Author’s response to reviews

Title: Intermediary/Purveyor Organizations for evidence-based interventions in U.S. child mental health: Characteristics and implementation strategies

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Author’s response to reviews:

1) Clearly state the "Objective" of the study in the "Background" section and link it to the presentation of results.

1) The paper objectives have been added to the abstract.

2) Overall needs to be more clear. Background - First sentence implies that IPOs are the only purveyor of psychosocial BH interventions. If not accurate, please clarify.

2) The abstract now states that many evidence based interventions are distributed by IPO’s. The text states that not all EBI’s have IPO’s.

3) First two sentences are redundant. Clarify that IPOs link resource systems with user systems (I assume that is what is meant here).

3) Abstract is edited to reduce redundancies and to state that one function of IPO’s is to link EBI resources with users.

4) Methods - unclear what is meant by 'IPOs were identified' in this context. How were these IPOs related to these EBIs?

4) Abstract now states that IPO”s in our sample were found on SAMHSA website.
5) Results - why do IPOs require ongoing supervision?
5) We have omitted the confusing sentence about IPO’s requiring supervision.

6) We clarify that some IPO’s provide required supervision in the use of the EBI.
6) NREPP established and reported the implementation readiness score for each EBI on its website, where we found it.

7) P.3 lines 103-108 and p. 4 - Is the definition of Intermediary/Purveyor Organizations (IPOs) referred to (or used mostly) a particular country - e.g. USA?
7) The paper is edited to state that EBI’s globally and in the U.S. often rely on purveyors. (see lines 107-109)

8) Is the study referred to IPO's identity and strategies in USA child mental health? - If so, please address this in the title and throughout all the paper.
8) Clarified in title, abstract, and paper.

9) P.4 and p.5 (lines 131 -133) - I think this part needs to be reworded as it looks to me just a list of attributes - if you want you can write these lists in a table but here you should be more discursive and p.5 (lines 134 -148) provide insights on previous research on IPO's and research gap.
9) Thank you for this suggestion. Our intended point here was to highlight that our definition draws from varied, but typically overlapping, constructs used in the field. And that all of these variations stem from a single theory – diffusion theory. Therefore, we have made this section more concise and hopefully to the point.

10) The same as above for the description of IPO's strategies. Moreover - is available any research on strategies for IPO's outside child mental health?
10) We added literature about IPO’s for EBI’s outside child behavioral health and discuss its limitations

11) P.5, lines 150-152: please clarify how IPOs are an example of organization who link resource systems with user systems and how the results of this study are relevant in this respect (clarify this also in the discussion). If results don't add new specific knowledge in this respect, please
remove statements reporting "organization who link resource systems with user systems" as it might distract the reader if not appropriately clarified.

11)Our findings suggest that IPOs do link users to such resources as training, coaching, supervision, and training manuals, but we have removed some confusing statements regarding user systems

12)I suggest to report the "research questions" p. 6, lines 161-167 as "statements" and not as "questions" and accordingly revise the subtitles in the "results" section (e.g. 2. Features and characteristics of IPOs; 3. Implementation strategies used by IPOs etc.)

12)We have substituted statements for questions, accordingly.

13)First section is hard to follow. Please revise for clarity.

13)We have edited the first section and hope that it now reads more clearly.

14)EBIs themselves don't struggle.

14)Agreed, and thank you. This is corrected.

15)The use of 'delivery system' to describe bringing treatment discoveries to practitioners is confusing since that term usually means healthcare delivery. This sentence needs work.

15)We have removed the phrase “delivery system”. Thank you.

16)The definition of IPOs is confusing. Is it meant to refer to healthcare delivery systems? If not, what specific kinds of organizations do the tasks described here? Overall the definition of what IPOs are - with examples - needs substantial clarification. At present, it is too vague. The explanation "organizations who link resource systems with user systems" helps, but comes after several confusing paragraphs. Please start with this and then give examples.

16)We have revised this section to clarify that IPO’s are organizations that spread and help adopt interventions, and per the suggestion have named some well-known organizations that carry out this role.

17)My main concern is the small sample available (and the relative generalizability of the LCA results) and on the use of the RFD score (has been this measure validated/ tested by NREPP?)
17) We share the reviewer’s concern about these limitations, which we acknowledge and discuss. We performed the LCA to provide a proof of concept, not about generalizability. We have noted that LCA is possible with implementation strategy work, but a larger sample is needed to generalize findings.

We address these concerns in the discussion section.

18) Throughout this section I suggest to don't point to "research questions n. 1, n. 2, etc." as the reader might find difficult to remember what the 1st, 2nd … research question are - p. 7 lines 194-195 (I would say e.g. In order to identify the spread of IPO's use…), p.10 lines 246-253.

