

PEER REVIEW HISTORY

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ARTICLE DETAILS

TITLE (PROVISIONAL)	Recommendations for Integrating Physiotherapy into an Interprofessional Outpatient Care Setting for People Living with HIV: A Qualitative Study
AUTHORS	deBoer, Heather; Cudd, Stephanie; Andrews, Matthew; Leung, Ellie; Petrie, Alana; Chan Carusone, Soo; O'Brien, Kelly

VERSION 1 – REVIEW

REVIEWER	Saul Cobbing Department of Physiotherapy, University of KwaZulu-Natal, Durban, South Africa
REVIEW RETURNED	11-Oct-2018

GENERAL COMMENTS	<p>This is a very well written article, providing an interesting insight into how physiotherapy can be integrated into an inter-professional outpatient setting, something that is rarely seen in practice (and even less investigated).</p> <p>The grammar and spelling is exemplary. I have a few minor comments:</p> <ol style="list-style-type: none">1. Provide a bit more information on your recruitment strategy of the health professionals. Did you contact people known to the authors or did you use snowball sampling?2. Please provide a bit more (brief) information on how (and why) the interview guide and focus group guide were revised. I understand it is referenced, so a brief summary will suffice.3. State where the other three health professionals practiced (I presume the UK) and state how many OTs and how many PTs there were.4. Please check Table 1. The number of responses do not always add up either. eg two widowed and eight single, what about the other one (was he/she married or preferred not to answer, I think this needs to be stated). Why did only 11 out of 13 complete the demographic section?5. Perhaps state the profession of the "other health professions" after their quotes - this may give the readers more insight into the responses and it is unlikely this will reveal who they are.6. One last query: Why do you use the term physical therapist rather than physiotherapist? This is an article for the BMJ and the health professionals are from the UK and Canada (both of which countries use the term physiotherapist/physiotherapy). <p>Overall, this is a well written paper and while reflective of a very specific environment (a limitation that is rightfully acknowledged) the richness of the participants quotes and recommendations provide a lovely insight into how rehabilitation professionals in particular can work together (and indeed, with their</p>
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	clients/patients) to help improve the lives and function of PLHIV. Well done.
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REVIEWER	Professor Verusia Chetty University of KwaZulu-Natal, Health Sciences
REVIEW RETURNED	06-Feb-2019

GENERAL COMMENTS	<p>The paper is critical in framing the importance of physical therapy in the holistic care offered to PLHIV. The researchers have tapped into an area that needs attention to address the gap in integrating rehabilitation into HIV care.</p> <p>Major concerns The paper lacks a thread from the introduction to the conclusion. I am afraid that the definition of a model is used 'loosely' and is not based on my knowledge of a model of care. i found myself searching for another term for model in many instances and thought maybe approach or care setting or care pathway but not model (see tenants for model of care) The study reports that it used a qualitative approach but in describing the demographics uses a quantitative angle which often distances a qualitative reader from the population that was purposively selected. Use pseudonyms to make the participants relatable. Ethical concerns for me was naming of the study setting, there should be anonymity at all times through-out the research paper. Results I found difficult as the analysis was not addressing the data. Themes and illustrative quotes were mismatched.</p> <p>Minor detail Abstract Setting should be methods(line 11) Authors are describing sampling and data collection results in abstract speaks about 6 concurrent health conditions which really is not clear at all.</p> <p>Introduction line 52 Compared to the...(What and where you need to be more specific) rewrite line 59 example "In a recent qualitative study....." Line 73 is not flowing from previous thought and what goals are you referring to? Line 75: again no flow Line 77 and 78 work that into methods line 82-86 is too lengthy The introduction needs to describe the IP approach of caring and or if authors are sticking to a model then describe that here.</p> <p>METHODS line 99: anonymity We need to understand the setting for now I find myself flipping around the paper to look for the context. Who works here, how are PLHIV referred, is their any resident therapist (context is unfamiliar to someone with my background LMIC) health care professionals need to be described better, who are they and how do they fit into this rehab framework. Line 104: self identified yes for PLHIV but how did this work for HCP, needs clarity line 143: this is vague published where and needs some elaboration</p>
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	<p>RESULTS line 163-164 rewrite clearly line 165-170 re write these and make the participants relatable and not percentages as its is a descriptive study. where is the biographical data for the HCP line 194-195 is confusing</p> <p>themes i would like a revisit of the themes to reflect what is being said by the participants Example line 201-203 is not congruent with description same with line 208-211 Where is the reference to housing Line 222 I think that this an interprofessional approach not a model Line 239-243 does not speak to the description or theme line 275-280 very confusing to a reader who has not been orientated to the setting well. Line 302 which participants , this is important as it adds depth to the explorative study. Line 332 whose finances line 344 perhaps rather than welcoming environ patient orientated Again line 374 I am not convinced that this is model rather mode or delivery Line 395 Participants rather than HCP and PLHIV Line 399-402 does not allude to the theme goal oriented interventions or this maybe rewritten to say what they expect from the sessions (confusing) Line 413 add sense "of" purpose line 422 say HCP and HCP participants throughout Line 431-432 Can we really say potential here Line 459 HCP rather than HCP participants Line 461 add associate "with" living with HIV also there is no data speaking to substance abuse Line 478-480 Can you include thicker description to understand this phenomenon Line 492 check font Line 497-500 who said that?</p> <p>Discussions Line 578 what conceptual rehab framework are you referring too Line 580-581 where is this in the results Line 585 substance abuse not enough known about this phenomenon (recreational?) Line 586 again discussing housing but no evidence in results para two please re write para three disjointed Line 625 substances such as?? Line 627-630 No flow from thought above</p> <p>Conclusion describe context here</p>
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VERSION 1 – AUTHOR RESPONSE

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Department of Physiotherapy, University of KwaZulu-Natal, Durban, South Africa

This is a very well written article, providing an interesting insight into how physiotherapy can be integrated into an inter-professional outpatient setting, something that is rarely seen in practice (and even less investigated).

Response: Thank you.

The grammar and spelling is exemplary. I have a few minor comments:

1. Provide a bit more information on your recruitment strategy of the health professionals. Did you contact people known to the authors or did you use snowball sampling?

Response: We used purposive sampling to recruit health care professionals who self-identified as experts in HIV care, whereby authors (KO and SCC) identified known professionals working in the field. To ensure we obtained perspectives from a variety of rehabilitation professionals with expertise in interprofessional HIV care across hospital and community based settings, we recruited professionals from Canada and the United Kingdom (UK) via the Canada-International HIV and Rehabilitation Research Collaborative (CIHRRC). We added this additional detail to the recruitment section (Methods; Page 6-7; Lines 138-145)

2. Please provide a bit more (brief) information on how (and why) the interview guide and focus group guide were revised. I understand it is referenced, so a brief summary will suffice.

Response: We appreciate this suggestion for clarity and further explanation. We met as a research team throughout data collection to discuss overall impressions of the interviews and focus groups. We revised the interview guide five times and the focus group guide once during the course of data collection. We adapted the guides to improve clarity of the questions and expand on specifics related to evolving codes in order to maximize our ability to elicit participant responses in subsequent interviews and focus groups in order to comprehensively describe factors for consideration when integrating PT in HIV care. We added this detail to the methods (Methods; Page 7; Lines 164-170).

1. State where the other three health professionals practiced (I presume the UK) and state how many OTs and how many PTs there were.

Response: Of the 12 health care professionals, nine practiced in Canada and three practiced in the UK. Of the six rehabilitation professionals who participated in the study, three were physiotherapists and three were occupational therapists. All participants from the UK were rehabilitation professionals. We clarified these characteristics of participants in the results section (Results; Page 9; Lines 205-210).

2. Please check Table 1. The number of responses do not always add up either. eg two widowed and eight single, what about the other one (was he/she married or preferred not to answer, I think this needs to be stated). Why did only 11 out of 13 complete the demographic section?

