Reviewer's report

Title: Uncovering middle managers' role in healthcare innovation implementation

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Reviewer: Hector Rodriguez

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The authors argue that middle managers help manage the demands associated with innovation implementation, align incentives, transcend professional barriers, and focus on the priorities to promote implementation. They present a very clear conceptual model depicting middle managers’ role in healthcare innovation implementation. They also present a compelling case for conceptualizing and measuring the influence of middle managers in innovation implementation. The paper is an important contribution to the field of implementation science and has high potential to shift strategies in quality improvement programs. The paper is well-written and well-organized.

Major Compulsory Revisions

Please consider the following suggestions/comments as you revise the paper:

1. Another important motivation for exploring the role of middle managers is the recognition that units (Singer) and practice sites (Solomon/Safran) account for the largest proportion of variation on clinical quality and patient experience measures. Might understanding middle manager influences enable QI stakeholders to understand between unit variability within organizations?

2. The issue of Respondents to existing clinician and staff surveys (learning organization survey, organizational readiness for change) currently may be responding to questions about “managers/ supervisors” when asked vs. top leadership. To what extent is this problematic for current surveys in terms of construct validity.

3. Another consideration is the size of a practice/facility. The assertion that research has neglected the role of middle managers is not entirely clear. Examining middle manage roles assumes an organizational hierarchy with at least 3 levels (front line workers, middle managers, and top leadership). In small practices, managers/ supervisors and top leadership are the same. This is especially relevant for primary care practices in the US. If the role of middle managers were to be examined in survey research, how might reliable information be obtained? How would it be distinguished from top leadership in most practice settings? The discussion section addresses the measurement issue (under “future research”, page 21), but more attention to this methodology challenge would be helpful. What are some ways to clarify this in small vs. large practice settings?
4. The authors should distinguish between the concepts of implementation effectiveness and intervention fidelity when describing the role of middle managers.

5. When implementation effectiveness is described, the issue of physician commitment is highlighted and the role of middle managers is described as influential here. The vast literature on status differences impeding quality of care (and implementation effectiveness) is largely neglected here. For example, “middle managers boundary-spanning position allows them to influence their superiors as well as frontline employees”. This type of statement does not acknowledge that the middle managers influence and ability to engage in boundary spanning behaviors may be conditional on the organizational context (practice climate, readiness for change, etc.). On page 20, the authors indicate that “health services researchers could assess whether middle managers’ commitment mediates relationships between IP&Ps and implementation effectiveness.” It is unclear the distinction between IP&Ps and organizational context (climate/culture, change readiness, etc.). The authors should consider elaborating on the contextual influences that impact the effective execution of middle managers roles (without making figure 1 too busy). Figure 1 might also be enhanced to clearly depict that middle managers’ influence on innovation implementation can be positive or negative. The discussion of this issue is excellent, but it would be great to be explicit about this in the figure.

6. The description of the HDC is overly optimistic. It is true that middle managers were integral to information transfer and the implementation of practice changes, but they clearly experienced challenges providing dedicated time and facilitation for supporting practice changes. In addition, much of the chronic care management systems pursued in the pre-EHR world were not sustained because of interoperability challenges over time. Consider modifying the text to underscore the important role of managers and how slack resources and the organizational context can influence their ability to effectively execute strategies for improving knowledge diffusion, information synthesis, mediation, and promotion.

Minor Essential Revisions
None

Discretionary Revisions
None

Level of interest: An article of outstanding merit and interest 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.