Reviewer’s report

Title: EQUIP: Implementing chronic care principles and applying formative evaluation methods to improve care for schizophrenia

Version: 1 Date: 2 February 2007

Reviewer: Martin Eccles

Reviewer’s report:

General
These are combined comments from series Editors Martin Eccles and Ian Graham. This is an interesting article that tackles an important topic. We are sorry for the delay in getting back to you but, in order to deal with the series of articles as a whole the pace has been dictated by the getting the last reviews of the series.

General comments for authors of all articles
1] Please remember that you are writing for an international audience. In some cases it seems the papers make comments that seem directed at the VHA and these should be deleted - you need to be thinking much more globally and presenting lessons learned and perhaps recommendations for how best to do implementation research regardless of what your own system is like. The DETAIL of VHA structures and funding are of no interest to an international audience. If you wish to make reference to funding it should only appear in the acknowledgements section and not in the body of the text.
2] Related to [1], all articles have a plethora of abbreviations, many of which relate to VHA specific structures functions or procedures. In general these should be described in generic terms and the number of abbreviations kept to a minimum.
3] You need to be clear about who will be the main audience for both these and the rest of the papers- if it is seasoned implementation researchers then sometimes the information seems rather simplistic; if it novel implementation researchers/facilitators then sometimes more clarity is needed- either way the papers need a more similar pitch to the intended audience. We think that the readership is the interested implementation researcher or policy maker.
4] You should use a standard description of the QUERI process both in the text and Table. However, the Journal web system will not retain the formatting so I will send you the preferred version as a separate email attachment. Ideally, this should be introduced early on in the article and then referred to as appropriate throughout.

Overall could you ensure that the article conforms to the journal style as specified in the instructions for authors (http://www.implementationscience.com/info/instructions/default.asp).

There are only one set of referees comments available; the second is due within the next two weeks. Rather than delay any further we have chosen to send you the single reviewer’s comments and the editorial comments now. We will forward the second reviewer comments once they arrive.

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

Overall, the paper needs to be better structured (linked clearly to the QUERI structures at all times) and, where possible, needs to link data to the text.

At present the background is too discursive, I suggest that you place this text between the second and third paragraphs on page 2, orientate the third paragraph (and the rest of the paper) using the structure of the table and amalgamate and shorten the third and fourth paragraphs. The first paragraph on page 4 (plus Table 1) is now redundant and I don’t think that the overall aims of the Mental health QUERI are necessary and so would not use Table 2.

Though I am not a mental health specialist I find it surprising that the providers “lack the competencies” to deliver clozapine (bottom paragraph on page 4). Is this worth saying a little more about?

At the top of page 5 you should place EQUIP within the QUERI structure (presumably something like steps 4 and 5, phase 1 or 2).
I’d suggest deleting the final sentence of the first paragraph on page 5.
P5 discussion of implementation evaluation should go by the VA term formative evaluation.

On page 6 you say “Since prevailing quality was frequently poor and providers often did change treatments in response to clinical data, getting more treatment was of limited value.” I don’t understand the point that you are trying to make. Could you try clarifying further?
Also on p6 you say - it became apparent - how/why did it become apparent and to whom?

On page 7 you should place EQUIP-2 within the QUERI framework (you do this later but it should be done at the outset). From what you say it is possible to deduce that some of what you describe you have already done and that some of it is yet to happen. It would be helpful to the reader to clarify this.
P7- 2nd para- discuss data collection methods for the diagnostic analysis

Despite mention the a RCT in the text and in Table 3- there is no discussion about it. How does it figure in all of this?

At the bottom of page 9 you introduce the formative evaluation but for neither study do you say much if anything about the summative evaluation. Given that the two are intimately linked – and there’s not much point being able to understand a lot about the process of an ineffective intervention, it would be good to clearly link the two elements of your evaluation.
P11 says multi-pronged evaluation is needed in order to develop understanding of the barriers… reiterate what these were

The last para needs editing since there are no data on success yet- should be fairly careful making sweeping generalizations of the benefits of the approach used in this case

There are quite a few tables – could these be reduced?

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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)

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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.