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

Version: 3  Date: 25 February 2014

Reviewer: Kevin Grumbach

Reviewer’s report:

This study and manuscript have many strengths. Practice facilitation is emerging as an important concept in primary care practice improvement, and merits more systematic research to assess the effectiveness of facilitation. I applaud the investigators for conducting a formal, stepped-wedge, randomized trial of a practice facilitation intervention in community-based Danish GP practices. The study is impressive in the rigor of its scientific design, and appears to have been well conducted. The manuscript is well organized and generally written with clarity.

The study concludes that facilitation did not have a significant effect on the primary outcomes studied. Negative studies are always important to report, to counter the tendency towards publication bias of positive studies.

I have a few major concerns about the study and the manuscript, which I will discuss below under Major Compulsory Revisions.

Major Compulsory Revisions

1. The definition of the primary outcome variable is very confusing to me. I do not exactly what constitutes “chronic disease controls.” This term is never defined or examples provided about what types of services are counted as disease controls. This term may be in common usage in Denmark, but it is not a term I am familiar with in the US. I suspect it refers to metrics such as hemoglobin A1C and lipid testing in diabetics and controller inhaler medications and influenza immunization for patients with COPD, but I am just surmising this. And the unit of annual disease controls per person is also not intuitively understandable. I am familiar with studies on quality of chronic care using outcome variables such as percent of patients up-to-date on specific services, but not with counts of disease controls per person. This unit for the outcome variable leads to a very small number (e.g., 0.019 for intervention group) and an even smaller number for change (0.005) which would require a 4th decimal place number to reveal that there was actually somewhat of a difference in the amount of change (enough for the p value to equal 0.16, which is not trivial). For a BMC FP audience, the authors need to explain the outcome variable and consider revising the unit for expressing it.

2. My second major concern is that several factors mitigated the ability of the authors to detect an effect of the facilitation intervention.
a. The disease control outcomes were not limited to only diabetes and COPD measures, even though the intervention only focused on those 2 chronic conditions. On page 16, the authors defend this decision to use a “generic” rather than disease-specific control measures for their outcome variable, suggesting that they hypothesized that the intervention would influence the overall approach to DMP and not just disease specific chronic care processes. But that seems to me to be asking a lot of the intervention. Why did the authors not perform at a minimum a sensitivity analysis to examine if the effects might be different when looking just at diabetes and COPD control measures for patients with those 2 conditions? I fear that the authors are biasing their study against a positive finding by making the choice of only examining generic controls in the aggregate.

b. The intervention was delivered at a very low dose. The targeted dose of three 1 hour visits is very low compared to what is used for many practice coaching interventions. Moreover, only 24% of the practices received even that low level of a full dose. The authors acknowledge this limitation on page 17, but argue that it may not have been a major limitation. Because many readers may jump to the conclusion that the study offers strong evidence against the entire concept of practice facilitation, I think the authors need to emphasize this limitation more in the concluding paragraph and abstract. That is, a conclusion could reasonably be made that the study demonstrates that low dose practice facilitation is inadequate to improve practices, rather than the implication that practice facilitation as a general approach is ineffective.

c. An additional factor challenging the ability of the authors to detect a positive effect was the substantial improvement in practices in the control practices. On page 18, the authors elaborate on the context that include many systemic interventions, such as financial incentives and registry participation, that applied to all practices, including controls. This unfortunately is one of the challenges of practice based research in “real world” settings! The “real world” is not a placebo, and broader policy changes influence primary care practice independent of the randomized intervention, much to the frustration of researchers attempting to isolate the effects of that intervention. Here again, there is nothing the authors can do at this point to alter that systematic policy context. However, they should highlight this more in their discussion of policy implications and conclusion.

In summary, I would strongly encourage the authors to be much more careful in how they describe the implications of their findings and state their conclusions. I conclude that the study suggests that a low dose of practice facilitation does not produce significant added marginal benefit for practice improvement in the setting of other powerful interventions including financial incentives and mandatory registry participation that are driving all practices towards better chronic care processes (or at least better documentation of these processes).

Minor Essential Revisions

The authors use the word “sparring” a couple of times. That is a wrong word choice-most English readers will interpret sparring as meaning “jousting” or a similar pugilistic syntax.
Discretionary Revisions
None

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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

Declaration of competing interests:
I am a faculty member at the Center for Excellence in Primary Care at UCSF. We have grants and contracts that support our work performing practice facilitation.