Author's response to reviews

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

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Author's response to reviews:

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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. We have edited the following page and line,

We have re write in the page number 17, line number 435-441, after that we have erased 8 lines and remove 3 references [22, 25, and 26, from previous reference list] and we added 5 lines in the line number 442-446, edited line 448-450, after line number 450 we have erased line and one reference [ 12, from previous reference list]in pag18, added new line 450-452, edited line number 452-455, in the line number 458 -459, we erased one sentence and added new line in the line number 458 added line number 458-459, edited 459-462, we erased one sentence and added new line in the line number in the line number 462 and added new sentence in the line number 462-465, we merged two sentence in one sentence in the line number 476-480, added one new sentence in the line number 488, erased 6 lines and 3 reference [27,29and 43, from previous reference list, edited 507-512, erased one sentence after the line number 515, edited 515-517 and edited line number 530-532.

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 126-128.

References could be up-dated here and there

We remove reference number 8 as it was duplicating with reference number 5, in the page number 22, line number 584, we included one new reference number[ 7] page number 22, line number 582, and also excluded few references from the discussion section in the reference section in the page # 22-24. [Have details information in the response of reviewer 1 first comments]

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 number 20, line number 519.

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 the program would 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 table 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.

Additional Editorial Requirement:

We recommend that you copyedit the paper to improve the style of written English.

In responses to the editorial requirement and recommendation to improve the style of written English we have done some language edit and grammatical correction in all the section including the result section; most of the changes are. We have edited the following line in the manuscript:

Background section: page number 3, Line number: edited line numbers 89-95, we have re write in the line number 90 and also added one new reference no [7]; one sentence is move after line number 97, edited line numbers 91-95, and edited line numbers 98,102-106,108-111, 116-119.

Method section: page number 5, line number140-142, removed one word in the line number 160.

Result section: edited line numbers 167-172, 174, corrected the heading in the line number 178, 184-191,199-203, 220-223, 229-230, after line number 237 we have removed the next four lines, edited line numbers 240 -244, 246-252,254-257, 268-271, after line number 278 we have removed next 3 lines, 283-288, 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 line number 296, page number 11. In this new sub heading we added one line to start the new sub heading in the line number 296. And we also removed one sentence after the line 299, edited line numbers 306-309. after 309 we removed one sentence, edited line numbers 329-333, 352-353, 363-366, after the line number 367 we have one sentence, edited line numbers 376-377, after line number 382 we removed one sentence, edited line numbers 384-387, edited line numbers 396-398, edited line numbers 412-413, 418-419, we have reduced wording in the line number 419,

# 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,
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