Reviewer's report

Title: Needs and barriers to improve the cooperation in oral anticoagulant therapy by chronic care model elements: a qualitative study.

Version: 1 Date: 17 July 2011

Reviewer: Patricia Sunaert

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Title: Needs and barriers to improve the cooperation in oral anticoagulant therapy by chronic care model elements: a qualitative study.

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This study explores how collaboration between anticoagulant clinics (ACs) and other health care professionals involved in OAT can be improved. Improving collaboration is seen as an important (line 62 ‘essential’) action in the prevention of drug related hospitalisations (reduction of critical incidents) among patients taking OAT. Following an evaluation of the performance of ACs, plans were made to improve their way of working (PDCA cycle). The findings are potentially interesting. However the focus of the study, exploring ways to enhance collaboration between health care professionals involved in OAT, is currently not well enough elaborated. There is too much focus on the Chronic Care Model (CCM).

- Major compulsory revisions

- Line 64-70: For readers who are not familiar with the healthcare system in the Netherlands, more in depth information regarding the ACs is needed in the background section: history of ACs (e.g. since when and for what purpose were they launched in the Netherlands), way of working (e.g. integration in primary/secondary care?; financing system?; …), added value in relation to usual care (patient outcomes, cost).

- Line 70-71: The focus of this publication is on collaboration. Do you have information regarding the prevalence/importance of collaboration problems and their impact on quality of care (important problem?)? Are critical incidents registered/reported by the ACs? (= start of a quality improvement project)

- Line 70-71 & Methods: The data of the high and less performing AC’s are reported at once in the results section. Probably one would learn more from e.g. good/less well performing practices and how they are organising collaboration in their region. Is this still an option? (Line 430-440) (instead of reporting on experienced/ expected initiatives, an exercise that is often difficult to follow
A thorough review of the text material:

- Line 80-93 & Methods: I am not convinced that the CCM is the most appropriate framework to reflect on collaboration (and to analyse the study results). Why was this framework chosen and not a framework on collaboration (e.g. work of D'Amour et al.)?

- Line 187: The AC professionals experience three main problems in collaboration: lack of knowledge, lack of consensus and inadequate information exchange. Why are the proposed initiatives not reported and discussed in relation to the problems encountered (PDCA cycle)?

- Line 133-137: I am not convinced about the added value of using the Cabana’s framework to categorise the barriers/implementation problems; why was not an implementation framework used (e.g. the work Grol and Wensing); by using Cabana’s framework the barriers are limited to factors linked to the professionals they collaborate with (‘failure to follow the guidelines’).

- Line 97-98 & Line 445: The study gives no information on how other professionals (GPs, specialists, nurses, ……) and patients experience the collaboration. This is an important limitation of the study. Please motivate this decision.

- Minor essential revisions

- Line 72: The follow-up of OAT in ACs is in a way an example of fragmentation of chronic illness care as patients are no longer seen by their usual care providers (e.g. general practitioner, specialist) for this aspect of care. OAT is only one of the aspects of care for a chronic patient (e.g. a diabetes patient on OAT). Some reflection is needed.

- Line 109: Who conducted the interviews? Trained interviewer? How long did the interviews lasted?

- Line 111: please include the interview guide

- Line 111-115: The following research questions- instead of themes- are addressed in this article. This information belongs to the background section (at the end). The questions need some language correction.

- Line 113 Change ‘prefer’ in ‘propose/suggest/advise ’; As far as I understand the study is looking how collaboration can be improved (taking into account the barriers experienced in the current way of working)? What is meant by ‘initiative’? Is this an intervention to be planned in the future?

- Line 118: Are the interview data analysed for the 3 research questions (instead of themes) separately?

- Line 134-135: differential diagnosis? ; what is meant by ‘the barriers distinguished by Cabana were completed if needed’?

- Line 232-233: ‘aspiration of some ACs to present themselves as expert centres’; are ACs not seen as expert centres among other professionals? What is their precise role? Please explain more in detail the role of the ACs in the background section (see major compulsory revisions)
What is meant by ‘a clinical information system’?

I presume that there are some agreements between the ACs and the other health professionals; how were they developed? (see also Line 303-308)

This part of the study describes the barriers experienced when actions are planned/undertaken to improve collaboration. Change the title according to the information in this section. I would prefer to receive the information in relation to the 3 main problems experienced by the AC professionals and actions planned/undertaken in relation to these problems. Now the reader has to make the link between the barriers, the problems and the proposed actions.

Are some of the barriers mentioned (e.g. ‘the lack of awareness of professionals about the need of cooperation’; ‘the challenge of autonomy’; …) not rather bottlenecks in collaboration than implementation barriers?

See major compulsory revisions; the study focus is on collaboration and not on the implementation of CCM elements; please adapt the content of the discussion to this comment.

since a purposeful sample was chosen, one is not expected to interview all ACs.

by preference use ‘collaboration’ instead of ‘cooperation’

a reference is missing (Drewes HW et al.; BMC Health Services Research 2010)

change the title in ‘setting and study participants’

this information belongs to the results section

‘It is assumed that, before CCM elements can improve the cooperation, it first affects knowledge, attitude and (instead of en) behavior.’

‘Knowledge has an … exchange of information.’ This sentence has no added value.

Interviewees indicated that the quality …… from different professionals.’; this paragraph gives no new information

easily approachable informal contact’; please rephrase

please give a quote for ‘leadership’

are not all ACs giving dosage advice yet (see Background section; Line 68-71)?

‘it would be great if we have an electronic patient file ……’; does one mean a shared electronic patient file?

‘… if other professionals gave more insight in the care process’; I do not understand the meaning of this sentence

I presume that the reasons why multidisciplinary protocols are not
implemented are multiple; the quotes are not an illustration of lack of motivation.
-Line 379: ‘improve’ instead of ‘improvement’
-Line 387: ‘other chronic diseases’; OAT is not a chronic disease
-Line 389-394: this paragraph repeats information given in line 374-381

Level of interest
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-An article whose findings are important to those with closely related research interests.

Quality of written English
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- Needs some language corrections before being published

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

Declaration of competing interests
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- I declare that I have no competing interests.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**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.