Reviewer’s report

Title: Personal and Standardized Coordination in Implementation of Integrated Care

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Reviewer: Jeffrey Fuller

Reviewer’s report:

MAJOR COMPULSORY REVISIONS.

I approached this paper with high hopes as we need to better understand how to implement more integrative approaches to health care. It is so cogently obvious that fragmented care is a problem and with solutions that should not be technically difficult, but why do we make so little progress and with so much literature on this topic? Hence, understanding the nexus between strategies that are procedural and formalised (standardised), and those that are interpersonal and relational (personal) would be an informative addition to the literature.

Unfortunately the promise of the paper did not for me deliver in the results and discussion. This may be a limitation of the study design, where a somewhat cross sectional analytic cut is made from a series of interviews. The outcome is a thin description that pretty much describes what we already know, that is, that if the players know each other then they can better problem solve.

If the solution is to enable the players to get to know each other, then clearly this is not that simple, otherwise we would not have such an enduring problem of fragmented services. While the paper illustrates where personal integration overcame barriers to do with gatekeeping and so on, and while it did provide some insight into what enabled personal integration to work (physical proximity), it did not provide insight into what stops personal integration from happening. Three maximum variation case studies drawn from within the sample of interviews might be able do this, where the reader is given the context and a detailed thick description that illustrates where personal integration was possible and worked, compared to contexts where personal integration did not seem possible or if possible, still failed.

If the authors could go to the qualitative convention of thick description and so “thicken” up the findings, analysis and discussion then it would be a very good contribution.

Beyond this major design point and less problematic are two issues that need some clarity:

1. line 180 - I was not clear what theoretical coordination framework was being referred to - perhaps it was the personal/standardised categorisation, but if so this seems a rather limited framework upon which to base the analysis.
2. lines 243-258 - the examples given looked more like definitional and service criteria issues than leadership priorities which is the section heading

**Level of interest:** An article of limited interest

**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’