Response: Eleven of the 13 people living with HIV participants completed the questionnaire, and some items in the demographic questionnaire had missing responses. Completing the questionnaire was not a requirement for participating in the study (i.e. participants could choose to skip items). In situations where we did not have complete characteristic data on all 13 participants, we specified the number of responses and denominator used to calculate proportions for each characteristic to more clearly describe our sample. We also merged the number and % columns to facilitate interpretation. We provide further explanation and details in the Table 1 Legend. (Table 1; Page 9-10; Lines 221-229).

3. Perhaps state the profession of the "other health professions" after their quotes - this may give the readers more insight into the responses and it is unlikely this will reveal who they are.

Response: We appreciate that specifying the profession after each quote for 'other health professions' will provide further context to the quotes used in the results. However, given each of the other health care professionals represented a distinct profession, it might be possible to identify the participants based on location and profession. Hence, we chose to retain using "other health profession" after quotations in order to provide participant anonymity. We added an explanation for this decision. (Results; Page 11; Lines 239-243).

4. One last query: Why do you use the term physical therapist rather than physiotherapist? This is an article for the BMJ and the health professionals are from the UK and Canada (both of which countries use the term physiotherapist/physiotherapy).

Response: Thank-you for this suggestion, we changed the term 'physical therapist' to 'physiotherapist' and 'physiotherapy' throughout.

5. Overall, this is a well written paper and while reflective of a very specific environment (a limitation that is rightfully acknowledged) the richness of the participants quotes and recommendations provide a lovely insight into how rehabilitation professionals in particular can work together (and indeed, with their clients/patients) to help improve the lives and function of PLHIV. Well done.

Response: Thank you.

Reviewer: 2

Professor Verusia Chetty

College of Health Sciences, University of KwaZulu-Natal, South

The paper is critical in framing the importance of physical therapy in the holistic care offered to PLHIV. The researchers have tapped into an area that needs attention to address the gap in integrating rehabilitation into HIV care.

Thank you.

Major concerns

1. The paper lacks a thread from the introduction to the conclusion.

Response: Thank you for this comment. We made substantive revisions to our introduction and discussion sections to better introduce the key concepts, study rationale (introduction) and strengthen our interpretation of the results, weaving in additional evidence done in the South African context developing models of rehabilitation care for people living with HIV, and implications for future practice. (See highlighted areas of the Introduction and Discussion).

2. I am afraid that the definition of a model is used 'loosely' and is not based on my knowledge of a model of care. I found myself searching for another term for model in many instances and thought maybe approach or care setting or care pathway but not model (see tenants for model of care)

Response: Thank you for this suggestion. We revised our manuscript throughout to describe this as an 'interprofessional, outpatient HIV care setting', 'program', 'approach to care', or broadly 'HIV care' as appropriate and removed the use of the term 'model of care' throughout. In the discussion, we incorporated evidence on models of rehabilitation care for people living with HIV and how findings from our study (in a high income context) may be analogous to those in the low-to-middle income context. See highlighted areas in Discussion section; Page 25-26; Lines 669-676; Lines 724-740).

3. The study reports that it used a qualitative approach but in describing the demographics uses a quantitative angle which often distances a qualitative reader from the population that was purposively selected. Use pseudonyms to make the participants relatable.

Response: We recognize that there are a number of ways to report on characteristics of participants in qualitative research. We removed the proportions describing the participant sample

in the text of the results (Page 8). However, we chose to retain both numbers and proportions representing the demographic characteristics in Table 1 in order to provide a comprehensive approach to illustrating characteristics of the sample. As suggested by Reviewer 1, we revised Table 1 so that the numbers and proportions are located in the same column and the denominator is clearly indicated for each characteristic to ease interpretation. Table 1; Page 9-10; Lines 221 to 229).

1. Ethical concerns for me was naming of the study setting, there should be anonymity at all times through-out the research paper.

