Reviewer's report

Title: The implementation of integrated care: the empirical validation of the Development Model for Integrated Care.

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Reviewer: Gawaine Powell Davies

Reviewer's report:

This paper reports the testing of the Development Model for Integrated Care in three care settings in the Netherlands: dementia, stroke and AMI. The development of the Model was reported in previously published papers. The paper is well written and presented, follows a logical sequence of development from the earlier work, and is a useful contribution to this area of work.

There are a number of elements of emphasis and interpretation which the authors may wish to consider and reflect in their discussion. However these are not essential to having the paper published.

1. The paper might be described as reflecting an enthusiast’s perspective on integrated care. The informants were involved in implementing it (so knowledgeable but perhaps partisan), and the story is one of progress towards a goal, albeit at differing rates and with some impediments. It is quite possible that there is less sense of direction and development at clinician and patient levels. Comparing the perspectives at different levels might be another useful direction for future research.

2. In a similar vein, the paper is fairly a-theoretic about integration: it does not make much of the different ways of categorising integration (eg vertical, horizontal) or the effect of different levels (system, meso, micro. This is in one way a strength since it allows the authors to take a relatively naive (in the best sense) approach to integration and see what comes out. However interpreting differences and developing strategies that are relevant for different settings will need a more nuanced approach to health systems and to integration.

3. The fragmentation of the health system – for example in terms of funding - is mentioned as a barrier to integration. The flavour that I got was if we only keep at this we will get through the turbulence and move into the calm waters of integrated care that lie beyond. It might be worth noting that these are stubborn difficulties, often logical outcomes of the way the health system is organised. It might also be worth acknowledging Leutz’s law ‘your integration is my dis-integration’.

4. The paper defines integrated care as a ‘commitment to organize care for a specific patient group in a streamlined way’. Two questions arise: does streamlining of provider activities lead to more coherent and integrated care from the patients’ perspective? And when does this lead to better outcomes? This is
important: it is easy for providers to be convinced of the virtue of what they do, but this needs validating against patient experience and benefits. There is reference to a systematic review which indicates that it can, and some discussion of why the three chosen areas of care are good candidates for integration. The authors might remind us to be cautious here, and recommend research to provide answers.

5. The respondents agreed that most of the items were relevant, but do not appear to have been given a clear opportunity to say whether these were all the relevant items. I recognise that this was covered to a large extent by the previous Delphi process, but it might be worth dealing with.

I found Figure 1 confusing: it would have been easier with the setting as the X axis.

In figure 2 should ‘relevant’ not appear in the title?

In the background I found ‘An integrated care service concerns a coherent and coordinated set of services’ a little confusing - rephrase?

I found one typo: ‘cut-off point’ (relevance of the elements section).

**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 declare that I have not competing interests