Reviewer's report

Title: Care Management for Patients with Type 2 Diabetes: A Systematic Review and meta-analysis of trials in the last decade

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Reviewer: Xuanping Zhang

Reviewer's report:

This paper systematically assessed the composition and performance of care management for type 2 diabetes. Care management plays a critical role in diabetes care and control, and evaluation of different care management models is timely and needed. This paper is well written. I think, however, that it can be even improved if the followed methodological issues would be appropriately addressed:

1. I don’t understand why authors in this systematic review only focused on the care management modalities published in the last decade (1/1/2000-9/21/2011). While conducting a systematic review, one of limitations is publication bias. Selecting articles published in a certain time period will add more likelihood of publication bias to the review. Although the Chronic Care Model was published in the late 90s, this does not justify the selection of studies in this paper. If authors in this paper would like to compare all other care models with the Chronic Care Model, this selection may make more sense. However, this is not the case here;

2. The classification of delivery method is not mutually exclusive, and “office”, “web”, “telephone” and “education” are not the same level categories. While the former three are approach category and they are setting-specified, “education” is an interventional component and it could be used in any of “office”, “web”, and “telephone” interventions. A more appropriate classification of delivery method should either be setting-specified or component-specified. A mixture classification will mislead audiences;

3. The classification of leader type has the same problem as showed above. One or more physicians could be involved in a multidisciplinary team. How this leader type, referred to “not physician led” in the paper, differs from “a physician” type is not clearly defined;

4. The length of follow-up should be taken into account in pooling interventional effect. According to this review, the length of follow-up ranged from a few weeks to 5 years. As is well known, the effect size of intervention highly depends on the length of follow-up: short term effect more visible than long term effect. Therefore, a stratification method according to length of follow-up is necessary in pooling intervention effect.

Minor issues:

1. Page 9, Paragraph 2, line 1 to 2: please change the sentence “The primary aim of this systematic review is to describe the available care models in terms of
delivery method and team composition and the outcomes they reported” to “The primary aim of this systematic review is to describe the available care models in terms of delivery method, team composition, and the outcomes they reported”

2. Page 15, paragraph 2, line 1 to 3: “There was no statistically significant interaction for length of intervention and subgroup analysis showed no significant effect for type of intervention (office, web, telephone, or education) or whether a physician played a key role in the intervention.” This sentence is too long and too complicated to be understood. Please rewrite.

**Level of interest:** An article of importance in its field

**Quality of written English:** Acceptable

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

no