Response: Casey House was a collaborator and the study site for this study, hence we felt that it was important to describe the research setting. While we describe details of the research setting to provide context we do not disclose details of individual participants to ensure anonymity of study participants (Methods: Page 5; Lines 100-109).

2. Results I found difficult as the analysis was not addressing the data. Themes and illustrative quotes were mismatched.

Response: We added further data in the form of description and quotations to support our concepts / key themes and considerations in the results. (See highlighted sections throughout the Results).

Minor detail

3. Abstract - Setting should be methods (line 11). Authors are describing sampling and data collection

Response: We structured our abstract according to BMJ Open headings, however, we revised this sub- heading to 'Recruitment and Setting' to better reflect contents describing our purposive sampling and location of data collection. (Abstract; Page 2; Line 10).

4. Results in abstract speaks about 6 concurrent health conditions which really is not clear at all.

Response: We clarified this statement to read: "...13 adults living with HIV (11 men and 2 women) with a median age of 50 years **and living with** a median of 6 concurrent health conditions in addition to HIV. (Abstract, Page 2; Lines 16-17)

5. Introduction - line 52 Compared to the...(What and where you need to be more specific)...."

Response: Thank-you for your recommendation, we clarified this sentence to read: "Authors of a cross- sectional population-based study in Ontario reported that adults living with HIV experienced increased prevalence of mental and physical medical conditions, and multimorbidity, defined as the presence of several chronic conditions compared to the general population." (Introduction; Page 4; Lines 52-55).

6. Rewrite line 59 example "In a recent qualitative study ..."

Response: Revised to: "Authors of a qualitative study described..." (Introduction; Page 5; Line 82).

7. Line 73 is not flowing from previous thought and what goals are you referring to?

Response: We removed this sentence in the revision of our introduction.

8. Line 75: again no flow

Response: This sentence refers to novel approaches to PT care delivery that have potential to help overcome barriers. We've addressed in the revision of the introduction. (Introduction; Page 4-5; Lines 69-94)

1. Line 77 and 78 work that into methods

Response: We retained our introduction of Casey House in the introduction as it provides background to the context (and rationale) for the study, and added more detail describing the research setting and context in the methods section (Methods; Page 5, Lines: 100-109).

2. line 82-86 is too lengthy

Response: We revised to two sentences.

3. The introduction needs to describe the IP approach of caring and or if authors are sticking to a model then describe that here.

Response: As per = above, we revised the manuscript to refer to an 'interprofessional outpatient HIV care setting' 'program' or 'HIV care' throughout rather than a model of care.

METHODS

4. line 99: anonymity

Response: As described above, Casey House was a collaborator and the study site for this study, hence we felt that it was important to describe the research setting. While we describe details of the research setting we do not disclose details of individual participants to ensure anonymity (Methods: Page 5, Lines: 100-109).

5. We need to understand the setting for now I find myself flipping around the paper to look for the context. Who works here, how are PLHIV referred, is there any resident therapist (context is unfamiliar to someone with my background LMIC) health care professionals

need to be described better, who are they and how do they fit into this rehab framework.

Response: Thank-you for your recommendation. Casey House is a community-based HIV specialty hospital in Toronto, Ontario that provides a continuum of interdisciplinary healthcare services including inpatient and outpatient (day health program) care and community outreach services for people living with HIV and complex multimorbidity. Services may include but are not limited to, medicine, nursing, social work, mental health and substance use services, recreation therapy, massage therapy, and most recently, physiotherapy. We added this detail describing the study setting in the Study Design (Methods; Page 5, Lines: 100-109).

6. Line 104: self-identified yes for PLHIV but how did this work for HCP, needs clarity

Response: As per our response to Reviewer #1 above, we used purposive sampling to recruit health care professionals who self-identified as experts in HIV care, whereby authors (KO and SCC) identified known professionals working in the field. To ensure we obtained perspectives from a variety of rehabilitation professionals with expertise in interprofessional HIV care across hospital and community based settings, we recruited professionals from Canada and the United Kingdom (UK) via the Canada- International HIV and Rehabilitation Research Collaborative (CIHRRC). We added this detail to the recruitment section (Methods; Page 6-7; Lines 138-145).

