Reviewer’s report

Title: Variables associated with interprofessional collaboration: A comparison between primary healthcare and specialized mental health teams

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Reviewer: Kris Van den Broeck

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Review of FAMP-D-19-00090
BMC Family Practice
Variables associated with interprofessional collaboration: A comparison between primary health care and specialized mental health teams

General reflection
Using surveys, the authors collected data in (mental) health professionals, working in primary care (PCTs) or specialized service teams (SSTs), on interprofessional collaboration (IPC) and associated variables. The authors then investigated to what extent each of the variables added to IPC in both PCTs and SSTs. The dataset contains data from over 300 respondents, which is impressive, and following the analyses, the authors formulate suggestions on how IPC could be improved in the investigated types of interprofessional teams. I really enjoyed reading this paper. However, I do have some questions for clarification and some suggestions I feel could ameliorate your draft.

Introduction
- The authors clearly outline the benefits of IPC, and the disadvantageous and risks of not adequately working together. However, a general definition of IPC is lacking. Since this is the core element of this paper, I think it is important the authors more clearly conceptualize their vision on IPC. If the authors believe that IPC in PCTs differs from IPC in SSTs (as may be derived from p.5 l.24 '… a better understanding regarding the nature of collaboration among MH professionals in these different service settings...' and from p.7 l.43 'as these two types of teams differ in terms of [...], it is conceivable that different variables [...] could influence IPC'), I suggest the authors make the commonalities and differences between both 'types' of IPC more explicit.

p.4 l.50 - p.5 l.7
I hope PCTs and SSTs treat persons with MDs, and not just MDs?

p.5 l.31
Though the Bronstein model and cited papers are probably a good basis for inventorying variables relevant for IPC, it is not clear to me why exactly these sources were selected. Is there a reason why the authors did not perform a systematic literature review in order to list variables of interest? I was expecting to read about a literature review, since the abstract mentioned this study aimed 'to identify variables associated with IPC'. I suggest the authors rephrase this sentence in the abstract.

p.6 l.48
Could you please elaborate on the concept 'organizational support'? What exactly is understood by this concept? Who or what should support who or what? Most variables are quite easy to understand, but you might consider a Table in which all variables are more closely described.

p.6 l.55
I believe 'Characteristics' should be 'characteristic'.

p.7 l.36
What exactly do the authors mean by 'multifocal identification'? Do I understand it correctly that higher scores on this dimension reflect a more equivalent level on both team identification and professional identification? Do lower scores reflect an imbalance in both types of identification? Or…?

Could you please elaborate on this?

Methods
p.8 l.37

Here, it is mentioned that PCTs and SSTs have shared staff. How did you process the data of these shared staff members (PCT/SST/both)? And may this have had an impact on your conclusions? Perhaps an element to discuss in the Discussion section?

p.8 l.47

Did the authors somehow investigated whether IPC (and its determinants) differed according to the size or kind of the area in which the teams operated? If not, perhaps an element to discuss in the Discussion section?

p.9 l.29

Data collection took a long time, during which - as I understand it correctly - the reform operations proceeded. Did the authors somehow investigated whether IPC (and its determinants) differed according to the time respondents filled out the questionnaires? If not, perhaps an element to discuss in the Discussion section?

p.9 l.23

So, 466 professionals were invited. Could you please provide more background information? How many PCTs and SSTs were involved, how many invited professionals belonged to a PCT / SST?

p.9 l.48 - p.10 l.29

The authors refer to the Team Collaboration Questionnaire without mentioning the authors of this instrument. A broader description of the subscales might be good as well. Also, further on, the authors state that 'all variables were measured with validated instruments', but the instruments used are not mentioned. This information is important, in case someone is willing to replicate (or repeat) your study (in another area). Is there any information about reliability of the scales available? I suppose the questionnaires were completed anonymously? (Respondents who belonged to the same team could not be linked, and their ideas on the IPC in their team might be very different? Input for Discussion section?)

Analyses
p.10 l.50

The authors state that they performed bivariate analyses, but if I understand it correctly, both the IV and (most of) the IV were continuous variables. Were the IVs made dichotomous, using some kind of cut-off? Please explain in more detail.

p.10 l.52-57

Is there a reason why different significance levels are used for the bivariate analyses and the multiple regression analyses?

p.10 l.55

Could you please mention how the multiple regression analyses were performed? Enter, Stepwise, …? Blocking? Please clarify.

Results
- It suggest to present the mean scores of (the subscales of) the Team Collaboration Scores in both types of teams.

p.11 l.7-39

Response rate is very high, congratz! How many questionnaires were not included in the analyses
because of outliers or missing values? Could the authors reflect on the response rate (in the Discussion section)? Why is the response rate so high, who did not participate? How does the response relate to the sample of professionals that was invited to participate, e.g. did you invite twice as much professionals working in SSTs or not?

How would the authors explain the short seniority of the respondents (which does not match their age…)?

Table 2 I am afraid I experience difficulties interpreting the content of Table 2. There is one column which is entitled 'bivariate analyses', and 'bêta' at the same time, and in the text on p. 11 l.36-39, the authors are explaining that Table 2 includes the variables that showed significant differences in the bivariate analyses. However, it looks like all variables mentioned in Table 1 are included in Table 2, so do I understand it correctly that all variables were significant when conducting bivariate analyses? Do you also present the t-statistic somewhere, or are only beta-statistics presented in Table 2? Please clarify. Perhaps it is wise to construct an additional Table, in which the mean values of the different bivariate splits are listed, as well as the t-statistic and the p-value.

p.11-12 + Table 3

Describing the multiple regression analysis predicting IPC in SSTs does not mention Age as a significant in the Results section (but they do in the Discussion section). Furthermore, I recommend not to include mutual trust nor team autonomy in the discussion, as these variables do not significantly add to the equation. (What are the boundaries for being 'marginally' associated?)

Discussion
- The authors discuss their findings in the light of the aforementioned literature. However, they mainly focus on the associations they have found. This, of course, is very useful, but I am also (and perhaps even more) interested in why some associations (that have been demonstrated in previous research) were not replicated in this study. Do the authors have some ideas on this?
- Please see also some of my comments above. They may inspire you to formulate alternative explanations or additional limitations.

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.

Unable to assess

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

**Quality of written English**

Please indicate the quality of language in the manuscript:

Acceptable

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