18) We have edited accordingly.

19) Any risk of bias assessment for the survey?

19) We acknowledge in the discussion section that social desirability often introduces bias into survey responses. We attempted to reduce this bias by stating that no organization would be expected to use all strategies, but we hoped to learn what strategies they employed and found to be successful.

20) How did you define whether or not the EBIs had an IPO? What counted as an IPO? What do you mean by 'had'? What is the relationship between EBIs and IPOs - do the IPOs own the EBIs?

20) We determined whether an EBI had an IPO based on whether or not the NREPP web site listed an organization for the EBI.

From the available on-line material, organization websites, and NREPP profiles, it appears that some IPOs retained the copyright for the treatment materials and were responsible for certifying trainers and trainees. Other IPOs, however, did not appear to “own” the intervention.

21) Did the survey assume that a given IPO used the same implementation strategies in all situations?

21) No. The survey instructions asked whether the IPO used a strategy “at all.”

22) Who were the IPO representatives that completed the surveys?

22) We have added text as follows: Respondents’ role within their respective IPOs varied. Our initial invitation to participate in the survey asked to speak with someone familiar with the organization’s implementation efforts. Most of the role titles suggested that the respondents were
administrators within the IPO (directors, CEO, presidents, directors of training) or researchers involved in the treatment’s development.

23) How was 'most successful' defined? Was it context-specific?

23) We did not define this for respondents and did not ask that their responses be context specific.

24) How did you define the denominator of 'number of available strategies' in a given domain?

24) We agree that in this paper, and in the extant research on implementation strategies, measurement is in early stages. Number of implementation strategies is increasingly reported in studies characterizing implementation efforts. See for example Rogal, who reported the number of implementation strategies used in HVC treatment initiation.

The association between implementation strategy use and the uptake of hepatitis C treatment in a national sample

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25) Consider revising this as a purely descriptive paper rather than showing OLS regressions, LCA, etc.

25) Our team considered this suggestion. Given the still-early and blunt state of implementation strategy measurement and the paucity of research on IPOs, we chose to report these analyses. We acknowledge the limitations and hope that reporting beginning efforts such as these may help inform other researchers about the measurement and analytic approaches we tried, in hopes that others may build on these efforts.

26) How was success of the IPO defined? It looks like this was a subjective measure in the survey. I’d keep the language quite clear that success is as reported by the IPOs, rather than objectively measured.

26) Edited
27) Explanation of implementation strategy profiles is quite unclear. Why did you look at the models described here? These results are hard to follow.

27) The paper is edited to clarify that advancing methods to capture implementation strategies is important both methodologically and substantively, particularly given evidence that implementation requires use of large numbers of strategies. We cite national discussions about ways to capture and perform data reduction on implementation strategies. We chose to explore LCA as a proof-of-concept approach, both to see if it “works” (we could find solutions, which we did) and to see if distinct patterns would emerge (which they did—consistent with Rogal’s findings, high number of strategies and low numbers of strategies.)

28) Most of discussions are "limitations" and conclusions report mainly on "results".

I would suggest to revise these sections by: Adding a "limitations" section, Moving "conclusions" section's content in the "discussions" and revise this section by: limiting the reporting of "results" in this section; comparing findings of this study with previous literature (e.g. on EBI's implementation strategies); highlight the novelty and usefulness of findings for research and practice, and In the "conclusions" section just report final remarks.

28) We added a limitations section, and limited the reporting of results; we edited the conclusion as suggested.

While we initially combined the discussion and conclusions into a single section, upon resubmission, the journal sent to back for these to be divided. The conclusion is a brief section with only the final remarks.

29) I think there are substantial methodological limitations other than those listed here, primarily to do with the variable definitions. As noted above I think this paper would be stronger if it were more purely descriptive rather than seeking statistical relationships based on such vague data. Further there is no data on whether the IPOs were successful at supporting implementation regardless of number / combination of strategies.

29) We have added several limitations to that section of the paper.

30) Discuss why so many EBIs were associated with an IPO. Is this related to pediatric BH, or some other reason?

30) We have added the following: IPO"s may be even more common for psychosocial behavioral health interventions because they are complex interventions requiring training, supervision, and treatment manuals—all of which many IPOs provide.

31) Why are IPOs using strategies that they don't think are effective?
31) Our discussion addresses this, offering both some hypotheses (This may reflect the complexity of implementing new interventions, or it may reflect that in the absence of knowing what works, implementers use many different approaches) and identifying this as a priority question for further research.

32) Repetition of results in the first sentence and too much space to a "side" finding (p. 2 lines 77-80) outside the main scope of the research. In "Conclusions" I would suggest to highlight the novelty of your findings.

32) We have edited the conclusion section to reduce repetitious reporting of results and to highlight novel findings.