Reviewer's report

Title: A successful chronic care program in Al Ain-United Arab Emirates.

Version: 1 Date: 30 August 2009

Reviewer: Ross Bailie

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Major Compulsory Revisions

This is an interesting paper that addresses an important issue in health care. Expanding interest in publication of good reports on quality improvement interventions has led to development of the SQUIRE Guidelines. These guidelines are designed to support high quality writing about improvement interventions and are available on the web at http://www.squire-statement.org/.

The paper would benefit significantly through being comprehensively rewritten in a way that adheres to these guidelines.

The issue to be addressed by the paper and the aim of the intervention will benefit from closer attention to clear and consistent description.

Description of the methods used by the intervention will also benefit from closer attention to ensure clarity and consistency in the manuscript. There appear to be some inconsistencies within the text and between the text and the tables.

The presentation / design of tables needs further work to ensure that the tables are self-explanatory (for example the meaning of the process of care indicators presented in table 3 is not clear). Different tables refer to different time periods, and in some cases (eg table 5) means are presented for overlapping years, and more than one number is presented for these years. The meaning of these data and the interpretation of comparisons is not clear. The text refers to significant differences over time in relation to indicators of care and health outcomes presented in a number of tables. However, only one of the tables shows the results of statistical tests.

A number of the indicators of process of care and health outcome measures appear to decline in 2008 relative to earlier years, and there is little discussion of this issue in the paper. This issue of sustainability is very important in this type of intervention, and there should be reference to the literature on this issue in relation to chronic disease control programs.

There is little reference in the text to the figures presented in the paper, and value of these figures in relation to the issues addressed in the papers is not clear and may be limited.

Reference is made in the abstract to the requirement for improvement in the area of patient self-management. It is not clear in the paper whether the reference to
this issue relates to improvement of health service support for self-management or to a perceived requirement for patient’s to take a greater role and responsibility of their care, or both. Clarification of this point with appropriate reference to the self-management literature would be useful.

A clearer description of the setting would be useful. This could be done without substantially increasing the length of the paper. Key points, for example what is El Ain? – is this a city, a region, an area defined for service administrative purposes or what? El Ain appears to encompass both urban and rural areas, with some health centres being in each of these settings. However, this is not clearly described. There is also reference to rapid expansion of the population. Is this related to urbanization, economic growth or what? What are the implications of this expansion for chronic illness care programs?

The aim and scope of the ‘pilot’ should be made more clear, and the relationship between activities in the pilot and the other aspects of the work should be made more clear. There is also reference to the intervention being developed in different sized centres. It would be helpful to differentiate this process from the ‘pilot’.

There is reference to ‘community based research’. The aim, purpose and scope of this should be made clear in relation to the other aspects of the work.

The ‘Plan’ is described as originating from the local administration, which is described as providing a ‘sense of ownership of the project’. However, the implementation team is described as including members of the administration and ‘from the centres themselves’. Ownership by the staff of the centres is expected to be an important factor in effective implementation, but this does not appear to have been a feature of the process. Clarification and discussion of potential limitations of the process in this regard would be useful. Indeed, a more critical and reflective analysis of the whole process would add strength to the paper in general.

Description of Stage III is very brief. Rolling out interventions that have been developed within a pilot site is known to present significant challenges. It would be useful to have a clearer description of the approach and challenges experienced in this stage of the process.

There is reference to ‘sampling’ of patient records. Was this random, and how was this done? Were there limitations to the approach used?

The statement ‘Staff satisfaction was monitored by a constant feedback from the health care professionals to the implementation team’ seems an inadequate description of a critically important issue, and one which warrants more critical assessment and comment.

This appears to have been a complex and multifaceted intervention. The basis for ascribing high importance to ‘dedicated clinics’ in effecting the described improvements in process of care and outcome measures is not clear. It would be useful to have a more critical reflection on the extent to which impacts can be
ascribed to particular aspects of the process that occurred in El Ain.

Minor Essential Revisions

There are various references to the ‘program’, the ‘intervention’ and the ‘project’. The definitions and relationships between these entities or terms should be clarified.

It is not clear why a target value of 140/90 for BP control was chosen for this study, when internationally accepted guidelines specify a lower target.

Table 6 presents data on use of aspirin, statins and DM Rx, but no specific data on use of insulin. Data on patterns of prescription of insulin would be useful and interesting, particularly if these could be related to change in HbA1c control over time.

There are numerous typographical errors in the paper, and clarity of writing could be improved by use of shorter sentences. There are many abbreviations used in the paper without clear definitions of these abbreviations.

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

**Quality of written English:** Not suitable for publication unless extensively edited

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**

I declare that I have no competing interests