Reviewer's report

Title: Implementation of a program for diabetes type 2 patients based on the Chronic Care Model in a hospital centred care system: "the Belgian experience".

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Reviewer: Sarah Dennis

Reviewer's report:

Thank you for asking me to review the above article for BMC Health Services Research. This is an interesting and topical article that is likely to be of interest to your readership. The Chronic Care Model provides a framework for the organisation of care for people with chronic disease but as the authors point out this is not always easy to achieve in practice.

Overall the paper was interesting but difficult to follow, I think this was because the methods were not clear enough and therefore it was not clear how all the results had been obtained.

Major Compulsory Revisions

Methods

I think most of my confusion stems from the methods section. Much more detail of what was actually done is needed. Study location – the area in which the study was undertaken is described and the health professionals working in this area are described. Was this the study population in which the CCM was to be implemented? If so, this needs to be made clear.

ACIC scale – at what level was the ACIC scale administered? Do the scores relate to the overall health system in this region or to centres / practitioners within this region? How were the forms completed by the members of the teams? Was it their assessment of the whole health system? More detailed methods are required.

The methods for the mixed methods approach to answer the second question are too brief to enable the reader to understand what has been done. Who was surveyed? Who attended the focus groups? How many focus groups were run? Who was interviewed? How many were interviewed? What documents were surveyed? How were the subjects selected? How were the documents selected? The lack of detail in this section affects the rest of the paper because it is not clear how the results, other than the ACIC scales, have been obtained and what they relate to.

Results

The results section is very confusing. The second section (part 1 through to part 3d) makes sense in the additional file but not in the main section of the paper. I am not clear how the additional file will be presented in the final paper. This
section of the results needs to be re-written to clarify how this information was obtained and what it relates to. Is this section reporting the results of the semi-structured interviews etc that were undertaken?

The facilitators and barriers section would be greatly improved if there were sub-headings in the text. The text in the results section does not relate well to the content of table 3. Either the table should be expanded in more detail or the text should expand on the sections of the table and be labelled accordingly.

Conclusion
The conclusion does not relate to the overall aims of the study. I think in this study the CCM does provide a useful framework for evaluation in that it highlights where change was most easily or effectively made and where it was more difficult and how this relates to the health system in Belgium.

Minor Essential Revisions

Background
Table 1 – I think the characteristics of the Belgian health care system would be better summarised as bullet points or a series of statements in a box rather than as a table which is confusing to read at first.

Throughout the paper thousands are separated by a “,” e.g. 76,826 inhabitants. They should be separated by a coma – 76,826. Also decimal points here are “,” and they should be “.” e.g. ACIC score 1,45 should be 1.45. This needs to be changed throughout the paper.

Diabetes type 2 should be change to type-2 diabetes.

Paragraph 6 of the background section which starts ”In 2003 a written survey…..” is describing how the CCM was implemented in the area and I am sure that this belongs in the background section. Whilst I appreciate the paper is not discussing the actual implementation rather the evaluation of to what extent it was implemented I wonder if this section should be in the methods as Phase 1 of the project. Phase 2 would then be the process evaluation using the ACIC score and Phase 3 would be the mixed method approach. Labelling the stages of the study would make navigating your way around this paper much easier as it then becomes clear which section of the study the results relate to.

What is a podotherapist? I suspect it is a literal translation of the term from the Flemish and assume they mean a podiatrist.

Discussion
The authors highlight the overall improvement and rightly highlight that this is considerable progress even if modest. The discussion presents the findings of the review nicely within the context of the Belgian healthcare system.

Level of interest: An article whose findings are important to those with closely related research interests
Quality of written English: Needs some language corrections before being published

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