Reviewer's report

Title: Counting on commitment; the quality of primary care-led diabetes management in a system with minimal incentives

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Reviewer: Michael Lynge Pedersen

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Minor Essential Revisions

Counting on commitment; the quality of primary care-led diabetes management in a system with minimal incentives

Review

Thank you for an interesting and very relevant article.

The authors seek to estimate the quality of diabetes care in three primary care-led initiatives to improve diabetes care in Ireland, and compare the quality with suggested standards from guidelines and with the quality in UK (England, Wales and Scotland), where a robust diabetes care programme including financial incentive structure promote quality assurance.

The main finding is that proactive and interested health professionals even in the absence of a national infrastructure to support diabetes care health care system can provide diabetes care at high quality comparable to quality in the UK. The challenge for the health care system is to assurance high quality of care for all patients despite special interest among group of health care specialist.

The article is well written and general understandable.

The main limitation of this study is the lack of a reference group of practices not participating in the program. The quality of diabetes care in these practices is supposed (and probably right) to be lower than in the practices included in the study.

The methods section could be more accurate and the authors are encouraged to do so. See specific comments below.

Comments:

Study design....

Three diabetes care initiatives in Ireland are included in this study.

Are this all primary care-led initiatives in Ireland? If not, how was these initiatives
selected to be included in the study. Was some initiatives excluded?

The three groups of general practices included represent a proportion of the population of Ireland. How much of the population in Ireland are represented by these groups?

Sample
Adult patients with Type 2 diabetes, who were registered with a participating practice, were eligible for inclusion in the analysis.
What was the definition of adult?
What was the definition of Type 2 diabetes? Was Type 1 diabetes defined? Were any patients with non Type 2 diabetes excluded? How many?
How were the patients registered? Electronically? Could there be patients with diabetes not registered because they were not enrolled in the diabetes programme leading to and overestimation of the quality reported?
How was the random sample performed? How big was the random sample?

Statistical analysis
A quite large proportion of data is missing. What was the reason for the missing data? Was the missing data a special problem in specific practices or was it a general problem. Could missing data indicate lower quality?

Results
The data are compared to the data from UK. These data include both Type 1 and Type 2 diabetes, which is not the case in the present study. Where there other differences between the UK data and the present data? Are the patients comparable concerning gender, age, duration of diabetes?
Are the data from UK representative for all primary diabetes care in the UK or dose they represent a proportion of the population as in the present study, where the supposed best diabetes care in Ireland is estimated.
P=0.000 does not make sense. I suggest P<0.001. This is also the case in table 4.

Figure 1. The figure is not visual in my version of the paper.

Isolating the Improvement Factor
Good points in this section.

Strengths and Limitations
Agree.

Conclusions
Agree in the first part of the conclusion. However, the lack of a reference group with documented lower quality in diabetes limit the strength of the last sentence, which I suggest removed.
**Level of interest:** An article whose findings are important to those with closely related research interests

**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 no competing interests.