seems less likely to get an improvement within a short period of time. The reason I raised this point is because I think the content of this paper, if published, should serve as a guide for the authorities in charge and bring back the program as an ultimate goal. Some discussions on this may be helpful.

We think similar programs can be re-implemented if the barriers expressed by the village doctors could be effectively dealt with. However, it is hard to tell what impact would the program have on the prescription pattern of the village doctors without trying it out. We have discussed the issue in the discussion. Page # 19-20.

3. The failure of a program usually has multiple factors. Village doctors’ views are definitely important. As the authors mentioned, they did not incorporate the views from the organization charge. I think other than the organization, information from the professional doctors and the patients are equally important for a successful re-implementation of the program.
We agree and we mention that it is the limitation of our study that we did not have the organization perspective.

4. The author should give some further detailed information concerning the characteristics of the participants (for example, age, area of expertise, average patient volume, if available), and if possible, some comparisons between those who participated in the study and those who did not. Furthermore, what’s the criterion used to select the subjects? How was the sample size determined?

In able 1 we already have details of the participant’s example age, education, and training. We don’t have data on average patient volume. In terms of expertise the village not really trained to provide prescription drugs but they make their living selling such drugs. We did not collect information about those who did not participate in the program but from other studies of village doctors we know that our doctors are not very different.

# Without the responses of reviewer comments we have done minor change in the result section, we added one sub heading named “patient record’ under the heading named “personal gain”, which was previously belongs to other subsection named “new role” in the page number 11.
# According to the revised result section we have brought little change in figure #2 and uploaded new figure in the figure section.

#We also included one name in the acknowledge section in the page number 22.

We hope that the amendments to the manuscript and the above responses are satisfactory. We would like to thank you for taking the time to review the changes to our manuscript and we look forward to receiving any further suggestions for improvement.

We look forward to hearing from you in due course.
Yours faithfully,

Nazib Uz Zaman Khan
Research Investigator
Center for Equity and Health System.
International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b)
68, Shaheed Tajuddin Ahmed Sarani, Mohakhali, Dhaka-1212, Bangladesh
Tel: +88 01712566286
E-mail: nazib@icddrb.org