Reviewer's report

Title: The effectiveness of a semi-tailored facilitator based intervention to optimise chronic care management in general practice: A randomised controlled trial

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Reviewer: William Hogg

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Tina Drud Due, Thorkil Thorsen, Marius Brostrøm Kousgaard, Volkert Dirk Siersma and Frans Boch Waldorff report a stepped wedge randomised controlled trial in 189 general practices in Denmark. They assess the effectiveness of a physician facilitator program in implementing a disease management program for chronic obstructive pulmonary disease and type 2 diabetes in general practices. The intervention group was offered three one-hour visits by a physician facilitator. The primary outcome, an increase in annual chronic disease controls did not change but there were improvements in some secondary outcomes.

1. The research question and the intervention are well defined.
   a. It is not clear if the facilitators provide feedback on the practice performance (using baseline data)? If yes, this should be included in the description of the intervention.

2. The methods are appropriate and well described. The stepped wedge approach with collection of baseline data collection prior to randomization and then a stratified random assignment by practice is a strong methodology for this real world type of study.
   a. Please add to your sentence “The GP practices in this study were allocated to facilitator visits in 2011 (intervention) or to facilitator visits….”, the word “randomly”.
   b. Relying on the Danish National Health Service Register is presented as a strength of the study. I see it as both a strength and a limitation of the study and recommend a more detailed discussion. For example using disease specific, process outcomes which are readily available rather than arguably more important outcomes such as patient empowerment, quality of life etc.

3. Are the data sound?
   a. Is it possible to provide data on the accuracy when using the Danish National Health Service Register to identify patients with COPD and diabetes?
   b. Please explain how the GPs bill for the annual control visits and if this means the data is likely complete?

4. Does the manuscript adhere to the relevant standards for reporting and data
deposition?

a. Consider using the CONSORT reporting guidelines.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

a. The discussion and conclusions need revision. What is new and how do your findings compare with previous studies? Using physicians as facilitators is much less common than using nurses and other health professionals. The three-hour duration of the intervention is also very different from most facilitation studies.

b. The authors conclude “facilitation may be more complex to measure than previously assumed...”. Do you mean “measure” or do you mean demonstrate? Are you including difficulties such as the intervention was often not fully implemented and that it was delivered to some practices in the control group? Your main conclusion suggests that your facilitation intervention might have worked but you were unable to measure the effect. I don’t think this is appropriate as the main conclusion to the study. The literature on facilitation leads me to think of it as a relationship-based intervention and that it is much more likely that the intensity and duration of your intervention was too little. You also recommend that facilitation research should be “supplemented by a focus on the local translation of facilitation.” This deserves more discussion. The fact that using the Sentinel Data Capture software was the main topic during the three-hour intervention meetings and that its use was mandated for all practices during the study timeframe is potentially important in understanding the negative result of the trial.

6. Are limitations of the work clearly stated?

a. The limitations (except for the Danish National Health Service Register) are clearly stated. That 13 of the control practices received the intervention may explain the negative result in a trial where the control groups also improved. Similarly, the fact that the intervention practices did not all get the full intervention may explain the negative result. The short duration of the intervention is addressed in the “Intervention Design” section of the paper and references a systematic review. Yes, there are exceptions but it is important that the review demonstrated that the duration of the facilitation intervention is a predictor of success.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes.

8. Do the title and abstract accurately convey what has been found? Yes

9. Is the writing acceptable?

a. There are a few instances where terms are used which are not familiar such as chronic disease “controls”. I eventually came to believe this refers to an annual visit focused on the patient’s chronic diseases. The authors need to realize that the word “control” in this context may not be understood by readers in some countries. As this is the primary outcome for the study, it should be
explained clearly at the beginning of the paper. Sparring partner is an unusual choice of words. Do you mean they were to confront the practice? There are a few places where it is apparent that English is not the maternal tongue of the writers. It is not clear what is meant by use of patient stratification.

b. The literature review claims that “no randomised controlled trials of interventions where facilitator visits have been used as a tool for implementing disease management programmes.” See Dickinson et al Annals of Family Medicine for one that was published this week.

It is very difficult to conduct pragmatic trials such as this and the authors should be congratulated for their work. I recommend acceptance subject to the authors addressing Items 3a and 4b as Discretionary; items 1a, 2b, 3b and 9b as Minor Essential Revisions and items 5a, 5b, 5c and 9a as Major Compulsory Revisions.

Level of interest: An article of importance in its field

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

Statistical review: Yes, and I have assessed the statistics in my report.

Declaration of competing interests:

I declare that I have no competing interests.