Author’s response to reviews

Title: Barriers and Facilitators to Implementation of VA Home-Based Primary Care on American Indian Reservations: A Qualitative Multi-case Study

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Responses to Reviewers and Editor

Pages refer to the Clean Text

Abstract – THP needs to be spelt out in full as it is the first time the acronym is used.

We deleted the term THP, which stands for Tribal Health Program. By spelling out the term, the abstract would have exceeded the word limit. We do not believe that this deletion significantly change the Results.

Page 2, Line 21

Page 3, lines 51-52, needs re-wording, for example: Our goal is to inform planners and policymakers about factors to consider in order to implement successful programs in underserved communities.

Thank you for the recommendation for clarity. The text now reads:

“Our goal is to inform planners and policymakers about factors that may facilitate or hinder successful programs in underserved communities.”

Page 3-4, lines 56-59
Page 4, line 65 – what does ‘health fair’ mean?

We have rewritten the sentence to emphasize the role of the Tribe by moving the parenthetic statements to the end of the sentence and explaining the concept of “health fair.” The text now reads:

“Any VA presence in a reservation community must be authorized by the sovereign Tribe, including clinical programs, outreach activities to describe veteran benefits and no-cost “health fairs” to screen community members for chronic diseases and provide health education.”

Page 4, lines 69-70

Page 6, line 123 – GEC, needs to be spelt out in full as it is the first time it is used.

Since “GEC” is used only twice in the article, we now write out the entire abbreviation as: “Geriatrics/Extended Care”

Page 7, line 127; Page 12, line 243

Page 9, line 181 – ORH, needs to be spelt out in full as it is the first time it is used. Given this acronym is only used twice in the manuscript, I recommend just spelling it in full each time as there are a lot of acronyms in this manuscript.

Since “ORH” is used only twice in the article, we now write out the entire abbreviation as, “Office of Rural Health”

Page 9, line 186; Page 12, line 243

Page 11, line 222 – correct: “locally available locally”.

Thank you for catching the duplicate wording which has now been corrected to read “locally available…”

Page 11, line 228

Page 11, line 233 – what does “co-pays” mean in this context?
To explain “co-pay,” we added text to the background section of the manuscript to clarify that VA medical services are provided on a sliding scale that may require veterans to assume some of the cost of care.

“Veterans are assigned to “Priority Groups,” which are based on factors such as the extent of service-connected injuries or illnesses and on personal income; the Priority Group determines if VA services are delivered at no cost or if the veterans must assume a co-pay fee to cover costs.”

Page 4, lines 57-60

The issue of co-pay and Priority Groups is discussed in the sentence immediately above the lines that required clarification. We added text that we believe improves clarity.

“These unexpected policy differences may have been a disincentive to patient enrollment for the VA medical benefit that might require co-pays for VA medical services and medications.”

Page 11, lines 237-239

Page 14, line 297 – VISN needs to be spelt out in full.

In keeping with the recommendation to reduce acronyms, we changed VISN (which stands for Veterans Integrated Service Network) to a descriptor as regional administration (Page 14 ,line 304) or regional level (Page 89, line393).

Page 18, lines 376-377 – not clear, needs re-wording.

We appreciate the opportunity to clarify and have rewritten the sentence:

“Finally, since there is no comparative literature on implementation of HBPC in rural areas [1], corroboration of our findings requires further research to understand the extent to which these barriers and facilitators might apply to other rural communities.”

Page 18, lines 383 – 385.

A large number of acronyms are used in this manuscript, which is somewhat distracting and makes it hard to follow. I strongly recommend that terms used only a few times are spelt out in full each time, rather using an acronym.
We agree with the recommendation and have either spelled out the abbreviations that occur infrequently or used descriptive text if acronym was technical and limited to VA.

- GEC is spelled out as Geriatrics/Extended Care
  
  o Page 7, line 127; page 12, line 243

- ORH is spelled out as Office of Rural Health
  
  o Page 9, line 186; Page 12, line 243

- VERA was replaced with the descriptor such as: the VA annual funding formula.
  
  o Page 5, line 100, Page 9, line 192-193; page 13, line 267-268

- VISN was replaced with a more generally descriptive term (see comment above).
  
  o Page 14, line 304; Page 18, line 393

- MOU is now spelled out as Memorandum of Understanding at each occurrence
  
  o Page 4, line 73 and line 76; Page 11, line 231; Page 18, line 587

- NILTC is now spelled out as non-institutional long term care at each occurrence
  
  o Page 4, line 36-37; Page 5, line 98; Page 18, line 386

We retained other abbreviations to meet the word limit requirements.