Reviewer's report

Title: Primary care clinician preferences for working with a collaborative intervention team

Version: 1 Date: 10 January 2007

Reviewer: Brian Mittman

Reviewer's report:

General

This is a useful short report presenting results of a small component of an implementation study. The report offers useful insights and recommendations but would benefit from modest revisions to clarify and strengthen the contribution and language.

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Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

1. The title and abstract suggest a specific focus on clinician preferences for collaborative team interactions. The full paper also reports results for survey items regarding satisfaction with pain resources, including correlation scores between these items and collaboration preferences. If the pain resource data are useful in understanding preferences regarding collaboration (the paper’s focus), this should be explained more clearly. If the pain resource data are not useful in understanding preferences for interaction, it seems best to exclude them from this paper (along with subject characteristic data for subjects in the usual care condition, whose interaction preferences were not surveyed). A decision regarding inclusion of Appendix A should be based on this assessment as well. If the data from the main attitude survey are not reported or used in the analyses, this survey should not be included in the paper.

2. The level of detail provided in the two paragraphs presenting key results and in the subsequent single paragraph discussing the findings (opening with “Several findings are noteworthy”) is somewhat disappointing. Given the focus of the analyses (on preferences), additional analysis and discussion of variations in preferences, and in associations and possible determinants of variations in preferences, would enhance the value and contribution of the paper. The stated secondary objective of the study (“to examine associations among preferences and baseline attitudes regarding pain management, job satisfaction, and satisfaction with local pain treatment resources”) should also be considered in determining how to expand the presentation of results and discussion.

3. Additional discussion of implications would also be useful. A key conclusion (captured in the concluding sentence of the abstract) mentions the advantages of customizing coordination protocols to PCP preferences to improve PCP satisfaction, but fails to consider any adverse consequences of customization. It’s not clear whether bending protocols to PCP preferences is preferable to modifying PCP preferences to achieve PCP willingness to abide by an established, consistent coordination and communication protocol. Is standardization needed or useful? Does customization and variation entail any disadvantages?

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Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. The first sentence of the second paragraph (regarding previous surveys – references 11-16) requires clarification. Because clinician preferences for interacting with team members would seem to be a central focus of attitude and satisfaction surveys, the first half of the sentence might be modified to note that several surveys have documented “selected” clinician attitudes and satisfaction (because they do not document the specific attitudes you are studying -- preferences for interaction). The second half of the sentence could then be revised to state that the prior surveys do not examine “clinician preferences for interacting with other collaborative team members.” Any existing survey of clinician preferences would fall into the universe of surveys regarding clinician attitudes and satisfaction mentioned in the first half of the sentence. (The phrase “this study” in this paragraph might also be replaced by a phrase referencing “the focus of this paper” or the analyses reported in this paper. The paper reports a subset of data and findings from a larger study. Labeling the content of the paper using the term “this study” is potentially confusing.)
2. Several key terms used in the manuscript would benefit from clarification.

Collaborative interventions: The term “interventions” has multiple uses in the implementation science literature, referring to clinical activities (treatments, care models) and implementation programs. The term “collaborative interventions” should be defined (or perhaps replaced by terms such as collaborative care models or care delivery approaches). The term “intervention team” could be replaced by “care team” to further clarify.

The meaning of “collaborative interventions” is also uncertain based on the sentence in the opening paragraph of the paper referring to “productive interactions between patients and primary care clinicians” – implying collaboration between PCP and patient rather than collaborative by individuals comprising a multidisciplinary care team. The next sentence also fails to describe collaboration with a care team (“Collaborative interventions involve patient and provider activation and education, monitoring of clinical outcomes over time, decision support with feedback to clinicians, and modifications in information systems.”) This sentence describes the broader chronic care model rather than the collaborative care team component of that model.

Preferences: The term “preferences” is used in an ambiguous manner in certain places. The abstract states “preferences of clinicians for working with collaborative intervention teams” – implying that the paper examines whether clinicians prefer to work with (or within) a team vs. alone. Yet the analyses clearly indicate that working within a team is given: the specific focus of the survey and analyses is preferences regarding specific aspects of interacting with a team (e.g., setting, frequency, mode of interaction). This should be stated as early as possible (in the abstract and an opening paragraph of the paper).

Clinicians: Does the term “clinicians” refer to all clinically-trained members of the team, or only the primary care providers (MDs, PAs/NPs)? The study examines PC provider preferences, but it’s not clear whether your statement in the abstract regarding published research refers to research on PC provider preferences only, or other clinicians’ attitudes as well. The phrase “41 of 42 participating clinicians” (and others using “clinicians”) could use the term “PCPs” or other abbreviation or term to indicate primary care providers and avoid ambiguity.

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

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.