Reviewer's report

Title: Behavioral Health Coaching for Rural Veterans with Diabetes and Depression: Blending Effectiveness and Implementation

Version: 1 Date: 12 December 2013

Reviewer: Christopher Miller

Reviewer's report:

Summary (I will leave to the editors’ discretion whether to include this with the published manuscript if it is in fact published):

This article details the design of an RCT for addressing diabetes and depression in primary care. The study emphasizes both clinical outcomes and the implementation process itself, and as such can be considered a Hybrid Type II design (Curran et al., 2012). The intervention includes coaches both within and external to the primary care team.

I found the manuscript to be very well-written, and the research questions it has been designed to address are timely. I am very excited to hear what results come from the study. In looking over the manuscript, I did not find any revisions that I would consider compulsory or essential, and instead focus below on edits that I consider to be discretionary.

Major Compulsory Revisions and Minor Essential Revisions: none.

Discretionary Revisions:

1) In the third paragraph of the discussion, the authors note that telephone-based care may improve access to mental health care for rural populations. I might also recommend explicitly mentioning video-based services (e.g. the VA National TeleHealth program; see Godleski, 2012 in Academic Psychiatry, 63, 383-385) as another method for improving such access.

2) The authors note that the scoring >9 on the PHQ-9 is a requirement for participation, and that this requirement must be met at least twice (during screening, and during baseline). Given its episodic nature, however, many people who have been struggling with long-term depression may nonetheless have occasional periods of euthymia, thereby ruling themselves out of the study based on a temporary improvement in symptoms. Do the authors have any plans to continue following patients who do not meet the PHQ-9 criterion, and enroll them if their depressive symptoms return?

Minor Issues Not for Publication:

3) At several points throughout the manuscript, some spaces (especially near citation numbers) seem to be missing. For example, see citations 8-11 in the second paragraph of the “Background” section.
4) In the last paragraph of the “Outcome Measures” section, the authors indicate that an eight-point change in the PHQ-9 would represent a 50% decline. Could they clarify that they expect that an eight-point change would represent the *average* 50% decline? At first reading I thought they meant they were setting an eight-point change in PHQ-9 as their cutoff for each patient.

**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 no competing interests.