Author’s response to reviews

Title: A Mixed Methods Study to Adapt and Implement Integrated Mental Healthcare for Children with Autism Spectrum Disorder

Authors:
Nicole Stadnick (nstadnic@ucsd.edu)
Lauren Brookman-Frazee (lbrookman@ucsd.edu)
David Mandell (mandelld@upenn.edu)
Cynthia Kuelbs (ckuelbs@ucsd.edu)
Karen Coleman (karen.j.coleman@kp.org)
Timothy Sahms (tsahms@syhc.org)
Gregory Aarons (gaarons@ucsd.edu)

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A Mixed Methods Study to Adapt and Implement Integrated Mental Healthcare for Children with Autism Spectrum Disorder Nicole A. Stadnick, Ph.D., M.P.H.; Lauren Brookman-Frazee, Ph.D.; David S. Mandell; Cynthia L. Kuelbs, M.D.; Karen J. Coleman; Timothy Sahms, M.D.; Gregory A Aarons, Ph.D.

Thank you for the second opportunity to revise and resubmit our manuscript to Pilot and Feasibility Studies. We appreciate the thoughtful reviews by the two reviewers. Since Reviewer 1 had no further comments based on our revisions, we only include the original comments from Reviewer 2 followed by our response. In the manuscript, we have highlighted our corresponding changes in colored text. We look forward to your review of our revised manuscript.

Reviewer 2 Comments

1. I do not see a clear objective. The abstract states that the EPIS framework will guide: 1) identifying targets to improve mental health screening and linkage to mental health services in primary care for children with ASD, 2) adapting integrated care procedures to facilitate identification of mental health problems and linkage to evidence-based care for children with ASD, and 3) conducting an pilot test in pediatric primary care to assess
feasibility, acceptability and uptake of the adapted integrated mental health care model. It would be clearer to say that the EPIS framework will guide the three objectives of this study: (i) to identify targets …….; (ii) to adapt …..; and (iii) to contribute evidence for feasibility, acceptability and uptake ….. In general, avoid methods in the question. State what you wish to know, not what your wish to do.

Thank you for recommending language that makes our objectives clearer. We have changed the abstract to now read, “Key inner context factors from the Exploration, Preparation and Implementation phases of the EPIS framework will guide three objectives of this study: 1) to identify targets to improve mental health screening and linkage to mental health services in primary care for children with ASD, 2) to adapt integrated care procedures to facilitate identification of mental health problems and linkage to evidence-based care for children with ASD, and 3) to examine feasibility, acceptability and uptake of the adapted integrated mental health care model through a pilot study in pediatric primary care.”

2. The body of the text states: “To date, there have been no studies that have tested the use of integrated mental health care models for children with ASD within real-world pediatric primary care settings.” The clear, specific, and operational objectives should be restated in the body of the text.

Thank you for this suggestion. We have added the specific and operationalized objectives on page 7 to read, “Using key inner context factors from the EPIS framework, three objectives of this study will be pursued: 1) to identify targets to improve mental health screening and linkage to mental health services in primary care for children with ASD, 2) to adapt integrated care procedures to facilitate identification of mental health problems and linkage to evidence-based care for children with ASD, and 3) to examine feasibility, acceptability and uptake of the adapted integrated mental health care model through a pilot study in pediatric primary care.”

3. The for the first aim, will the same people do both the focus groups and the survey. Which will come first? Is there concern that once the survey has been given the focus group material will be affected and visa versa. Why not randomize order? Why not randomly assign people to the focus group method and to the survey method to avoid contamination? There is no justification for the sample size and there is an emerging literature on recommendations. Is the aim to reach saturation?

Thank you for these questions. We will use a pragmatic study design to maximize participation in the qualitative and quantitative data collection. Therefore, individuals will be invited to participate in both the focus group and the survey. Although there is a potential that order effects (i.e., whether a participant completes a survey before a focus group or the other order) may impact responses, the content in the survey and focus groups is intentionally similar for the purposes of examining data convergence, complementarity and expansion. Therefore, it may be advantageous for participants to complete both the survey and focus group to facilitate data triangulation. We have added in a sentence about our justification for these methods and our target sample size for Aim 1. Specifically, we wrote on page 8 “Purposeful sampling will be used
to maximize variation in perspectives and depth of information about mental health screening and linkage practices in primary care settings [46]...This target sample size was selected based on recommendations from mixed-method implementation and qualitative methods research [46, 47] to pursue the mixed-methods functions of convergence, complementarity, and expansion and achieve a priori thematic saturation (based on the EPIS framework).”

4. Aim 2 seems straightforward with a series of suggestions discussed. However, I am not sure how the decision is to be made about which should be implemented. It seem a very long time to deliberate, at the regular monthly meeting. Could the process not be accomplished in a one day meeting using a consensus method?

Thank you for this question. Due to the multiple cross-system and organization partnerships, we proposed a series of collaborative meetings to ensure that all stakeholders were represented in the decisions about the ATTAIN model. These meetings will include group discussions about the ATTAIN model but also about the implementation supports that will be needed for successful implementation and sustainment. We provide more details about the process and content of the meetings on pages 10-11, “Meetings of the ATTAIN Advisory Group will occur on an approximately monthly basis, each lasting 1-2 hours over six months. During each meeting, the ATTAIN Advisory Group will engage in a group discussion to review and refine drafted materials related to the ATTAIN model and implementation supports needed for the subsequent pilot study (Aim 3) in partner organizations. In these meetings, there will also be guided discussion about areas of the ATTAIN model and implementation supports that may require tailoring for primary care or mental health care settings (e.g., identifying alternative mental health referral mechanisms if an organization’s electronic health record limits changes to workflow structures).”

5. Aim 3 is a pilot/feasibility study. It would benefit from having a table of the specific feasibility outcomes and how they are quantified.

We appreciate this recommendation. We have added more details about the feasibility and acceptability measurement in Aim 3 on page 12.

6. Some minor editing comments: I re-worked this sentence Another key component of integrated care for children with ASD would be an integrated electronic health record to facilitate the coordination of the many services and health care providers necessary for effective treatment.

Thank you very much for this edit. We have changed this sentence on page 5 to now read, “Another key component of integrated care for children with ASD would be an integrated electronic health record to facilitate the coordination of the many services and health care providers necessary for effective treatment.”