Reviewer's report

Title: Physician attitude toward depression care interventions: implications for implementation of quality improvement initiatives

Version: 1 Date: 20 February 2008

Reviewer: Louise Parker

Reviewer's report:

General comments

The article makes a solid contribution to an important and timely issue for the health service research community and for health care organizations. Many researchers, clinicians, clinical managers, and policy makers should find this study informative and valuable. Although there are a few problems with the current draft, I believe the authors can easily address them.

Major Compulsory Revisions

The authors should provide additional detail on their data analysis techniques. I have no objection either to their utilizing Atlas, a highly regarded qualitative data management package, or conducting a portion of their data analysis without software. Rather, I would like the authors to describe fully and justify how they utilized their two methods. For example, perhaps they utilized Atlas to link quotations to codes and worked without software to rate general qualities of individuals or organizations (e.g., general receptivity to new practices). These are of course just two examples out of several possibilities. Without more detail, it is not possible to understand, evaluate, and replicate the authors’ data analysis methods fully.

The information regarding scoring performance measures in the methods section is unclear and I am confused about why it is included. First, it is not clear exactly what the participants did or how the authors might have controlled possible basis resulting from participants rating their own performance. Further, there is no mention in the results or discussion of findings utilizing this data. The authors should do one of the following: 1) report and discuss relevant findings and explain how they handled potential bias, 2) explain why mention of this data collection but not its findings is relevant or appropriate here, 3) remove mention of this in the methods section.

The informant selection criteria are not sufficiently justified. First, why is exposure to varying levels of performance measures important? Additionally, why in a study about depression did the authors seek physicians "who achieved recognition for diabetes care by the American Diabetes Association/National Committee for Quality Assurance Diabetes Physician Recognition Program (DPRP)?"
In the discussion section, the authors state that "resistance" to interventions facilitating communication between primary care and psychiatrists, "must be overcome" before such interventions can be useful. The authors should explore what they mean by overcoming resistance, especially in light of a growing consensus that this may not be the most appropriate approach for fostering sustainable change. Many researchers and policy analysts now argue that rather on focusing on overcoming resistance, program implementers should partner with relevant stakeholders on the design and implementation of new practices and programs. For example see:


Although the authors state that their informants are diverse, they also state that they do not believe their findings will generalize merely because their methods are qualitative. This is somewhat dated thinking that I am not sure the authors completely believe. After all why would they conduct a study that they believed only applied to the specific individuals who participated? At the very least, the notion that we can never generalize from qualitative findings is controversial and I believe the authors can remove mention of this limitation. If they are uncomfortable with that, however, they should at least acknowledge the controversy (e.g., see: Morse, J. M., (1999). Qualitative generalizability. Qualitative Health Research, 9, 5-6.

Minor Essential Revisions

None

Discretionary Revisions

The results are generally well organized and clear but two of the quotations do not seem to be the best exemplars of the constructs the authors describe. Either the authors did not select the best quotations or they should find more apt names for these constructs they concurrently have. Specifically my concerns are:
Construct: The mental health system is fragmented and difficult to access

Supporting Quotation: Patients have to be at the top of their game to make an appointment with a psychiatrist.

Concern: The informant clearly believes that there are problems with accessing the mental health system but does not talk about fragmentation. Are there other quotations that support this second point?

Construct: Lack expertise

Supporting Quotation: We don't have a lot of time and we don't have a lot of resources. There's not somebody I can call and say: "Take over for me, please. Help me, please!"

Concern: The informant seems to be talking about resources here, not expertise. These are two different constructs. The authors mention both in the subsequent text. Perhaps add "Lack of Resources" and use this quote to support that and then find another quotation to support "Lack of expertise."

I would remove mention of ethnic background and training for patient education. The authors do not examine the potential effects of these characteristics. Further as there is only one non-white individual and only one individual with patient education training, the authors risk exposing the identity of these two individuals, at least within the participating facilities.

A strength of this study is that the authors included individuals from many different types of practice environments. They also indicate that there was variability in types of record keeping. Did these characteristics relate to the providers' assessments of the interventions? It would be informative for the authors to explore such relationships if any or if there were none to indicate this. I realized the sample size is small but it is still possible to examine patterns and offer suggestions for future research.

**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:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.