Author’s response to reviews

Title: Implementation Challenges and Successes of a Population-based Colorectal Cancer Screening Program: A Qualitative Study of Stakeholder Perspectives

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Author’s response to reviews:

Reviewer #1:
1. “I think patients/screenees should have been interviewed and this would have added strength.”
   a. We acknowledge that this is a limitation of the paper and have added this to the “limitations” section of the Discussion. We did not interview any patients, though we did actually survey patients and have published findings from this survey in a separate paper (Mosen D, et al. More comprehensive discussion of CRC screening associated with higher screening. Am J Manag Care. 2013 Apr;19(4):265-71.) This survey was long and comprehensive, and results of that qualitative analysis seemed more appropriate for a separate paper rather than for integration into the current paper. As well, it would have added length to the current paper, which was already challenging to manage (we cut the length by nearly half since the first submission of this manuscript).

2. “I think there should be more exploration/discussion as to why the stakeholders (or authors) think there are barriers to uptake of colonoscopy.”
   a. The stakeholders describe resource limitations in providing screening colonoscopy (see Tables 1 and 4b), and also that patients find the multiple steps involved in colonoscopy to be complicated (Table 1). On page 16, end of the second paragraph, we also explain that resource constraints in providing screening colonoscopy are a widespread challenge in the United States. However, this is a different concept than barriers to uptake or patient adherence to colonoscopy, which is on the patient’s side (and which the reviewer may be referencing). This is an interesting research question our study was not designed to explore.

3. “From a UK perspective it is very puzzling that the standard of care for
colonoscopy still involves an anaesthetist and proposal anaesthetic.”
a. It seems like this comment refers to U.S. practice and not to any aspect of our data. We have no response to this.

4. “There are several minor grammatical errors which a good proof reader should spot.”
a. Thank you for pointing this out. A second editor has reviewed the manuscript and has made further changes to language in key places, which are tracked as underlined changes.

Reviewer #2:
1. “The authors state in the discussion that the focus of their study was on the effects of a “quality improvement program” but this isn’t mentioned in the title of the paper or the abstract.”
a. Thank you. We added wording to the abstract, tracked as underlined changes. We felt that adding more words to the title would make it too long and potentially misleading.

2. “More information needs to be provided in the introduction about when the programme was set up, how it works, how long it had been running at the time of the research, what screening options were available to people at different time points - so, the authors mention that screening using colonoscopy was available during particular initiatives, but it’s not clear whether it was available at other times. It’s also not clear what the role of the primary care physician is in the screening program and how this may have changed over time. The authors mention ‘in-reach’ and ‘out-reach’ but it’s not clear how screening is organized and the relationship between these two methods of approach—this is obviously relevant to the issue of screening duplication.”
a. We have added language within the Background section to clarify which screening options were available at different time points. We also mention that endoscopy requires a referral from primary care to specialty care. We also defined the terms “in-reach” and “outreach” to improve clarity.

3. “It’s also not clear what happens when people self-refer (an option mentioned in the discussion).”
a. We added language to the sentence that mentions this in the discussion, to clarify what is meant by “self-referral” and to clarify that our health system is not offering this currently.

4. “I think it would help a great deal if the authors had an additional Figure which shows how their study maps onto the PRISM model. A lot of different terms are used and it’s not always easy to follow who’s who. So for example in the results section the authors talk about ‘key leaders’, ‘managers’, ‘implementation groups’ and it’s not clear which categories the people who took part in this study sit in.”
a. We have added a Figure 2 with a PRISM model that hopefully clarifies how this study used this model, and where the different stakeholders fit in.

5. “I think the paper would also be improved by re-organising the results, so that
they also map onto the PRISM model e.g. putting issues to do with ‘infrastructure’ together, and identifying where the different stakeholders sit in the model and the specific concerns that they raised. This would also help organize the discussion section bit more.”

a. We hope that the 2nd PRISM figure improves clarity along with the added tables to make the different themes easier to separate and understand. While we did explore different ways to group information, the current means of organizing the information was what we thought would communicate take-home points most clearly.

6. “The tables mentioned in the text had not been uploaded.”

a. I apologize. In the process of formatting this paper for your journal, there was miscommunication about where the tables were located (i.e., they were not actually part of the body of the manuscript any more). I have now uploaded all 5 tables as separate documents.