Reviewer's report

Title: The DIAMOND Initiative: Implementing Collaborative Care for Depression in 75 Primary Care Clinics

Version: 1 Date: 4 April 2013

Reviewer: Kenneth Wells

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Minor but essential: 1. Intro: The first paragraph is perhaps too broad in that it is about QI/implementation field generally; and a number of criticisms of the general field, such as lack of theory orientation, apply less to the depression primary care QI literature; and there are examples of implementation articles from that literature. So some refinement of this intro would help.

2. Clarity of scales, metrics, and consistency of tables and texts: It was hard to track the text in relation to tables, and there is perhaps a different metric being referred to not present in tables, unless I misunderstand after 3 readings. The text refers to things like proportions of implementation processes of a given type met in the practice, but the tables seem to be scales scored 0-100 (are these proportions/ Or transformation of likert responses?), so it was hard to know what the scales in the tables are representing--can this please be clearer. Also the text refers quite a bit to large changes, etc., but it is hard to know what changes would be expected, what "large" means, etc. It might help to also have some indicator varaibles like % meeting a certain criterion (something with an intuitive interpretation). Clarify of understanding the scales, how they were scored, and what "large" etc., was referring to, was my main issue although I am certain the work is well done.

So it may be just a matter of level of clarity or better footnoting in tables.

3. It would help to have something like a model or theory based on the literature, or a set of expactations or hypotheses, for example, whether given IMPACT findings large change or consistent change was expected, whether this would be expected to be greater for practices with high or lower starting point or smaller or large, etc., based either on the literature or knowledge of these practices.

4. It is not clear from the implementation model, what age groups are included for quality improvement in depression; the model is IMPACT; was this for eldlery, all adults, other age groups? Were the providers being trained for example, adult primary care?

Discretionary

5. The paper also refers to something like a growth curve over time or that practices differed in growth or intiial take-up and then the statement is (not shown); I'm wondering if it would help to show something like growth curves.

There may be a few typos, such as a "such" rather than "much" toward being of methods referring to practice size?
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