Author’s response to reviews

Title: Group plus "Mini-private" Pre-test Genetic Counseling Sessions for Hereditary Cancer Predisposition Improve Patient Satisfaction and Shorten Provider Time

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Reviewer reports:

Reviewer #1: thank you for publishing this QA project as in the current climate of overwhelmed genetic services this is reassuring the limitations are well described and make it difficult to be certain of the extent of the effect. The risk that the nonresponses were less happy with the service is real, but you did address that in the publication more formal assessment of decliners and the nonresponses while they would be nice are very difficult to do in a QA exercise. I complement the authors for taking the time to write up their findings and thus add to the existing literature A formal evaluation of the implementation phase would be incredibly helpful to the field.
Author response: Thank you for these comments. Upon publication of this manuscript, we are hoping to fund and design a larger scale formal implementation.

Reviewer #2: This submission provides some additional evidence of the utility an interesting model-of-care concept that is not widely utilised. The general language used is fairly conversational and it would benefit from review by someone to tighten up some of the wording and transform it into a more scientific writing style.
Author response: Writing style has been revised as per this suggestion. Thank you.

It also needs some additional information about ascertainment of patients. Was is a consecutive series (i.e. was every patient on the waiting list who met the testing criteria contacted) or were patients handpicked. This would clearly alter the outcomes and is not clearly documented. You comment later that you don't believe there was any ascertainment bias, but this factor is key in determining whether
there is a bias or not. In the same vain, providing additional demographic information about the patients would add strength to the argument that the model was successful (i.e. were there patients who varied widely in age and socioeconomic status or were the participating patients all young medically literate professionals who one might suspect would be more adopting of such approaches).

Author response: Thank you for these comments. These clarifications will be made in the manuscript. Our centre organizes waitlists by category, and patients selected for these sessions were 1) those with known cancer diagnosis 2) who met health authority testing criteria based on pathology alone regardless of family history (i.e. a woman with triple negative breast cancer under age 50). Patients with cancer that did not meet testing criteria without pathologic confirmation of cancer in other relatives were not included in this phase of the initiative. Cases were selected sequentially and were not handpicked.

Several months into the project, we did run one session for patients from a different category: unaffected with a pedigree containing other relatives eligible for testing. This roster of patients invited to these sessions were also selected sequentially from the waitlist category.

Because this was a quality assurance project, questionnaires to patients were de-identified, so it is not possible to report on specific individual characteristics of responders. It is possible, of course that those patients who chose not to complete a questionnaire had different views about the value of the model, however this seems highly unlikely given the overwhelming positive trend of responses in all received questionnaires.

Line 130 I am concerned about the validity of the assertion that the group+mini session "would not impact the quality of care they would receive", as that was one of the aims you were evaluating.

Author comments: This is a reasonable criticism of the text as written. We acknowledge that the wording would have been better phrased that “the content of the information provided and counselling offered is not changed”

Line 133 "Every effort was made to ensure that patients did not feel pressured to attend the group clinic" is in contrast to line 134 "it was acknowledged that attendance at a group session could allow for an earlier appointment". This sounds to me like the group+mini session was being "sold" to patients. At a minimum, the wording here should be changed.

Author comments: Thank you for this note. We have adjusted the language in line 133.

It would be useful for readers to use more distinctive terminology regarding the appointment models - line 138 uses "private appointment" in the context of the traditional model, and line 141 uses it in the context of the "group+mini" model

Author comment: Thank you. We have edited this language.

There is no comment about post-test outcomes in relation to the workload benefits - would there be a difference in workload at results if participants had had individual pretest counselling compared to group+mini

Author comment: For this initiative, we did not modify the process of post-test counselling. Each individual GC or physician delivered post-test follow up as per usual standard of care. In most cases these were in person results sessions. In the case of patients living far distances from the centre, the GC sometimes elected to carry out telephone follow-up if the patient was comfortable and understood the issues sufficiently.

line 227 the comment "overall GC preparation time was reduced..." does not make any sense as you then comment that "AM reviewed all cases". AMs time should therefore be incorporated into the
provider time, and presumably balances out the reduction in GC time.
Author comment: The preparation time of GC AM was considered in the overall pre-test workload estimates. In future projects we plan to collect and measure GC time with a more formalized manner.
Was the initial phone consultation (which you mentioned likely increased uptake) accounted for in the provider time comparison and discussion - i.e. would this have normally happened if they were offered a traditional private session or would they have just been given an appointment date. The phone discussion would a significant time to each patient's care.
Author comment: The invitation phone calls were made by the administrative staff of the Provincial Medical genetics program, so did not impact GC time.