Reviewer’s report

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

Version: 1 Date: 21 April 2013

Reviewer: Ian Graham

Reviewer’s report:

1. clearly defined question- how collaborative care process changes (Depression Improvement Across Minnesota- Offering a New Direction) were implemented and maintained in 75 sites

2. the methods are appropriate and well described

3. data were derived from longitudinal surveys of physician and manager leaders. Excellent response rates ~100% of 75 sites at baseline. At end of 2 years 13 sites dropped out but of those remaining response rate >97%.

4. no issues with reporting and data deposition

5. discussion and conclusions appropriate

6. no issues with title or abstract

7. writing is acceptable

I am sympathetic to the authors’ desire to publish participants perceived implementation completeness and change over time. The detailed information in the manuscript will be extremely complementary to the trial results (changes in patient outcomes and guideline use) when they become available and will assist in understanding those results. It is unlikely that the journal publishing the trial results would be willing to include the level to detail presented in this paper, detail that is needed to truly understand context but which often lacking about the KT intervention and its implementation.

Minor essential revisions
1) P9 typo ‘vdiffered’

2) Providing a table with columns: identifying barriers/facilitators (known or anticipated); the intervention component; Cochrane EPOC intervention taxonomy of intervention components; and rational/evidence/theory for selecting the intervention component would help readers understand the tailoring of the interventions to barriers. The classification of the intervention using the EPOC intervention taxonomy will facilitate including the main trial results in subsequent systematic reviews. I would favor providing considerably more information on the
intervention as appropriate

3) Can copies of the instruments (PPC, CPCQ) be included as supplemental documents?

4) Is there more information on the psychometric properties of the instruments that can be provided? Or can it be made explicit there is no psychometric data?

5) Can you please provide information of the distribution of scores on PPC and CPCQ. Are the scores normally distributed for the 75 sites?

6) Please describe how the waves of sites were selected and whether or how each cohort/wave is the same or differs on study variables

7) Please provide information on the 13 sites that dropped out. How do the drop out sites compare to completers on baseline/year1 data or other data you might have. (in Table 1- are there any differences in the responses of the 62 completers and 13 non completers? Are there any differences in Table 2 data at baseline and year 1 between the 62 and 13? Same question for Table 3)

8) Please label the table on page 16 and provide explanation on how to interpret the data

Discretionary revisions

9) While the first sentence (p4) acknowledge the global context the rest of the para could be less US centric.

10) The discussion of limitations (p19-20) could include reflections on the reliability and validity of the instruments used and possible response bias.

11) Table 3- could change strategies use in past year by provided by site in another table to permit better understanding of the strategies and how this variable was operationalized?

**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 financial or non-financial interests.