Reviewer’s report

Title: Collaboration processes and perceived integration effectiveness in primary care: a longitudinal mixed-methods study

Version: 2  Date: 3 July 2015

Reviewer: David Ryan

Reviewer’s report:

Please find below my review of the article entitled:
Collaboration processes and perceived integration effectiveness in primary care: a longitudinal mixed-methods study

The authors argue that the integration of primary care is an essential to achieving sustainable and affordable health care. They identify two approaches to achieving this integration. Centralized control based approaches that have proven insufficient and trust-based collaborative partnership approaches which have seldom been studied. In an earlier study the authors report on the relationships between five dimensions of collaboration and a measure of integration effectiveness in a study of 59 primary care integration projects. In the present study of a subset of these projects the authors report that they used integration perceptions at three levels (i.e. system, organization and professional) to identify subgroups of primary care integration projects. Within each subgroup the contributions of each dimension of collaboration to integration success was examined.

This is an interesting study in an important area and worthy of publication. I have identified several opportunities for improvement

In the notes below several clarification issues are identified.

The data appears sound with the exception that multicollinearity has not been discussed

Figures appear genuine and data management is appropriate

The studies limitations require clarification i.e. sampling issues, issues related to response rates, perceived outcomes and generalizability

In the discussion comments on the use of the findings to inform strategies for integration improvements might be considered.

References to prior work seems appropriate

Here are some line by line comments that I hope are helpful:

87 the definition of integrated primary care is a little confusing. Is integrated primary care an interprofessional and interorganizational network of ambulatory care providers? Or is something else intended?

93 – 100 this paragraph is important but confusing. It seems to be saying
a) Early research has focused on centralized implementation strategies
b) These strategies are focused on embedding integration efforts within org. and political systmes through structural and bureaucratic control based mechanisms
c) These approaches have failed to demonstrate improved outcomes
d) And suggest that this approach is insufficient to achieve integration

101 use parallel structure i.e. More recently collaboration and self-organization . . . might be more effective strategies. These more collaborative approaches are considered essential for managing . . . arrangements.

106 is an ‘ integrated care arrangement’ different from "integrated care strategies”?

114 Suggest saying “it has been suggested that . . .

114 need to decide what to call these collaborative partnerships i.e. trust based collaborative partnerships or bottom up collaborative partnerships

128-129 The RMIC model might be implying that both bottom up and top down approaches need to be combined in the concept of integrated care.

Alternatively RMIC might be saying that collaborative partnerships can be considered from four perspectives

Either of these seem reasonable but perhaps the authors could clarify which interpretation of RMIC they are using. I think it is the latter.

129 above you have said that there is no insight on collaborative processes here you imply that there is Bell Kaats and Opheij – its okay if these insights come from outside of primary care but this needs to be clarified

138 the term ‘mind-set’ needs clarification. Previously the author referred to ‘perceptions’ or ‘viewpoints’ or are these the same? Suggest using a common term

Line 141-144 the point has already been made that knowledge is scant

Line 148 either ‘five conditions for achieving a constructive collaboration’ or ‘five dimensions for evaluating constructive . . .’

Are the authors implying that the five conditions for collaboration should be examined at each RMIC level.

Line 155 to 163 it seems that the clinical service level of the RMIC framework has been left out. That’s okay but perhaps the reason for leaving it out could be briefly explained

180-181 seem out of place

192-218 It is unclear who is doing what in the process that includes collecting information, qualitative analysis, systematic extraction and final coding

196 refers to interviews while line 198 refers to semi-structured interviews . are these the same or what kind of interview was referred to in 196 – open-ended?

205 more description of the qualitative templates and the extraction process
219 who completed the collaboration process questionnaire
Suggest use the model/frameworks to discuss the examples of integrated care approaches
Line 465 what is the theory of action
Lines 755 to 762 footnotes - The item translations need a little polishing
Lines 767 The abbreviations at the bottom of table 3 do not seem to refer to anything in the table

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, and I have assessed the statistics in my report.

**Declaration of competing interests:**

i declare that i have no competing interests