Reviewer's report

Title: Delivering stepped care for depression: an analysis of implementation in routine practice

Version: 5 Date: 21 September 2011

Reviewer: Elizabeth Yano

Reviewer's report:

The authors have done a very laudable job of heavily revising their original manuscript and in so doing have made the paper much more interpretable and "user-friendly" for a broader readership. While the paper demonstrates significant variability in the implementation of a guideline, which in and of itself is not exactly novel, their approach and efforts to document patient pathways and assess their implications for determining the value of stepped vs. stratified care models is both interesting and potentially valuable as an approach for considering perspectives and constraints at the patient, provider, team and management levels. The methods are better described but still lack some needed clarity to support replication. The data are descriptive and the very large missing data rates in local information systems limited their ability to interpret pathways based on patient characteristics.

MAJOR COMPULSORY REVISIONS
None

MINOR ESSENTIAL REVISIONS
There are a number of minor essential revisions necessary.

1) ABSTRACT: The abstract needs to be revised as it does not provide sufficient information to readily understand content of the manuscript. For example, as written, the abstract seems to assume a mental health readership or knowledge base, e.g., provision of low- and high-intensity treatments (no anchor for interpreting meaning. "...operation of this model" is unclear in terms of meaning, and using the term "implementation" or "operational implementation" would be clearer. There is no analysis method described unless "mapped patient flow" reflects it, but there is no data source noted and so it is unclear what they actually did. An example after "service level design features (e.g. _____)" would help anchor this statement. The ratios and percents presented in the Results component are not easily interpretable without better orientation or anchoring in the high-low definition in the context of stepped care.

INTRODUCTION: Revision is much stronger and easier to follow and clarifies paper's intent and its contribution. Modest revisions needed:

2) Introduction paragraph 2, spell out NICE on first use.

3) Introduction, paragraph 3, line 3, class of recommended treatment...last "them" should be "it" or something like "such therapy". Same paragraph 3rd
sentence, an example of a low-intensity written or computer platform should be
added--later in the paper, there is mention of self-help but without anchoring
here, non-mental health readers may be left wondering what this type of care
includes. The description of the high-intensity treatment is clear.

4) Introduction, paragraph 4, 2nd sentence, "there are" instead of "there is data".
5) Introduction, last paragraph (Aims): Recommend replacement of fragment to a
regular sentence. Questions are good.

METHODS:
1) The authors describe their conceptual framework as being the "patient
pathway." It is not clear how the pathway approach to data collection and
assessment is a conceptual framework per se. The accompanying reference is a
weblink with very modest information. The authors clearly did substantial work
reviewing the pathways of 8000 patients, and as the methodological foundation
for the paper, it warrants more detail (i.e., the website paragraph indicates that
treatment centres are organized around pathways but it is not clear if that
translates into a bunch of diagnosis centers, treatment centers, rehab centers,
etc. or one-stop shopping type models where care is organized quite differently.
No data source(s) is mentioned, and instead a list of what was "recorded" is
provided. The data source(s) need to be included and the specific methods of
abstracting or recording the data, training of recorders if appropriate, approaches
to ascertaining the reliability/validity of data collection, etc. all should be
described. The numbers of patient records assessed are not mentioned until the
discussion and should be described earlier with respect to sample in Methods or
Results.

RESULTS
1) Paragraph 1, "Workers included..." -- it is not entirely clear if this is about all
sites or about Site D. Recommend either having the site D sentence made a
phrase after a semi-colon of the previous sentence or otherwise clarifying that
the worker description is for all sites.

2) 1st sentence under Demographic Characteristics should clarify what "routine
datasets" are (related to lack of data source information under Methods).

3) Under Service Delivery and patient pathways, the authors talk about the
assessment being "extremely difficult" --the purpose of this sentence is not clear
and if anything this seems to be a discussion point in terms of feasibility of this
method for future work? It also points to the importance of clarifying the methods
as they do not yet reflect a difficult process (though I have no doubt it was
time-intensive by the time I read the entire paper).

4) Same section 3rd paragraph, 2nd sentence, recommend adding ratios
("reverse of A").

5) Scheduled and unscheduled discontinuation are jargony and should be
defined (an "i.e.," or "e.g." or something) on first use.

DISCUSSION
1) 1st line is 1st mention of application to 8000 patients--should be described earlier in paper. Also add "for depression" to "stepped care services" also in 1st sentence (unless this goes beyond depression--the paper notes a distribution of patients with anxiety, depression or both but the introduction focuses on depression so some clarification is warranted).

2) last sentence 2nd paragraph: an example of when patient population characteristics are likely to influence would be useful.

3) 4th paragraph, change "data is" to "data are"

4) 7th paragraph, "self-correction principle" -- I am not familiar with this term and its application here. Please clarify and determine whether a citation is warranted.

5) 2nd paragraph under Implications, 3rd sentence, add "treatments" or "care" after "large numbers directly to high-intensity"

DISCRETIONARY REVISIONS

1) Abstract: Since NICE is not spelled out, the acronym will have no meaning to the majority of Implementation Science readers in and of itself. Since the abstract does not afford that length, I would recommend the authors consider eliminating the term NICE until the narrative wherein there is space to spell it out on first use (which is not currently done and should be) and describe it (which they do reasonably well).

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.