Author’s response to reviews

Title: Understanding Primary Care Providers’ Perceptions of Cancer Prevention and Screening in a Predominantly Rural Healthcare System in the Upper Midwest

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Author’s response to reviews:

Thank you for taking the time to review our manuscript. I've taken all of your recommendations into consideration and have made the appropriate changes. We believe our manuscript has been much improved due to your review.

-Daniel Saman

Reviewer Comment:
You stated in your response to reviewers: "We agree it is likely not generalizable to the rest of MN or even outside our large region, but that's not the intent of the study." In this case, the title should be modified. As written, it implies your intent was to generalize to the region. Currently the title refers to understanding perceptions in "the Upper Midwest." This should be modified to specifically refer to
understanding perceptions "in One Healthcare System in the Upper Midwest" or an alternative the authors prefer that can more precisely reflect the intent of the study.

Author Response:
We have changed the title to the following: “Understanding Primary Care Providers’ Perceptions of Cancer Prevention and Screening in a Predominantly Rural Healthcare System in the Upper Midwest”

Reviewer Comment:
The majority of points were addressed except my question regarding cancer screening rates in your area. Intro p.3 line 35 "cancer screening rates are far from optimal" - this seems to be the primary impetus for your study. Please provide the following information: what is the rate of recommending appropriate screening tests in your system? What is the rate of patients actually receiving appropriate screening tests in your system? This is important background information for your study.

Author response:
This survey-based study is a smaller sub-study of a much larger cluster randomized trial with intervention clinics receiving a cancer CDS, and control clinics receiving standard of care. Our primary objective with our larger study is to determine whether an algorithm-based CDS can improve cancer screenings. The present survey study is intended to explore perceptions among primary care providers regarding cancer screening, and to provide a baseline a baseline of understanding, as well as a follow-up following usage of the CDS. We are planning a follow-up survey to determine whether perceptions change following the usage of a CDS. I’ve added the following in the Methods: “A follow-up survey focusing on CDS usage and shared-decision making is currently being planned to determine whether perceptions on cancer prevention have changed following usage of the CDS”

I’ve also added some baseline characteristics to the Introduction around screening rates within our system that we pulled for our grant: “Preliminary data from 2012-2014 among Essentia Health patients aged 11-80 with two or more primary care visits within 36 months showed about two-thirds are up to date on colorectal cancer screening, two-thirds up to date on breast cancer screening, 54% up to date on cervical cancer screening, and 5% of males aged 11-26 and 20% of females are up to date on HPV vaccination.”

Reviewer comment:
Discussion
Regarding your statement: "We agree it is likely not generalizable to the rest of MN or even outside our large region, but that's not the intent of the study." This lack of generalizability should be explicitly stated in the limitations of your study.

Author response:
I’ve included the following statement explicitly saying what you’ve recommended: “The survey results are also limited in generalizability, as we were only interested in understanding perceptions of PCPs within Essentia Health.”