Author's response to reviews

Title: How Personal and Standardized Coordination Impact Implementation of Integrated Care

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Author's response to reviews: see over
Thank you for your thoughtful consideration of our paper. Our responses to your comments are below.

1. While there will be a limit to the analysis that can be extracted from any research design, I still consider that the study has failed to address why personal coordination has not been more effective more broadly in overcoming the barriers of getting better integration across services. Perhaps this need simply to be acknowledged as a limitation of the study, in being unable to ascertain the barriers to personal coordination and in what circumstances does it appear to not overcome integration problems.

You are correct that this is a limitation of the study design. Our study was conducted early in the integrated care implementation process (2009). The study was not designed to consider how coordination might differ between sites that were effective or ineffective at integration. In part, this is because it wasn’t yet clear what clinical practices would ultimately become VA integrated care. In part, there wasn’t yet a clear way to measure integration. However, we agree that this is an important missing element of our study and we have added it to the limitations section (348).

2. The paper does not deal with the issue of personality characteristics, which seems intuitively obvious, that these will impact on an individual’s propensity to want to work with others.

We agree that individual differences may impact personal coordination. Our study focused on the organizational level of analysis, but agree that this is an area for future research. We added this to the discussion (380).

3. While the revised section (272-328) has described what key staff (leaders) in services did to overcome standardised coordination barriers, there is no analysis on what enabled these staff to do these things. Maybe the data were not sufficient to elucidate this, although personal and organisational factors are described in the prior sections.

Why is this relevant? In my view, this is relevant because of your recommendations in the conclusion about promoting opportunities for interaction amongst staff and leaders, so as to develop trust history and a shared mission. This may be the solution and yes you do have some evidence about these strategies, but we don’t know enough about why some leaders appear to do well on personal coordination strategies and others do not. Simply getting existing leaders together may not be enough if they don’t have a headset for working collaboratively and a comfort with uncertainty which is a feature of inter-organisational relations.

Our interview guide focused on the processes of coordination, rather than how leaders promoted coordination. We agree that this would have been useful data to collect. We
have integrated this into our limitations section as well (347-348). Also, please note that we are now clear in the discussion that this is a hypothesis generating paper rather than providing clear guidance (349, 378, 381)

4. Regarding the heading “leadership priorities” (line 241) – I read the section still to be about service priorities.

We have changed the header to service priorities.