Reviewer’s report

Title: Collaboration between municipal and specialist public health care in tuberculosis screening of immigrants in Norway

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Reviewer: Kayvan Bozorgmehr

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Review Report:
Collaboration between municipal and specialist public health care in tuberculosis screening of immigrants in Norway (Ingunn Harstad, Anne H Henriksen, Eli Sagvik)

General aspects:
This is a well written manuscript that addresses an important issue related to tuberculosis (TB) care. The authors evaluate a “project” aimed at improving the collaboration between health care service providers at different levels (municipal vs. specialists) of the Norwegian health care system in the municipality of Trondheim.

They assessed if improved collaboration resulted in increased frequency of patients who attended the first consultation at the specialist department (pulmonary outpatient dept., POPD) after being screened for TB. They also assessed the time from screening in the municipality to examination at the hospital for patients in the “project” vs. the “control” group as well as differences in the final attendance between both groups.

The authors conclude that the “project” (i.e. increased collaboration between the municipal public health care and the POPD) improved the follow-up of TB screening, increased the numbers that attended their first appointment in the POPD, and decreased the time from examination in the municipality until the POPD examination.

I agree with the authors that a major strength of the intervention is “the simplicity” in the sense that it throws light on the potentials to improve TB related health care by improving social, rather than by technological fixes. The findings and the approach could as such indeed be useful in other settings as well. However, there are some major weaknesses, which should be addressed before publication can be granted.

Major compulsory revisions
The authors provide not enough clarity about the study design. It is not clear, at the first glance, if the study was designed as prospective study or as retrospective study. After careful reading, it becomes clear that the groups (“project” vs. “control”) were retrospectively constructed. However, it remains yet
unclear if the groups were concurrent or non-concurrent. After reading the manuscript several times, I assume that the study design is a non-randomized controlled study, or more specifically, a historically controlled study (i.e. a study that compares a group of participants receiving an intervention with a similar group from the past who did not).

I would strongly suggest clarifying the study design in a specific paragraph in the methods section titled “study design”.

If the study is not a historically controlled study, I would wonder who or what factors decided about allocation to “project” vs. “control” group.

Furthermore, the study end-points (currently listed at the end of the results section, page 6) should be shifted to the methods section under a respective paragraph titled “endpoints” or “outcomes”.

The statistical tests (currently labeled “non-parametric tests”) should be specified more clearly (Mann-Whitney U? Kruskall-Wallis?) and the authors should state whether tests were performed two-tailed or not. The reporting of the statistical part of the manuscript would benefit from sticking to the SAMPL guidelines of the equator network.

The only other major concern that I have is related to the issue of ethical clearance. The authors state on p. 5 that “Because this was a quality assurance project and not a research project, ethical approval was not needed.” I cannot agree that this was not a research project: the authors describe the conduct of an observational study containing intervention and control group (either historical or concurrent), they attempt to assess outcomes, differences and effects of the “project” (which is in itself nothing else than an intervention). Without knowing Norwegian regulations, I would think that ethical clearance would be necessary if medical doctors conduct such as study, even if it is retrospective and register based. I would suggest that the journal editors judge upon this issue according to their journal policy.

Minor essential revisions
Table 1 is slightly confusing since there are several numbers in one cell without indications of what the numbers are. (I assume the 2nd row figures in each cell are 95 % CIs, but this should be indicated clearly so that the reader does not need to apply guesswork).

In the Discussion, page 8, the authors list several “Effects of the project”, which were not mentioned before e.g. in the methods section (e.g. requests for checking up missing people were considerably reduced and this reduced their total workload.). I wondered how this was assessed? I think “effects” should not be mentioned in the discussion beyond those mentioned in the methods section. In other words: if any effects are assumed to be attributable to the project, the authors should clarify how they attempted to capture these effects.

Discretionary revisions
To guarantee that the findings of the manuscript are really useful in other settings, and as an interested reader, I would wish to find more details about the context of the “project” or the intervention. Was there a legal basis for the project? Who initiated the project? What made health service providers at different levels be supportive to collaborate – in other words: what made them open-minded to “change” something? While the authors describe well “what” worked and “how” it worked, the issue of “why” it worked could be more elaborated upon.

I also wondered if there are any implications or lessons learnt for other municipalities in Norway? These are just subjective suggestions for improvements, which might be disregarded.

**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'