1. line 143: this is vague published where and needs some elaboration

Response: Thank-you for your comment. We added a statement that 'Further details on our methodology are published in a manuscript that describes the role of physiotherapy in HIV care from the perspectives of adults living with HIV and healthcare professionals working in HIV care. (Methods; Page 8; Lines 181-183).

RESULTS

2. line 163-164 rewrite clearly and line 165-170 re write these and make the participants relatable and not percentages as its is a descriptive study.

Response: We revised these sentences accordingly and removed the percentages (Results; Page 9, Lines 205-219).

3. Where is the biographical data for the HCP

Response: We appreciate your query. We added a sentence to describe characteristics of the health care professionals, specifically their location (Canada versus UK), profession (rehabilitation or other health care professional), and location of work (specialty hospital, hospital, community health centre or health clinic). (Results; Page 9; Lines 205-210). More details of health care professional characteristics can be found in the initial paper published as part of this research study (deBoer H, Andrews M, Cudd S, et al. Where and how does physical therapy fit? Integrating physical therapy into interprofessional HIV care. Disabil Rehabil 2018;1-10).

4. line 194-195 is confusing

Response: We clarified this statement to indicate that given the diversity of professions represented

in our sample, we refer to health care professionals as either 'rehabilitation professionals' (physiotherapist or occupational therapist) or 'other health care professionals' (social worker, recreational therapist, pharmacist, physician, registered nurse and massage therapy) in order to ensure participant anonymity. (Results; Page 11, Lines 239-243).

5. Themes – I would like a revisit of the themes to reflect what is being said by the participants Example line 201-203 is not congruent with description same with line 208-211 Where is the reference to housing

Response: We added further description to our themes and added quotations to support where indicated, for 'impressions of physiotherapy in outpatient HIV care' specifically referring to perceptions of the role of PT for people who are homeless (Results; Page 12; Lines 253-269) as well as 'sensitivity to practice' in the context of substance use (Results; Page 21; Lines 539-546).

6. Line 222 I think that this an interprofessional approach not a model

Response: As indicated above, we revised the manuscript to refer to an 'interprofessional outpatient HIV care setting' 'program' or 'HIV care' throughout rather than a model of care.

1. Line 239-243 does not speak to the description or theme *Line 239-243 does not speak to the description or theme*

Response: We are unclear the description or theme the reviewer is referring to, but carefully reviewed and revised our results section to provide further explanation and supportive quotes and trust that our results sections is now strengthened with this revision.

2. line 275-280 very confusing to a reader who has not been orientated to the setting well.

Response: We appreciate this feedback. As indicated above, we added further description of the research setting to provide context for the results (Methods; Page 5; Lines 100-109).

3. Line 302 which participants, this is important as it adds depth to the explorative study.

Response: We agree this would add to the depth. We specified the population group (health care professionals) who indicated personal traits useful for physiotherapists to possess for engagement in PT. (Results; Page 15; Line 357)

4. Line 332 whose finances

Response: Since physiotherapy students would not be paid, the participant was recommending that including students in physiotherapy interventions could be a cost-effective way to increase the availability of physiotherapy service while promoting opportunities for increasing HIV knowledge and awareness which can help to reduce stigma among future health care professionals. We added further detail to this section. (Results; Page 16; Lines 385-388).

5. line 344 perhaps rather than welcoming environment, patient orientated

Response: We revised to: 'Client-oriented environment' to remain consistent with other 'client-focused' terminology used throughout. (Results; Page 17; Line 399).

6. Again line 374 I am not convinced that this is model rather mode or delivery

Response: We revised to: Structured versus flexible **approaches** to physiotherapy care. (Results: Page 18; Line 429).

7. Line 395 Participants rather than HCP and PLHIV

Response: Thank-you, we revised this statement (Results; Page 18; Line 450).

