Author’s response to reviews

Title: Identifying and Addressing Gaps in the Implementation of a Community Care Team for Care of Patients with Multiple Chronic Conditions

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Editor Comments:

1. Consent to participate

-- Please include the consent to participate information seen in your methods section, in your "ethics approval and consent to participate" section. Please also detail why the IRB felt the need for written consent was not necessary for this study, and how you documented the consent.

We have now done this.

2. Authors’ contributions

-- Please include a statement in the Authors' contributions section to the effect that all authors have read and approved the manuscript, and ensure that this is the case.

Completed.

3. Funding

-- In the Funding section, please also describe the role of the funding body in the design of the study and collection, analysis, and interpretation of data and in writing the manuscript.

Completed.

4. Box data
-- Unfortunately the BMC Series does not accept boxes for publication. Please remove the boxes and include the information in a different format. Please note BMC Series does publish endnotes.

Box 1 was removed and simply listed within text. Box 2 was removed and the full handout from the toolkit has now been added as Appendix 2.

5. Additional files list

-- Please add a section "Additional files" (after the References/Figure legends) where you list the following information for each additional-supplementary file in the file inventory:

- File name (e.g. Additional file 1)
- Title of data
- Description of data

Please ensure that all figures, tables and supplementary/additional files are cited within the text. Any items which are not cited may be deleted by our production department upon publication.

We have made this addition to the end of the manuscript and also within text.

6. Clean manuscript

-- At this stage, please upload your manuscript as a single, final, clean version that does not contain any tracked changes, comments, highlights, strikethroughs or text in different colours. All relevant tables/figures/additional files should also be clean versions. Figures (and additional files) should remain uploaded as separate files. Please ensure that all figures, tables and additional/supplementary files are cited within the text.

BMC Health Services Research operates a policy of open peer review, which means that you will be able to see the names of the reviewers who provided the reports via the online peer review system. We encourage you to also view the reports there, via the action links on the left-hand side of the page, to see the names of the reviewers.

Reviewer reports:

Albert Farre (Reviewer 2): Thank you for inviting me to re-review this paper. Unfortunately, after revision the main concerns I previously raised remain a concern in this revised version. As I noted in my previous review, this manuscript does not seem to document a research process as such. When assessed as a research output, the major methodological flaws and reporting issues previously flagged up still remain - e.g. there is no overall study design informing this piece of work; the rationale for the chosen methods of data collection (or indeed important details relating
to their use, such as why were interviews not recorded and transcribed) remains undocumented; the sampling strategy remains unreported (only a brief mention to purposeful sampling for the chart review with no description of criteria and approach to this type of sampling, and no mention at all for interviews and observations sampling); data analysis methods are still not appropriately reported (e.g. only brief mentions to analytical concepts in relation to the chart review and interviews, which are not described or explained) or not reported at all (e.g. observations).

It is of course appropriate to use an implementation conceptual framework in implementation research, but it is not appropriate for a conceptual framework (which is not a methodological framework, as previously noted and acknowledge by authors) to replace fundamental principles and steps involved in research design. Thus, the reporting of the methods should adhere to principles and rationale of the latter, rather than the former.

Given that these and other methodological points have been raised in earlier rounds and in view of their persistence in this revised version, my conclusion remains that the methodological basis of this study was actually of poor quality, rather than just poorly reported.

Finally, I would like to note that given the reformulation of the study aims, such methodological concerns are now perhaps even more meaningful than they were in the previous version of this manuscript. This now raises the question as to whether the approach and procedures involved in this piece of work (even if well reported) were appropriate to either identify cognitive and structural needs of service providers, or understand how stakeholders valued feedback from the CCT. For example, the way interviews were used (i.e. not recorded and only for 'design purposes, rather than formal qualitative analyses' as stated by the authors) would not seem particularly consistent with the aims as currently reported, but specifically and pragmatically targeted to developing the toolkit to support the program as a clinical service, which was the sole focus of the original study aim.

Response: We thank the reviewer for the second review of the manuscript. It is unfortunate, but the authors of this manuscript are in agreement that we cannot satisfy this reviewer’s requests any further beyond our detailed past revisions. Our research uses implementation science and user-centered design methods, which are appropriately cited and described in our manuscript in our revision. For example, we clearly note that interviews used for in the user-centered design process are not transcribed and used for in-depth qualitative analyses. Rather, during this process it is appropriate to take detailed notes and extract necessary information to continue the design process. It appears that we have a fundamental disagreement that user-centered design research is indeed research. However, the lead author has previously published this type of research in BMC HSR (see Boehmer 2016, design of the ICAN Discussion Aid). We carefully responded respectfully and to the best of our abilities to all four reviewers on this manuscript and in this case, we do not feel we have anything to offer beyond our original, significant revision.

Gianfranco Damiani (Reviewer 3): The authors have satisfactorily responded to all my questions and made the necessary changes to the manuscript. Now, the paper can be accepted in the current version.
Thank you, we appreciate the second review, and look forward to publishing.