Reviewer’s report

Title: Impact of Care Management Processes and Integration of Care on Blood Pressure Control in Diabetes

Version: 1 Date: 23 May 2012

Reviewer: CA Baan

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Major Compulsory Revisions
1) The authors use the PPC-RS as an instrument to measure chronic care management. Although this instrument has been used in several other studies, I have some questions concerning the validity and usefulness of this instrument. Some of them are: is this instrument validated? As well as the current users as former studies from Solberg do not give information about this and they all mention in their papers phrases like 'a modified version of the PPC-RS was....' or 'an adapted version was...'. I would like to have insight in the original PPC-RS, whether this is a validated instrument and to what extent the instrument was modified for the current study and what is the effect of the modification on the validity of it.

2) The PPC-RS consists of five domains with questions per domain resulting in dichotomised answers. To what extent provides this enough information and insight into the CCM of practices. In contrast with an instrument such as th ACIC the PPC-RS gives no insight in whether for instance guidelines actually are being used and how self management support is actually operationalised. To know whether a self management program for risk factors is available is not enough to get insight to what extent CCM is operationalised and implemented.

3) in addition to that; the PPC-RS is filled out by the medical officer of the practices, and should be considered as self-reported data. To what extent can this influence the scoring and thus the results?

4) the integration scale is not clear to me for several reasons. Firstly in other studies using the PPC-RS, the integration scale is not mentioned. This relates to my first remark about clarification of the instrument. In addition I have difficulties in interpreting the results of this integration scale. The domains listed are quite different variables and cover different levels of integrated care. Most items listed in Function concern coordination rather than integration, and the item of financial risk is unclear to me, how is this related to integration on practice level?

5) Can the authors explain more about the selection of organizations: why is the criterium size of practice used? and was there a non respond as well or have all practices responded

6) the authors discuss about other results and use of other instruments. I miss the discussion about the ACIC as an instrument to measure CCM.
Minor Essential Revisions
-in Background the abbreviation LTC-centers needs to be written out

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

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