Reviewer's report

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

Version: 1 Date: 29 February 2008

Reviewer: Neil Korsen

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General Comments

This is an interesting, useful article that could be helpful to people who are involved in implementation of depression QI programs. However, the treatment of some topics is too superficial, and there needs to be more detail on these before this would be publishable.

Major Compulsory Revisions

1. I think the recruitment strategy needs more detail. How were the physicians from the health care organizations chosen â## was it a convenience sample, or some other approach? Why did the authors also include the group from the national database? Were they randomly selected? If not, how were they chosen? Why were there two different groups interviewed?

If we want to generalize from the findings of this study, we need to understand more about how this group might be representative of how other physicians might view these interventions. I understand that sampling can be more purposeful in qualitative research than in an RCT, it will still be important to provide enough detail about how you sampled for others to interpret the results and think about how they might apply to their own context.

2. The piloting of the interview guide is not described in any detail. Who were the subjects for the piloting of the interview guide? How many people were involved in the pilot? The authors say they "modified the guide after the first round of interviews." Does that mean that some of the 23 interviews were done with a different interview guide, or that there were others beyond the 23 that participated in the pilot?

3. The description of the comments about each component of a chronic care approach to depression is generally sparse. The limited use of quotes in the section about barriers was helpful in providing some flavor of participants responses. I would suggest more use of quotes in the results section to expand upon the information provided.

Minor Essential Revisions

None
Discretionary Revisions

1. I don't understand why basic demographic data cannot be reported for the DPRP physicians. That would be an important information related to who you studied as discussed above regarding sampling strategy. I understand that it may not be possible to obtain that information, but it would be very helpful to have it.

2. In results, the authors state that physicians had varied experience with the interventions. It would be useful to know if any were in practices that had been involved in a formal QI program related to the use of this model. The information presented suggests that practices only had experience with isolated components of a chronic care intervention for depression, not with the full model.

3. The results related to use of structured assessments could be strengthened. I noted that physicians who had experience with them reported many benefits and those who did not use them were more skeptical. Rather than a solution of disseminating research about the benefits, a more useful approach might be to use opinion leaders, academic detailing or other clinician to clinician contact to help spread the word.

4. I also wonder if the points about the fact that certain systems barriers (the fragmented mental health system and payment system) serve as barriers to depression care might be strengthened. Solving these problems will require more than "future quality improvement interventions." I might have cited the President's New Freedom Commission or the Quality Chasm report on behavioral health that recommended payment and regulatory changes that would then facilitate successful implementation and sustainability of improved depression care.

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.