Reviewer’s report

Title: A quasi-experimental test of an intervention to increase the use of thiazide-based treatment regimens for people with hypertension

Version: 1 Date: 7 June 2006

Reviewer: Andrea M Wessell

Reviewer’s report:

General
The authors summarize a timely and relevant QI project to increase thiazide use and improve blood pressure control in patients with hypertension in an outpatient VA setting. Before publication, the organization and statistical analysis of the paper should be revised.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
1. A significant limitation of the data analysis in this manuscript is not accounting for confounders (pt age, comorbidities, number of medications, others). The authors should repeat the analyses with confounders or explicitly state why this was not done.
2. The authors touch on the real-life limitation of lacking a true control group in QI research. In their study, though, the control group was exposed to more than information “leaking” from the intervention group as they were also part of a QI intervention focused on increasing thiazide use. The authors should expand on how the intervention was delivered in the Prime Care group, similarities/differences to the GMS intervention, impact on results, etc.
3. Methods and data for results section were misplaced
   a. Information on age and medical conditions should be included in results instead of methods (pg 13)
   b. Timeframe of pre-intervention, intervention and post-intervention should be included in methods (pg 14, first sentences of results section)
4. A major strength of the patient population you studied was the prevalence of ~30% minority subgroups. This should be reflected as a strength in your discussion, in addition to the similarity between your population and the population studied in ALLHAT (with the exception of female patients).
5. The last paragraph of the paper lacks a strong conclusion statement. Your conclusions may be better organized if benefits of the EMR were addressed first, followed by discussion of the Rogers™ model. Limitations of the model are mentioned, but not expanded upon in great detail. What other limitations/barriers to improvement were encountered?

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. Informal language used throughout manuscript, ie “Dazzling,” “boost,” “dipped” consider revising with more formal tone
2. Review consistency of verb tense, for example “was” “is” in ALLHAT wasâ€¦â€…(some places, “is” in ALLHAT isâ€¦â€…)
3. Actual percentages (and n) of patients on thiazides, at BP targets should be included in text of results in addition to table.
4. Table 2 “consider adding a column of how each charge relates to the diffusion of innovation model.

Discretionary Revisions (which the author can choose to ignore)
1. In results section, the authors describe all prescribing providers for the control group (NPs, PAs as well as MDs) but did not mention mid-level providers in the intervention group “please expand on this if indicated.
2. Tables were difficult to read/blurry in printed form.

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

Level of interest: An article of importance in its field
Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.