Author's response to reviews

Title: A feasibility study of a theory-based intervention to improve appropriate polypharmacy for older people in primary care

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PAFS-D-17-00022: Authors’ response to reviewers’ comments

Reviewer reports: Thank you for the opportunity to review this paper.

Response: We thank the reviewer for the comments provided on our manuscript. We have addressed each comment as outlined in the responses below.

In addition to the comments from the reviewers, can you please provide additional information on how you synthesized the results (content analysis) from the open ended questions.

Response: We have now included additional information to state that:

"Each of the answers to the open-ended questions was reviewed separately and key subthemes relating to the answers were identified by the researcher (CC). A summary document that included all free-text responses and an overview of the content analysis was presented to other members of the research team for discussion. There were no disagreements with the presented results."

Can you also please provide a bit more information on the GPs who enrolled in the study- for example, what percentage of their caseload consisted of older adults, etc.
Response: Unfortunately we did not collect this information as part of the feasibility study. As noted in the manuscript, GP practices were sampled from the general practices that had participated in the earlier qualitative interview phase of the project (Cadogan et al. Implement Sci. 2015:16;10:161). During these qualitative interviews, GPs were asked to estimate what percentage of the patients in their practices were older patients (≥65 years). All of the GP participants reported that high proportions of their patients were older. However, we have not reported this in the current feasibility study paper as the data were collected as part of a separate study and the data provided were based on GPs’ own estimates as opposed to a detailed analysis of their practice records.

…and please clarify in the limitations section that there were only a few GPs who were included in the study.

Response: We have now noted in the limitations section that the feedback on the intervention was based on a small number of GPs.

Reviewer #1: Thank you for the opportunity to review this timely and well-written manuscript. The background section did an excellent job of framing the problem. Description of measurement and evaluation tools was clear and thorough.

Response: We thank the reviewer for the positive feedback on our manuscript. We have addressed each comment as outlined in the responses below.

One point of clarification: it was unclear to me at points in the introduction and methods whether both the patients and the GP's watched the video, or only the GP's. It became clear as I read the results, but could benefit from being explicated earlier in the manuscript.

Response: We thank the reviewer for noting this. We have now clarified in the abstract and methods section that the video was delivered to GPs only.

I found the BCT coding and findings surrounding that coding to be particularly interesting; I feel the addition of that work strengthened this study. Although findings and discussion highlight the GP's concerns surrounding time and realism of the med review presented in the video, a more practical question arises in my mind: Having working closely with MD's in busy practice, I wonder if they would watch the video at all if not part of the study. That point may be added to the discussion if authors feel it is appropriate.

Response: We thank the reviewer for raising this point. In line with the MRC framework which we have referred to in the introduction section of the manuscript, the aim of this study was to conduct an initial assessment of the intervention’s usability and acceptability. In furthering this research, it is our goal to ultimately generate evidence as to the intervention’s effectiveness through a larger-scale randomised evaluation. If the intervention proves to be effective, we would hope that this would support wider scale implementation. As we are still some way from achieving this goal, we have not revised the discussion, but we will definitely keep this point in mind as we progress to larger scale evaluations and accompanying process evaluations.
Although GP evaluation of the video was positive, it was not overwhelmingly so. More discussion of how the intervention could be realistically strengthened would add to the manuscript.

Response: We thank the reviewer for raising this point. We have reviewed the discussion and found that we had previously noted that, based on the feedback collected from GP participants: “Further refinement of the intervention for this future evaluation will involve incorporating GP participants’ suggestions to incorporate additional prescribing-related support material (e.g. validated screening tools for identifying potentially inappropriate prescribing in older people) into the online system that was used to access the video.”

As outlined in the introduction, the intervention development process that was undertaken as part of the overall research project, and detailed in our previously published work, followed a robust, systematic and theory-based approach. In preparing this manuscript, we had carefully reviewed the data from our study and evaluated the feedback to identify ways in which participants felt that the intervention could have been strengthened as reported above. We have purposefully opted not to hypothesise on ways in which the intervention could be strengthened that were not identified by participants themselves as to do so would not be grounded in our data findings and would not align with the theory-based approach that we employed in our earlier intervention work.

Reviewer #2: This is a fair article on an interesting topic - polypharmacy in older adults and the use of a novel means to reduce this. Addressing this issue in General Practice is important.

Response: We thank the reviewer for the comments provided on our manuscript. We have addressed each comment as outlined in the responses below.

It would be good for the authors to explain why convenience sampling was used and this certainly affects the interpretation/applicability of the results. However I do note that this is a pilot study and perhaps a larger scale replication study would be more rigorous.

Response: We thank the reviewer for raising this point. We have now included the following explanation as to why a convenience sample of GPs that had previously taken part in the earlier qualitative phase of the research project was used:

“The main reason for approaching these practices initially was because they had participated in the earlier phase of the study during which the intervention had been developed to target specific theoretical domains that were reported to be affecting the prescribing of appropriate polypharmacy by GPs within these practices. Therefore, these GPs were considered to be best placed to test the usability and acceptability of the intervention in addressing the specific challenges that they (and/or their colleagues) reportedly faced in clinical practice.”

Video education tools are useful but I'm not certain what the likelihood that other practices would take this up is.
Response: We thank the reviewer for raising this point. In line with the MRC framework which we have referred to in the introduction section of the manuscript, the aim of this study was to conduct an initial assessment of the intervention’s usability and acceptability. In furthering this research, it is our goal to ultimately generate evidence as to the intervention’s effectiveness through a larger-scale randomised evaluation. If the intervention proves to be effective, we would hope that this would support wider scale implementation. As we progress to larger scale evaluations and accompanying process evaluations, we will look to evaluate fidelity to the intervention across participating practices. This will help in determining the likelihood that other practices would adopt the intervention and whether further work is need to facilitate implementation of the intervention in practice.