Reviewer’s report

Title: Understanding collaborative care implementation in the Department of Veterans Affairs: Core functions and implementation challenges

Version: 0 Date: 22 May 2017

Reviewer: Mark Williams

Reviewer's report:

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I appreciate the work that went into this project and the efforts to better understand the reasons collaborative care models develop differently in various settings. Those outside the VA system may assume that within the VA it is simple to standardize care given the VA structure and this type of research clarifies that things are not so simple.

Comments:

1. The title is not very catchy and does not tell the reader what type of research this manuscript describes.

2. The term 'blended' may not be familiar to many readers. Two references are provided in relationship to the term, both related to work within the VA system. It makes one want to ask more details about the models at each site to understand better there differences and to be able to judge for ourselves that one is simple 'co-location' and one is 'blended'. In the literature the term 'co-location' also implies other things about how the mental health staff are integrated or not into the way patients are managed at that site. It might be more clear to simply describe the sites as collaborative care with on-site care management and collaborative care with either no care management or off-site care management if that applies here (or something like that).

3. Other than a footnote, I had trouble getting a sense about how the CL site's care management service worked. It appears to have been off-site and targeting high risk patients but it is not clear if this service was also available at the blended site and to what
extent some of the tasks of care coordination (education, tracking, activation) were being
done by these individuals and if they were being done, did staff at the site know about it?
Since it appears that two care managers from this telehealth program were interviewed,
more details about how this is a part of the story or a limitation in drawing conclusions
would be helpful.

4. Research question one (RQ1) asks what a blended site offers over a co-located site. To
answer that question methodologically, it would seem that the researchers would have
taken a more open-ended approach in the interviews. However, in the section entitled
'Core Care Management Function', it appears the researchers came prepared with what
they felt were the core functions of depression care management before doing the
interviews. Perhaps the research question that was really answered was something like
'are core functions of depression care management happening at both sites?'

5. Research question two (RQ2) appropriately sets up the question with what the literature
says about barriers to implementing a blended collaborative care model. Among the
barriers listed is reimbursement. In the VA system is reimbursement a barrier? If so,
how did the site with care management get past that? If not, consider highlighting this
issue because it may interest the reader who could be biased to think that reimbursement
is the main barrier and if that were fixed, care management would happen. In fact, if
reimbursement is not an issue in the VA, I would encourage highlighting that fact in the
abstract by saying that in two sites where reimbursement options are the same, one has
not added a formal care manager and one has done so. With the evidence being strong
for the impact of care management, this research asks about barriers to implementation
both to check if the main functions of care coordination are already happening at the site
without it (and therefore not needed) and on administrative barriers.

6. In methods - it is confusing to know why snowball sampling was needed for two clinics
when the investigators already had an internal VA list and there is limited information on
who did the interviews. It would also be helpful to know about denominators - for
example, if 4 primary care clinicians were interviewed at site one, how many primary
care clinicians were eligible to be interviewed? Consider using the COREQ checklist as
a way to make sure you are covering the main bases of qualitative research reporting.

7. The sentence right before the quote under 'Getting Care Management on Leaders'
Agendas' (lines 383 and 384) is confusing. What does 'frequent press' mean?

8. The sentence just before the discussion about barriers appearing to be administrative
rather than provider or patient driven may be overreaching without any questions being
asked of patients.
9. The first line of the discussion should be more clear for a reader in regards to what to do. How does one pay 'specific attention to structural and role clarity'? Would it make sense to suggest that key care management functions if valued, should be tracked in all sites to help encourage that they happen in sites with care managers and that the need for care managers is highlighted in the 'co-location' sites?

10. On line 435 and 436 the authors mention that co-located sites feel that care management would lessen a provider workload. While I believe that may have been said by respondents in the co-location sites, I had trouble locating proof of that in the quotes.

11. The quotes were helpful.

12. In the first line of the discussion, one wonders what 'specific attention to structural and role clarity' would look like? Would it be more helpful to say that monitoring of key functions of care management - education, activation, and tracking of outcomes in all sites might better identify if a site has figured out how to do that without formally hiring a care manager? There are scales for activation and perhaps ways of using the electronic record to assess numbers of contacts of depressed patients after treatment initiation.

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

No

**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.

No

**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.

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