8. Line 399-402 does not allude to the theme goal oriented interventions or this maybe rewritten to say what they expect from the sessions (confusing)

Response: We appreciate your suggestion, but believe that this quote, in addition to others in this section, describe the value that participants put in a physiotherapy intervention which is focused around individualized functional goals, specifically in this case, "learning how to not trip over things or learning to go up your stairs". We added more detail describing this factor (Results; Page 18; Lines 452-453).

1. Line 413 add sense "of" purpose

Response: Revised. (Results; Page 19; Line 469-470).

2. line 422 say HCP and HCP participants throughout

Response: Thank you for this suggestion. We revised the manuscript throughout removing the term 'participants' given it is implied when referring to people living with HIV or health care professionals in the results section that we are referring to the participants in the study.

3. Line 431-432 Can we really say potential here

Response: We agree that this was confusing and removed 'the potential of' from this sentence accordingly. (Results; Page 19; Lines 487-488)

4. Line 459 HCP rather than HCP participants

Response: As indicated above, we removed 'participants' throughout the results section as it is implied when referring to people living with HIV or health care professionals in the results section that we are referring to the participants in the study.

5. Line 461 add associate "with" living with HIV also there is no data speaking to substance abuse

Response: The final paragraph in the "Sensitivity to practice" section discusses substance use. We added further quotes and explanation to expand on this theme (Results; Page 21; Lines 539-546).

6. Line 478-480 Can you include thicker description to understand this phenomenon

Response: Thank you for this suggestion. Stigma, as discussed by participants can be related to various aspects of life including mental health, sexual orientation, and HIV status. Furthermore, participants noted that stigma may be experienced from health care providers, community members, family and friends or be internalized stigma. We expanded on this description of stigma in the results section (Results: Page 21; Lines 529-533).

7. Line 492 check font

Response: This font is the same as the font used for heading 2.

8. Line 497-500 who said that?

Response: We acknowledge that this is a longer quote and identified the health care professional who made this comment. (Results; Page 21; Lines 535-537).

Discussion

1. Line 578 what conceptual rehab framework are you referring too

Response: We are referring to the HIV/AIDS conceptual rehabilitation framework by Worthington et al (2005). We clarified the reference to this framework (Discussion; Page 25; Lines 651-654).

2. Line 580-581 where is this in the results

Response: Table 1 (characteristics of participants) indicates that the majority of participants in this study were living on limited income, which was further indicated through participants living with HIV describing their financial barriers to accessing physiotherapy.

- Line 585 substance abuse not enough known about this phenomenon (recreational?)

Response: We provided more detail on the type of substance use specifically mentioned by participants in this study to include drugs and alcohol (Results; Page 21; Lines 539-546).

- Line 586 again discussing housing but no evidence in results para two please re write para three disjointed

Response: We added further details in the results (with supportive quotes) referring to the issues of housing described by participants in order to strengthen this component of the results and link with the discussion. (Results; Page 12; Lines 253-264)

- Line 625 substances such as??

Response: Participants mentioned substances such as alcohol and generically drugs, specifically naming cigarettes, crystal meth and cocaine. As indicated above, we expanded on this in the results. We provided more detail on the type of substance use specifically mentioned by participants in this study to include drugs and alcohol (Results; Page 21; Lines 539-552).

- Line 627-630 No flow from thought above

Response: We were unclear what specific content the reviewer is referring to, but trust that we have address the issue and improved the flow of this section with this revision.

Conclusion

- Describe context here

Response: We added further description of context in the conclusions, specifically outlining the factors for considerations and what stakeholders can use these results to help inform integrating timely and appropriate access to rehabilitation for people with HIV (Conclusion; Page 28-29; Lines 760-769).

VERSION 2 – REVIEW

REVIEWER	Professor Verusia Chetty University of KwaZulu-Natal, South Africa
REVIEW RETURNED	18-Mar-2019
GENERAL COMMENTS	The authors have adequately dealt with my suggestions on previous review I am satisfied with the new submission