Reviewer's report

Title: Doctors' opinion on the contribution of coordination mechanisms to improving clinical coordination between primary and outpatient secondary care in the Catalan national health system

Version: 0 Date: 31 May 2017

Reviewer: Martin Charns

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To Authors:

1) The framework you are using originated with March and Simon (1958), was further developed by Van de Ven and Delbecq (1974) and Mintzberg (1979). I suggest citing this history of development.

2) We used this framework in a large mixed-methods study of surgical services in the US Department of Veterans Affairs, and found a strong relationship between risk-adjusted surgical morbidity and coordination among surgeons, anesthesiologists and nurses. In a set of papers we do report physicians' and others' opinions of coordination and factors that affect coordination. In addition to appropriately recognizing this work, you should alter the statement on lines 95-97. "...no previous research has explored the contribution of the set of available mechanisms to clinical coordination from the point of view of professionals," which is incorrect.

3) You note that "healthcare networks were selected to represent the diversity of management models" (lines 108-109). This indicates that this diversity potentially is important, but I cannot tell from your findings and discussion whether the different management models and organizational arrangements are important factors affecting coordination. Can you make clear to the reader whether these differences among the three networks are or are not important in terms of their effects on coordination? To do so I suggest a) Highlight the organizational differences in a table that you describe in study sample, b) Discuss the findings that are presented in table 2 to indicate where there are similar findings among all three networks and where there are different findings in different networks and then how that might relate to organizational differences among the three networks.

4) Some of what you call mutual adjustment may in fact be group coordination. Mutual adjustment is strictly between two people. Group coordination is among more than two. The conferences sound more like group coordination than mutual adjustment.
5) The first time you use the term "levels" make it clear that this is referring to primary care and secondary (specialty) care. There is nothing incorrect here, but it would help the reader to be reminded about what "levels" refers to.

6) When you discuss the joint clinical case conferences (lines 179-190) you indicate that these "contribute to improving the training of primary care doctors." From the context, I assume that these are not part of a formal training program for doctors-in-training, i.e. residents. Please clarify this.

7) Update reference 3 to the Longest and Young chapter on Coordination in Shortell and Kaluzny to the newer version (Charns and Young, "Organization Design and Coordination" in Burns et al, Shortell and Kaluzny's Health Care Management (2011))

8) Lines 67-68 refer to "vertical information system." I suggest deleting "vertical." Ten to 20 years ago (your references are from that period), information systems were primarily viewed in the organizational literature as augmenting vertical information flows and allowing the organization's hierarchy to work more effectively. They obviously have broader application today.

9) Since you discuss the importance of interpersonal relationships, I suggest adding a summary of Gittell's findings on relational coordination at the end of the discussion.

I have included references.


**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.

Yes

**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.

Not relevant to this manuscript

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