Reviewer’s report

Title: Assessing and improving organizational readiness to implement substance use disorder treatment in primary care: Findings from the SUMMIT study

Version: 2 Date: 13 Feb 2017

Reviewer: Erick Guerrero

Reviewer’s report:

Authors are commended for their efforts to develop a clear and well-written manuscript. This study relies on pre- and post-intervention survey design to identify change in readiness for change and feasibility of integrating substance use disorder (SUD) treatment in a large primary care setting. Authors were thorough and skilled to describe the study, its significance and the methodology employed. However, they missed opportunities to clarify methodological and content issues that may enhance the potential of the study to contribute to the literature on implementation of new service models. Because the sample is admittedly small, it is important to provide details about these providers and their roles. Some questions were answered by primary care providers, while most questions about program readiness were responded by non-provider staff. It is critical to describe the results in light of the high representation of support staff in the sample, while expand on the qualitative results obtained from medical and behavioral health providers. Overall, the study needs more focus on key statistically significant measures, extending findings using the qualitative data collection and enriching the discussion about seemingly intractable factors that impact readiness to integrate SUD tx in primary care settings. Below I provide a few comments and suggestions to clarify the contribution of this study to the field.

Page: 1

Authors should clarify theory used instead of calling it an implementation theory.

Page: 8

Second paragraph describes very nuanced barriers to integrating SUD Tx in primary care. But more concrete and simple barriers are not included - Medicaid reimbursement rates, bias to treat people with SUD, etc.

Again, I suggest using "implementation frameworks and organizational theories", References are for specific theories - readiness for change and leadership theories, and for implementation frameworks.

Author should spell out the definition of organizational culture and climate used in this study, which is not necessarily the same as readiness for change. Authors mentioned culture and climate in the intro and discussion, but do not explicitly address them in the study.
It would be helpful to the reader to further specify what an implementation strategy is, and what the intervention is in this case.

Page: 10

The study setting and participants section is lacking detail on the sample of participants - recruited, retained, final, gender, roles, etc. I know the table has this info, but a summary of the sample should be helpful in the narrative.

Page: 11

Authors should indicate the number of key clinic leaders invited, the number of semistructured interviews completed and the process to analyze the qualitative data.

The presentation of the intervention and the implementation strategies is well executed under the three process categories. But there are missed opportunities to present critical information not included anywhere else. I suggested adding the number and type of individuals involved in each of the strategies (team size, number of leaders, number of staff, number of learners). This will allow the reader to understand the process of readiness and staff involvement.

Page: 13

It is not clear what the training for the medical and behavioral health directors was about. Authors need to specify it training was on implementation approaches and or in medication information.

Page: 14

Please clarify the set of approaches employed to "begin implementing the three treatment approaches" e.g., include medications in site pharmacy, in protocol, allow for prescriptions, dispense medication, etc.

Page: 17

Brief information on the distribution of responses of these measures would be helpful to the reader. I assume many of them were negatively skewed with most values towards higher readiness?

Page: 18

The first paragraph of the results section, needs to go in methods - participants. Was there any testing of difference between staff in pre and post intervention?

It would be helpful to the reader to see the descriptive statistics and p values in the narrative in parenthesis.
Page: 19

Please specify in each of the relationships described whether the change is statistically significant.

Also, please correct language "changed over time" with change from pre to post intervention because it is only two time points.

The results include unnecessary information on relationships that were not statistically significant after the FDR correction. Please state only statistically significant change observed.

Page: 20

The first sentence of the discussion section seems to overgeneralize after many of the changes expected were not statistically significant, particularly among the small sample of physicians and behavioral specialists.

Page: 21

In the discussion section, I wonder if instead of adding anecdotal information, authors can rely on some of their systematic qualitative findings to provide information about why the readiness for change intervention might not be enough to overcome seemingly intractable barriers.

Could there be other reasons why statistical significance was not achieved - sample size, heterogeneity of the sample (with physician for example more skeptical), etc?

Page: 22

The discussion on fears of burglary and related issues seem to detract attention to a well-known issue in health and social service organization implementation challenge - change is difficult to implement in these settings.

Page: 23

Authors should clarify what theory they refer to when saying "implementation theory" - do they mean readiness for change theory (Weiner)? It is a different construct as stated in my observations in the intro.

The discussion about capacity barriers and facilitators can be expanded and connected with the factors presented in the introduction. For instance, reimbursement approaches are proven to be key incentives to implement medication assisted treatment.

Page: 25
Do the larger study have qualitative and quantitative data on the overall culture of the FQHC? Could some of that information offer insight as to what confounding factors may be at play here in increasing readiness to implement these medication-assisted treatments in primary care?

Page: 26

The conclusion can be more specific about the particular results that were significant, rather than generalizing the results.

Page: 36

The tables are well executed and highlight that the sample is mainly non-clinical Latino staff (over 70%). The story is about their views of readiness, while they reported ease of use of CR-NTX, counseling for drug use and opioids was thought as not in the mission of the FQHC. This story may need to be included in the discussion.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
If not, please explain in your comments to the authors.

Yes

**Are you able to assess any statistics in the manuscript or would you recommend an additional statistical review?**
If an additional statistical review is recommended, please specify what aspects require further assessment in your comments to the editors.

I am able to assess the statistics

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Please indicate the quality of language in the manuscript:

Acceptable

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