Reviewer's report

Title: Intervention mapping for development of an implementation strategy for the insurance medicine guideline on depression

Version: 1 Date: 28 March 2010

Reviewer: Sallie Pearson

Reviewer's report:

Thank you for the opportunity to review this manuscript on an important issue in clinical practice - the uptake and adherence to clinical guidelines. I believe the paper merits publication but I do think it would be improved significantly with consideration to the following issues (which I see as major compulsory revisions):

Currently the paper reads like a report to a specific organisation (who already understand the context) rather than a piece of original research being communicated to a diverse scientific audience. I believe the authors should review the current approach and try to restructure the paper so that the reader can better understand what primary data collection they undertook and the data analysis etc. For example, it appears lots of qualitative work was undertaken but I am not in a position based on the current text to assess how robust this was.

I understand why the authors would like to have this published as a stand-alone piece as it can then be referred to in the publication on the evaluation. However, I did find it difficult to really understand what the key messages were in the paper and how these dovetail in with what we already know about the multi-factorial forces acting on clinicians in their daily practice. It would be very useful to see the authors highlight the key messages in some way - maybe boxes in each section to demonstrate the processes they undertook and the findings within that. The document is very lengthy and becomes a little tedious when the reader is not clear about the system the authors are evaluation.

This gets me on to my next point about the assumption that the authors make. I am not from the Netherland and do not necessarily have a full grasp of the context in which the IPs operate. I think giving some time frames around when the guidelines were originally designed and implemented could help. If I also understand correctly it would also be useful to say the original guidelines were developed around tight time frames with little consideration of the multi-facetted influences on guideline uptake. After reading the paper I assume IPs are employees on an organisation and have the sole purpose of assessing patients for insurance. Are they generalist physicians for example. Will they have to learn all of the guidelines or just some related to the types of patients they assess. The intro and methods would benefit substantially from some text setting the scene. Some 'Context' and 'Target Audience' sections in the methods would be useful. I think the most important issue to remember is the reader will not understand the context unless the authors lay it out clearly. And importantly the context drives
the behavior - therefore we need to understand it.

The discussion would benefit from the authors establishing how their findings dovetail with the literature on clinician behaviour change - and there is no attempt to do this. In essence the paper is very perochial as it stands. It is a little too inward looking. The discussion is an opportunity to bring it back to the international literature.

I am not sure how the context of insurance medicine differs to other forms of medicine but I would imagine the barriers to uptake of guidelines are much the same. For example, the authors mention time as an issue. The physicians are clearly asked to process quickly etc etc. But time is also an issue in other areas of practice – the drivers may be different (generating income in a fee for service system for example) – but the outcome is the same. I would be interested to see the authors bring their won work back to the general context as well. This fits in with my comments in the para above.

Finally there is a lot of ‘airplay’ given to the next phase of the study – the evaluation. This is neither a ‘method’ nor ‘result’ at this stage and I think the authors need to be mindful of this. The authors should be applauded for attempting to undergo such an evaluation but they should also consider the way in which this plays out. A standard RCT approach in behaviour research does not come without its problems – especially those issues around contamination and the like. The last two sentences are not a compulsory revision (mainly a note to the authors).

A few minor points (minor compulsory revisions): the Bartholomew process was modified but we are not told how

Some of the translations are a little clunky eg. The results of the abstract say ‘learn’ instead of teach. The paper needs a thorough review in this regard.

I would be inclined to cut the text by a third. It is too verbose at the moment for what should be a paper with some very targeted and specific messages.

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

**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