Reviewer's report

**Title:** Comparison of two methods for assessing diabetes risk in a pharmacy setting in Australia

**Version:** 3  **Date:** 27 August 2014

**Reviewer:** Ines Krass

**Reviewer's report:**

The authors have addressed the majority of points raised in my review. There are still two remaining points that I think need to be addressed.

1) The following sentence does not accurately summarise the study by Krass et al.

   In a study conducted by Krass [20] it was found that implementation of a pharmacy screening service based on a finger prick test was the preferred option for screening people in the community who have undiagnosed type 2 diabetes compared with a diabetes risk assessment tick test. However, the tick test used in this study was not a comprehensive diabetes risk assessment. This test did not assess lifestyle factors such as smoking, diet or activity levels and there were no clinical measures such as waist circumference.

   I suggest the following version:

   it was found that implementation of a pharmacy screening service based on an initial risk assessment followed by a finger prick test was more cost effective in terms of numbers diagnosed with diabetes than a risk assessment only. The cost difference was driven by lower referral rates and the higher uptake of referrals following the finger prick test. However, the tick test used in this study for diabetes risk assessment was not a comprehensive diabetes risk assessment. This test, which predated the availability of current risk assessment tools, did not assess lifestyle factors such as smoking, diet or activity levels and there were no clinical measures such as waist circumference.

2) More information was requested about the training – the authors inserted the following sentence in lines 133-135

   “training and education of pharmacy staff for each arm of the Pilot KYN Diabetes Program was provided either face-to-face, by telephone or on-line using a standardised approach.”

   This is not enough information – more detail of the content, duration and evaluation of the training is required.

30 Discussion lines 392-404

   Somewhere in this paragraph the authors need to acknowledge the findings of the Krass et study regarding the higher uptake of referral that ensued with the based on an initial risk assessment followed by a finger prick test. If consumers
were to take this test result more seriously and it resulted in higher uptake of referrals and rates of diagnosis then it would continue to be a better option from a public health perspective. This was not tested by the authors as they have no follow up data.

**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:**

N/A