

Reviewer's report

Title: Predictors of tobacco counseling among Hispanic physicians: a cross-sectional survey study

Version: 1 **Date:** 23 April 2007

Reviewer: Corinne G Husten

Reviewer's report:

General

Measures of physician barriers to providing cessation services has been well researched, although this study looks specifically at Hispanic physicians, which is a new approach.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

General comments

Important and widely cited measures of provider barriers have been left out, such as lack of time, lack of reimbursement, concern about patient response.

In my view, the measure used for self-efficacy is not appropriate. Provider self-efficacy should measure their confidence or comfort in providing the service(s), not their confidence in a patient's response to treatment. The relapse rate is very high for any individual quit attempt, so reporting that they are not confident that they can get a person to quit just reflects reality.

Two of the three measures of self-efficacy are not cessation constructs. Confidence in ability to reduce consumption is an inappropriate measure since multiple studies have shown that even 50% reduction in consumption provides no improvement in mortality. Counseling for reduction of consumption is not recommended in any guideline. Also ability to get patients to reduce exposure to SHS is important, but not a cessation measure.

Very similar constructs are included under attitudes (whether they perceive their interventions practices as being successful in increasing quit rates) and self-efficacy (confidence in being able to get smoking patients to quit their habit). The same construct should not be used in both categories.

It is unclear how representative the members of the Hispanic Medical Society are to the overall Hispanic physician population in NM and how representative the NM Hispanic physician population is to Hispanic physicians nationally, yet conclusions are drawn for "Hispanic physicians."

Provide the time frame for the study. Given the guidelines cited, it appears that it is more than 6 years old. If so, explain relevance today.

The familiarity with most population smoking cessation protocols and theories includes one very old manual (published over a decade ago). The authors cite the AHRQ guideline (1996), but there there is no mention of the 2000 update (published as a PHS guideline). Two of the sources asked about are resources in the community or self-help materials (pregnancy related). While knowledge of community resources could be an important measure, self-help materials are not an effective intervention (AHRQ guideline) and there are a lot of self-help materials out there. Thus it is unclear why a pregnancy-focused one is considered so important and given equal weight to the AHRQ/PHS guideline. I would recommend that the authors only examine whether the physicians are familiar with the PHS guideline and stages of change model.

Physician self-report of their counseling practice behavior is not a very accurate outcome measure.

The nine items used to assess counseling practices are not provided, so their appropriateness and validity cannot be assessed.

I could not reproduce the response rate. The table looks like 55 physicians responded (out of 81 eligible),

but page 8 say N=45.

The recommendations call for training physicians. However, the authoritative guidelines (community preventive services task force, PHS guideline) do not recommend provider training alone as an effective intervention. Both the PHS cessation guideline and the Community Guideline with note that systems changes, such as provider reminder systems, are essential to improving intervention rate by physicians. The Community guide recommends either reminder systems alone or reminder systems with provider training as the effective interventions but states there is insufficient evidence of effectiveness for provider training alone.

Specific comments

Page 2 (abstract), para 1: There have been improvements in getting physicians to “ask” and “advise” that should be acknowledged (see HEDIS measures, see AHIP studies). Providing “assistance” remains poor.

Page 4, para 1, line 2: As noted above, “ask” and “advise” have improved. Also, your reference is a study done from 2001-2004, which cannot provide evidence for a statement about “last decade”

Page 4, para 1. Important barriers are not mentioned (lack of time, lack of reimbursement, concern about patient response). Please also improve references. Although much of this work was done 20 years ago, there were a lot more studies on provider barriers. Also, I believe there are newer studies, which should be included as references.

Page 6, para 1: How many Hispanic physicians are practicing in New Mexico? What proportion of Hispanic physicians are members of the NMHMS? How representative are these physicians to the overall Hispanic physician population in NM, in the U.S.?

Page 9, para 2: What was the percentage compliant with guidelines?

Page 12, para 3, line 3: Reference about school programs seems inappropriate. Also, if formal programs do not change physician practices, why are you recommending training?

Page 13, para 3: mention study was limited to members of the Hispanic Physician Medical Association. Need to discuss implications for representativeness and any conclusions drawn in the paper.

Page 13, para 3: If a considerable number of Hispanic physicians in the US were educated in Latin America and Spain, why were rates so low in this sample? Serious implications for generalizability of the findings to Hispanic physicians overall.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Specific comments

Page 2 (abstract), para 2: The abstract needs to mention that these were Hispanic physicians who were members of NMHMS

Page 4, para 2, line 9: Please cite references other than the authors of the current manuscript.

Page 4, para 2, line 10: Unclear how reference citing prevalence estimates support a statement that tobacco is a public health priority among Hispanics (especially since Hispanics tend to have lower prevalence than whites, black, American Indians/Alaska Natives). Please provide other references to support this statement.

Page 4, para 2, line 11: Please reference statement about Hispanics being less likely to receive advice to quit.

Page 7, para 2: reference the protocols and theories listed

Page 7, para 2, line 6: typographical error – should be “Start”

Page 7, para 3: Use Healthy People 2010 measures.

Page 12, para 2, line 4: Need more references. Out of the 7, one is on developing survey measures, one is about nurses, 2 are about pediatricians so relevance to current study is more peripheral

Discretionary Revisions (which the author can choose to ignore)

What next?: Reject because scientifically unsound

Level of interest: An article of limited interest

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests