Reviewer's report

Title: Towards personalised integrated dementia care: a qualitative study into the implementation of different models of casemangement.

Version: 5 Date: 17 November 2013

Reviewer: Jenny Ploeg

Reviewer's report:

The issue of personalized integrated dementia care is an important one, and a better understanding of the facilitators and barriers to models of case management is timely. A qualitative design is an appropriate one to gain a better understanding of the issues. This paper can make a valuable contribution to the literature in the field if the revisions suggested below are completed.

Major Compulsory Revisions

1. The findings need to be further synthesized and more clearly presented. While the use of micro, meso and macro levels is helpful in the analysis, there is an extensive list of factors and I suggest that further attempts be made to synthesize or group these in common themes/subthemes. This will also facilitate the use of illustrative quotes to support the main themes. Is the section on Influencing factors and preconditions related to the preparation phase? If yes, this should be clear in the text and table. There are numerous statements made in the text that certain factors were present in both models eg facilitating factors in the execution phase, but this is not clearly represented in the table 3; I would expect to see for example, a + for any factor represented in both models but this is not the case. As another example, continuous investment in communication with GPs is indicated with a + only in the linkage model, but in text is stated to be present in both models.

2. The discussion begins with a restatement of the study aim (which is not needed here) and content of the case management, (which could be included in the introduction). Instead, the discussion should start with a summary of the important new contributions of this paper, what this study does to fill gaps in the existing literature. Further, there is a need to extend the discussion of implications of study findings, eg at micro, meso and macro levels, for practice, policy, education. There is also a need to tease out the implications based on phases.

Minor Essential Revisions

3. In the abstract and text, specify the type of qualitative study design used, and provide a reference in the text.

4. In the abstract, under results, instead of identifying the number of facilitators and barriers for each model, suggest describing some of the main facilitators and barriers.

5. The introduction frames the issue of case management in the Netherlands.
This should be extended to a more international context, including a broader range of references related to case management.

6. The introduction should include a stronger statement of the need for this study; what new understandings can this study contribute and why is this important?

7. Describe what factors determine which case management model is used, e.g. is it by geographic area? Some other factor?

8. The research questions should be clearly identified.

9. The abstract and design sections indicate the inclusion of patients; however, the key figures listed in the text on page 7 do not include patients; this needs to be clarified or revised.

10. The authors should include demographic descriptions of the participants, e.g. gender, age range for patients, perhaps by case management group. On page 10, there is a statement re full-time vs part-time and this should be included in the demographic details.

11. On page 8, the authors indicate that they extracted data from the Nivel report re facilitators and barriers of different types of case management, yet on page 4, they indicate that the study did not describe factors based on different models; these two statements are contradictory.

12. The authors should include a description of the strategies they used to ensure qualitative rigor.

13. For Table 1, are the roles of the case managers the same across models or different? Explain.

14. For Table 2 and 3, the authors need to explain the use of + or - or blank in a note at the bottom of the page; I assume + means facilitator and - means barrier. For Table 2, are these results related to the preparation phase, as alluded to in the text? Clarify.

15. For quotes, the authors should indicate participant numbers so that the reader gets a sense of how broadly the quotes represent participants.

16. Under study limitations, list any limitations related to the characteristics of participants, e.g. were patient and caregiver perspectives fully described?

Discretionary Revisions: none

**Level of interest:** An article of importance in its field

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

**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.