Reviewer’s report

Title: The relationship between baseline Organizational Readiness to Change Assessment subscale scores and implementation of hepatitis prevention services in substance use disorders treatment clinics.

Version: 3 Date: 6 December 2009

Reviewer: Martin Charns

Reviewer’s report:

The topic is important. As the authors recognize, the major limitation of the study is its sample size.

1. Compulsory revision: Especially because the sample is small, I am concerned about whether the sites that have dropped out of the data reporting are different than the 6 that reported 1, 3 and 6 months post-training. I'd like to see a table consisting of the nine sites as rows, and their ORCA scale scores, number of new practices implemented at 1, 3 and 6 months, and categorization as high or low.

2. Compulsory revision: report on site characteristics such as size and complexity to insure that differences in site characteristics are not associated with apparent findings (see below)

3. Discretionary revision: Discuss why there is variation in ORCA score on the evidence scale (see below)

The balance of comments follow in response to the questions posed to reviewers:

1. Is the question posed by the authors new and well defined?
   Yes. As the authors indicate, the question is new. Examining the relationship of ORCA measures to implementation of practices is a well defined question.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
   The methods are well described, except for why sites dropped out of the data collection and whether there were differences between these 5 sites and the 4 that completed all data collection.

3. Are the data sound and well controlled?
   This is not clear. Because the study started with only an N of 9 sites and ended with 4 sites, sample size is the major weakness of this study. Data on implementation were collected at 1, 3 and 6 months post-training, and the last available data from each site were used in determining “high” and “low” implementation sites. Other collected data are not reported. Seeing these other data would give a better sense of whether there are trends over time and
whether the sites that do not have complete data differ from those that do.

We also do not know if the sites differed in any way from each other, for example in size or complexity. This could be confounding.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   See (3)

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Discussion is supported by the data presented. Again, See (3). Authors appropriately note study limitations.

   You might comment on why there is variation in the ratings of evidence. Isn’t the same evidence being used by all sites? If so, the objective quality of the evidence is constant.

6. Do the title and abstract accurately convey what has been found?
   Yes.

7. Is the writing acceptable?
   Yes. Writing is clear and easy to follow.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Acceptable

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

**Declaration of competing interests:**

I am employed by the Department of Veterans Affairs, as are the authors. I do not consider this a serious conflict, but do wish to reveal it.