Author's response to reviews

Title: Implementing a stepped care approach in primary care. Results of a qualitative study.

Authors:

Gerdien Franx (gfranx@trimbos.nl)
Matthijs Oud (moud@trimbos.nl)
Jacomine De Lange (mlange@trimbos.nl)
Michel Wensing (m.wensing@iq.umcn.nl)
Richard Grol (r.grol@iq.umcn.nl)

Version: 3 Date: 8 December 2011

Author's response to reviews: see over
Concerning:

MS: 1785302317546188

Implementing a stepped care approach in primary care. Results of a qualitative study.

Dear Editor,

Please accept our revised manuscript, in which we have addressed the final comments of the editorial team, concerning the design of the overall intervention study, within which we performed our qualitative work.

The following changes have been made to the document:

1. In the abstract we added under methods;

   Alongside the QIC, an intervention study using a controlled before-and-after design was performed. Part of the study was a process evaluation, utilizing semi-structured group interviews, to provide insight into the perceptions of the participating clinicians on the implementation of stepped care for depression into their daily routines.

2. In the method section we added:

   Alongside the QIC, an intervention study using a controlled before-and-after design was performed. The study protocol comprised an effectiveness study, a process evaluation and a cost-effectiveness evaluation. The intervention group consisted of primary care physicians participating in the QIC, the parallel control group, providing care as usual, consisted of a selection of primary care physicians from practices participating in the Netherlands Information Network of General Practice (LINH). This database holds longitudinal and nationally representative data on morbidity, prescribing and referrals of about 350,000 individuals. Data collection in both groups covered a three year period: from the beginning of 2006 (the year prior to the QIC) until end of 2008 (the year after the QICs ending). The
primary outcome of the study was a change of antidepressant prescription rates to patients with a new diagnosis of depression in both groups. The qualitative process evaluation was directed at generating insight into the perceptions of the clinicians in the intervention group on the implementation of stepped care for depression into their daily routines.

We hope to have provided you with an adequate revision of the text.

On behalf of the authors,

Gerdien Franx