Reviewer’s report

Title: Practice nurse involvement in primary care depression management: an observational cost-effectiveness analysis

Version: 2 Date: 21 October 2013

Reviewer: Helena Britt

Reviewer’s report:

This paper reports a study aiming to assess the cost effectiveness of alternative levels of practice nurse involvement in the management of depression in general practice in Australia, using routinely collected GP clinical notes.

This is a well written paper describing a complex project in which patients identified as having depression managed by GPs at 6 practices in one area, were allocated into high and low classes of practice nurse (PN) involvement in its management. It is an interesting and innovative approach to use of

1. Abstract: clear.

Minor discretionary revisions

2.1 First para: The first sentence is about major depressive disorder. The remainder is not but sound like it is. Please give more specific label in second and third references.

2.2 Para 2: 5th last line: (“the number….”). This sentence is in ‘present tense”. Please remove “has” and ‘now”.

3. Methods:

3.1 Para 2: Minor essential revision: How many practices did you attempt to recruit? That is, what was the response rate for practices?

Major essential revisions

3.2 The crux to the validity of this research rests on a number of methodological issues:

3.2.1 How was ‘depression identified” in the medical records? Free test search? Were all levels included ( e.g. was ‘feeling depressed counted as depression? )

3.2.2 Practice nurse involvement was classed on basis of PN interview, using the reported ‘proportion of patients with depression that were seen by a practice nurse ‘and “the percentage of practice nurse time spent in clinical based activities during a consultation with a patient with depression”. “Where the average response was >50% on both questions, the practice was considered to show a high level of practice nurse involvements and assigned to the high level model of care”
These definitions are not clear.

(a) Proportion of patients with depression seen

I assume you mean, the reported proportion of patients with depression who had been seen by PN for the management of the depression? (The PN may see lots of patients who have depression, for the management of obesity, diabetes, INR tests etc etc, but this would not necessarily mean they were in any way involved in management of the depression.)

(b) “the percentage of practice nurse time spent in clinical based activities during a consultation with a patient with depression”.

—during a consultation with…” Question: during a GP consultation, or a PN consultation?

‘define ‘clinical based activities”, in terms of whether these were associated with the depression?

This simply does not make sense. I think it would clarify these issues if you told us exactly what questions were asked of the PN about these issues.

My major concern here, is that you give no indication that the PN was actually working with the patient about the depression. And if you do not have that data, how can you classify the PNs as high class just because they spent time with patients with depression (and probably with multiple comorbidities)?

3.3 Minor essential revisions

3.3.1 Patient recruitment: I assume when you say that patient consent was gained for access to their ”medical records:”, consent was gained for the GP records, hospital admissions, PBS and MBS?

3.3.2 Analysis: third para; third last line: you collected and analysed data for 3 yr period: October 2007-Oct 2010. IN the ‘depression history’, was the first episode selected irrespective if it was earlier than the study period?

3.3.3: Analysis: para 4 last line: please define a ‘depression patient” (as per earlier comment)

3.3.4 Results: para 1This issue arise in the results as well – In section called ‘Depression state classification” first para third last line: as you have not stated how a ‘depression patient was identified, it is difficult to understand how some of these could be ‘not depression patients”.

3.3.5 Minor discretionary same section: 4th para last line: yes, you could use the following reference to discuss this further in the discussion:


Patient characteristics: Minor essential revision: Two statements are not acceptable on this page: if there is not statistically significant difference, then
there is no difference, so comments such as ‘approached significance’ and ‘were the closest to significance’ are unacceptable.

4. Appendix: Minor revisions (or comment in the discussion.) Page 2/3 last line of 1.2. If ‘recent’ was considered to be in the last 6 to 12 months, what would yesterday be classed as? Is this a typo?

5. Tables and Figures are acceptable.

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

**Quality of written English:** Acceptable

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests