Author's response to reviews

Title: Using the Collaborative Intervention Planning Framework to Adapt a Health Care Manager Intervention to a New Population and Provider Group to Improve the Health of People with Serious Mental Illness

Authors:

Leopoldo J Cabassa (ljc2139@columbia.edu)
Arminda p Gomes (apg6@columbia.edu)
Quisqueya Meyreles (Meyrele@nyspi.columbia.edu)
Lucia Capitelli (capitel@nyspi.columbia.edu)
Richard Younge (rgy2103@columbia.edu)
Dianna Dragatsi (Dragats@nyspi.columbia.edu)
Juana Alvarez (alvarezj@nyspi.columbia.edu)
Yamira Manrique (ym2452@columbia.edu)
Roberto Lewis-Fernández (Rlewis@nyspi.columbia.edu)

Version: 2  Date: 3 November 2014

Author's response to reviews: see over
November 3, 2014

Re: Revision MS: 1547710063141477: Using the Collaborative Intervention Planning Framework to Adapt a Health Care Manager Intervention to a New Population and Provider Group to Improve the Health of People with Serious Mental Illness

Dear Prof. Bridie Kent

On behalf of my co-authors, I would like to thank the editor and reviewers for a thoughtful review of our manuscript. Our revisions have addressed the reviewers’ comments and are described below in our itemized, point-by-point response. We feel the revisions have strengthened the quality of our manuscript.

Sincerely,

Leopoldo J. Cabassa, Ph. D.
Associate Professor
School of Social Work, Columbia University
1255 Amsterdam Avenue
New York, NY, 10027
Office: 212-851-2272
Fax: 212-851-2204
ljc2139@columbia.edu

Response to Reviewer Comments

Reviewer 1
1. For the future, it will be important to apply the proposed approach in different racial and ethnic comminutes in order to enrich the current body of data.

   We agree with reviewer 1’s comment. In our conclusion we have noted that: “Future studies are needed to replicate the use of this framework with other populations, settings, and interventions and test the feasibility, acceptability, and outcomes of the adapted intervention” (See page 20).

Reviewer 2
Major Compulsory revision
1. Given this framework, there is one fundamental point that went unaddressed: Why PCARE? That is, the study seems to pick up after the decision to use PCARE had already been made. There may be good reason for this, but given the extensive needs assessment work that was described, it would seem the choice of the intervention would be part of this process that is described. This is an important question since there are other models of care navigation (e.g. peer navigators – see Brekke, Siantz, et al., 2013 “Bridge” intervention), and there are other approaches such as embedding primary care within the mental health clinic. Of course there are constraints on or facilitators for these different models, but these issues currently go unaddressed.
We concur that the reason for picking PCARE was not explicitly discussed in the manuscript. We have added a short paragraph on page 6 describing the rationale for choosing a health care manager intervention like PCARE over other health intervention approaches.

“A key priority identified by the clinic’s leadership at the beginning of this project was to improve clients’ links to primary care and ensure proper coordination of primary care services. A health care manager intervention was chosen for several reasons. First, limited resources prevented the clinic from employing and embedding a primary care provider to address clients’ health care needs. Second, health care manager interventions are recommended by the Institute of Medicine [1] as a critical approach to improve the health of people with complex physical and mental health conditions. Lastly, these interventions are suitable for public mental health clinics since different providers (e.g., nurses, social workers) can take on the health care manager role. Since social workers outnumbered nurses at this clinic, social workers were considered a natural fit for the care manager role since they worked closely with minority patients and bring expertise in counseling and system navigation that match the skills required for effective care management.”

**Discretionary revisions**

2. What does it mean that the CAB members “represented implementers of the intervention” (in the implementation adaption method section)?

   On page 7, we have clarified this phrase by adding that: “CAB members were invited to be part of this board based on their experiences working with Hispanic clients and because they represented the people who could use and deliver this intervention.”

3. In the paragraph preceding the “Step 3” section, the authors make a point to describe the values, experiences, and preferences of the patient population as Hispanic? Is this based on the 40 interviews that had been conducted with patients at the clinic? Is this also based on CAB member perspectives? Is there a suggestion that these perspectives are distinctly Hispanic?

   We have now clarified on page 12 that these values, experiences, and preference were based on our mixed-method needs assessment conducted with patients at the clinic and that these are norms valued by Hispanic cultures.

4. Was the PCARE model devoid of directives on interpersonal dynamics (e.g. care managers should show clients respect) or was it that these directives were not culturally tailored (e.g. show respect by addressing someone as Señorita)?

   PCARE is not devoid of directives on interpersonal dynamics but these directives were not culturally tailored for Hispanics clients.

5. A personal health record (PHR), it seems to me, is an intervention. Rather than being an adaptation to the PCARE intervention, it seems more accurate to describe it as an addition to
the PCARE intervention. If the authors understand this differently, could they please explain/justify?

The PHR is an addition to the PCARE intervention and is described in this manner throughout the manuscript on page 16, 20 and on table 3.

6. Three paragraphs before the discussion, the authors describe adaptations required to have a social worker, as opposed to a nurse, implement PCARE. Yet it is unclear why this adaptation was made – that is, why a social worker as opposed to a nurse. Please explain (there seemed to be an argument for this in the discussion – social workers deliver most of the mental health care in the U.S. -, but no rationale as part of the study).

See response to comment 1.