Reviewer's report

Title: The Complexity of Quality Improvement in the Management of Type 2 Diabetes Mellitus in General Practice

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Reviewer: Thierry Christiaens

Reviewer's report:

- Major Compulsory Revisions

(1) Title: the title is too general; the study tries to explore one small part of “The Complexity of Quality Improvement in the Management of Type 2 Diabetes Mellitus in General Practice” and not the whole problem.

(2) In the abstract the objective of the study is mentioned as “to assess the impact of a 18-month QIP on diabetes type 2 care provided by FPs”; one could question if qualitative research is able to “assess an impact” of a QIP, quantitative research is to prefer hereby. In the introduction the objective is “to give better insight into what changes the FPs had actually made in diabetes care as result of the QIP.” In fact (logically in a qualitative study) no objective changes are reported, only the perceptions, interpretations and experiences of the FPs. A clear formulation of the research question is necessary.

(3) Methodology: the choice of the methodology is not argued. Why qualitative research? Why semi structured interviews (and for instance not focus groups)? Why based on the ‘implementation method’? How were the interviews analyzed, which qualitative technique or software was used, were two independent persons analyzing all the material (or each a part), with a third one as fall-back in case of discordance?

(4) The interviewers and the three main questions were very “subjective”: the interviewee was very openly confronted with an interviewer believing strongly in the QIP (persons he/she knew from former contacts as linked with the QIP) and with questions with an implicit positive message on the QIP-process. By these type of questioning a FP e.g.in disaccord with the targets of the guidelines or with the proposed insulin policy was not invited to mention this.

This is missing in the discussion.

(5) In the introduction several studies are mentioned concerning “obstacles that prevent FPs for following the guidelines”. The results of this study should be compared to the results of the former studies in the Discussion: what is the added value of the actual findings? What is linked with local factors and what can be generalized?

- Minor Essential Revisions
The author can be trusted to make these. For example, missing labels on figures, the wrong use of a term, spelling mistakes.

(1) Some sentences are not so easy to understand or rather complicated and too long

Some examples

- in the abstract: Some FPs were reluctant to collaborate with specialists and especially with diabetes educators and dieticians, others claimed blamed poor compliance with the guidelines on lack of time, and most reported that a considerable minority of patients were unwilling to change their lifestyles.

- in Methods: In our interviews, not only were the assertions reflected back, but the interviewees were actively confronted on points of inconsistency in their remarks or objective data. Throughout, the interviewers provided reassurance by intonation and body language resulting, we feel, in answers with more depth than obtainable with the qualitative schedules normally used.

(last part in italic not suitable in a Methodology Section)

- in Results: The second barrier was their unawareness of ‘blind spots’ in their own performance, as well as of the importance of attaining clinical targets and regular follow-ups.

- Results: “This competition is reinforced by the skewed reimbursement schemes in favor of the specialist concerning patient education, and Home Blood Glucose Monitoring (HBGM) kits. This is a very “Belgian” problem and must be mentioned as such: “by the skewed Belgian reimbursement…”

- Discussion: “This approach, combined with the ‘reflective listening’ technique, elicited disclosure of very personal feelings and experiences that the changes engendered, thus providing insight into the mechanisms of change that operate at the individual and general practice levels.” (The “thus” is certainly to question.)

- Discussion: “Secondly, most of the FPs demonstrated a major improvement in adherence to diabetes care guidelines, a major change in behavior and attitude.” (demonstated ?, rather reported or claimed?)

- Discussion: “Several FPs indicated that the changes resulted from a conscious decision based on key interconnected elements in the QIP: the need to keep up with knowledge, their increasing awareness of the need to improve their practice, and the realization that their attitude needs adjustment.”

(2) “Previous studies have disclosed a significant gap between the quality of diabetes care commonly encountered and the recommended guidelines, a gap reflected in morbidity and mortality statistics” ref 12 this last part of the sentence is very drastic and the reference not strong enough to motivate such a controversial statement

(3) The reference list has to be reviewed carefully. The authors(group) is missing in 1,2,3,5,8,12; no end page is mentioned in 28 and 32 (and 13?); a lot of points
have to be added(4, 5, 6, 15, 30) and virgules to be removed (11, 31); reference 11, 12, 27 are not complete

- Discretionary Revisions
These are recommendations for improvement which the author can choose to ignore. For example clarifications, data that would be useful but not essential.

(1) In Results the subtitle “population” covers just the first paragraph but not what follows. Another subtitle is needed.

(2) Results: “benchmarking feedback” and “case coaching” are terms needing some explanations.

(4) Results: “The redefinition of the FP as a central ‘manager’, in the care of diabetic patients with explicit responsibilities, was much appreciated.” Which “redefinition” is this? That of the QIP?

(5) One could discuss if the following paragraphs brings something new to the discussion

“Long-established physician-patient relationships may also impede change. Tension may arise because patients may not be able to cope with a sudden change in attitude of their FP, making it all the more important that any changes in the management of diabetes be discussed with the patients beforehand.

This study revealed certain limitations in the QIP approach, the first being the complexity and the multifaceted nature of any change. Change is neither ‘black’ nor ‘white.’ For example, factors such as age and immobility may interfere with implementation of an evidence-based protocol. One FP reported persistent problems with one local endocrinologist who was blamed for his disdainful attitude to general practice. Other FPs described minor remaining difficulties with endocrinologists despite overall satisfaction with the arrangements. For the sake of clarity, we constrained our discussion to the major barriers and facilitating factors.”

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.

Declaration of competing interests:

I declare that i have no competing interests