Reviewer’s report

**Title:** Organisational culture, team climate and diabetes care in small office-based practices

**Version:** 1  **Date:** 23 May 2008

**Reviewer:** Mark Harris

**Reviewer’s report:**

This is a very interesting study which challenges the current orthodox view about the importance of teamwork in chronic disease management. This is an important issue which forms a key component of the chronic illness model endorsed by WHO.

**Major Compulsory Revisions**

In the background and/or discussion it would be useful to provide more information about the health system in the Netherlands especially as it relates to the provisions of diabetes care and how representative the sample of practices are. There are, I think, particular arrangements for health insurance which may affect the variation in diabetes care in general practice.

In the methods it needs to be explained how the 40 practices were selected and what the response rate was from those who were approached to participate in the trial. In relation to the 10 process indicators of diabetes quality of care:

- Why was BP only measured in the past 12 months when other measures are more frequent? (most guidelines recommend at least 6 monthly)
- How was the smoking indicator scored – it would only be relevant to discuss this and quitting if the patient was a smoker?

There needs to be more explanation of the validity and significance of calculating the balance of organizational cultures. Surely this will depend on the size of practice and mix of providers. This should be related to organizational theory.

Why was only one score used for the TCI – it has 4 subscales which have been validated. The distribution of these may help to explain the lack of association between TCI and the outcome measures.

In the analysis why was practice size (either number of patients or number of family physicians) not been included a covariate. This has been identified in a number of studies as influencing TCI as well as being associated with various measures of quality care. How did TCI and quality of care vary against the presence of special consulting hours or intervention or control practices.

In the results it is stated that 9 practice members in 10 practices were excluded. Was this because a practice member occurred in two practices or because there were no respondents in one or more of the practices?
The discussion is appropriate and identifies the main issues arising as well as the main limitations of the study.

Minor Essential Revisions
One of the issues for further research that could be discussed would be the possible association between climate and culture and change in quality of care. This is particularly relevant to the TCI which is about team climate for innovation.

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:
I declare that I have no competing interests