Reviewer’s report

Title: Qualitative Evaluation of a Local Coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework

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Reviewer: Mark Harris

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Kramer et al. Qualitative Evaluation of a Local Coronary Heart Disease Treatment Pathway: Practical Implications and Theoretical Framework.

This is a qualitative study examining the local treatment pathway for patients with CHD in one region of Germany. This was part of feasibility study. There is comparatively little research in this area so it has the potential to make a contribution.

Although the sample of participants is small and is comprising largely of those involved in the development of the pathway, the methodology is generally appropriate and the conclusions are qualified by a number of acknowledged limitations.

The paper contains a very large number of English grammatical errors and needs to be carefully revised and edited. The description of the number and type of participants in the abstract, methods and results is clumsy and I had to carefully read the text a several times to discover that there participants were drawn from 20 physicians of which 16 consented and 2 subsequently withdrew leaving 14 (8 GPs and 4 cardiologists).

In the abstract the reference to the feasibility study and the number of GPs (18) and patients (290) in this study should be removed as this is confusing and not relevant to this study (only 16 GPs were invited to participate and no patients). The conclusion should briefly summarise what was actually concluded about the implications for the use of the pathway or the theoretical framework rather than just saying that a implications and a framework were found.

In the introduction (2nd paragraph, on page 4) the authors state that local adaptation increases the chance of implementation of guidelines. This is controversial and the studies referenced in the introduction do not test this. This is referred to again in the Discussion on page 15 – however the reference here is quite old (12 – Grimshaw 1993). The authors should acknowledge that there has been some debate about the value of local guidelines (eg Silagy et al. Family Practice 2002 19: 223-230).

In the discussion the comment on page 16 that “The cooperation between GPs and cardiologists was widely appreciated by both sides” is somewhat superficial comments that should be deleted or expanded on. Similarly in Page 7 the
observation that some participants reported already treating patients according
the pathway deserves some further discussion. This is a common observation in
studies evaluating the response of doctors to audit feedback and other facilitated
quality improvement activities. This clearly relates to the attitudes (consistent with
the Theory of Planned Behaviour) and is unlikely to be simply addressed by the
modifying “the layout of the laminated pocket version”. The reference to the
ecological model on page 18 could usefull refer to the use of socioecological
model by Sorensen G, et al.,( Model for incorporating social context in health