Reviewer’s report

Title: Does delay in planned diabetes care influence the quality of clinical management outcomes for Aboriginal Australians?

Version: 0 Date: 15 May 2018

Reviewer: Grainne Crealey

Reviewer's report:

This paper is a useful addition to the literature on the timely introduction of formal care plans for patients with chronic diseases. This paper focused on the introduction of such care plans in patient with diabetes mellitus in remote aboriginal communities in the Northern Territory of Australia.

The aim of the research was clearly stated i.e. to examine the association between a delay from diagnosis to documentation of a chronic disease care plan and three outcome measures of the quality of diabetes care (mean HbA1c level, blood pressure and number of diabetes related hospital admissions). Logistic regression was used with the key explanatory variable being delay between diagnosis and documentation of the care plan (grouped into 4 categories: <60 days; 60 days-24 months; 24-48 months; > 48 months). The data sources used were explained in detail and appear appropriate.

The results are in keeping with those observed in other studies (with the novelty of this paper being this particular patient population). However, on the second page of the results section (lines 23-34) the figures quoted do not match those of Table 3 - perhaps an updated table should have been imported? Hence the gradient which is mentioned (i.e. that diabetes related hospitalisation increase with increase in care plan delay) is observed - However, there is no mention of the fact that number of hospitalisations fall for those with NO care plan in comparison to those who did not have a care plan in place for 4 years or more. In the following paragraph (line 39) table 3 is referred to in the text as opposed to table 4 - and no results are presented for patients with 'no care plan'. This discrepancy would need to be resolved appropriately.

Assuming the above can be resolved it would appear that the key message of this paper is that reducing delay in implementation of chronic care plans in this patient population has the potential to improve clinical outcomes. Depending on the reason for the discrepancies around
tables 3 and 4, if it is the case that some individuals without care plans (albeit small numbers) have lower diabetes related hospitalisations this is a valid result and should be addressed in the discussion section.

For those who would seek to replicate the clinical gains outlined in this paper, more detail around the chronic care plan process would be useful, provided either succinctly within the paper or by reference to another paper. Some additional discussion around adherence to care plans and difficulties in ensuring continuity of care in this highly mobile population and the importance of maintaining up-to-date linked patient databases would be very useful with respect to context.

**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.

I am able to assess the statistics

**Quality of written English**
Please indicate the quality of language in the manuscript:

Acceptable

**Declaration of competing interests**
Please complete a declaration of competing interests, considering the following questions:
1. Have you in the past five years received reimbursements, fees, funding, or salary from an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

2. Do you hold any stocks or shares in an organisation that may in any way gain or lose financially from the publication of this manuscript, either now or in the future?

3. Do you hold or are you currently applying for any patents relating to the content of the manuscript?

4. Have you received reimbursements, fees, funding, or salary from an organization that holds or has applied for patents relating to the content of the manuscript?

5. Do you have any other financial competing interests?

6. Do you have any non-financial competing interests in relation to this paper?

If you can answer no to all of the above, write 'I declare that I have no competing interests' below. If your reply is yes to any, please give details below.

I declare that I have no competing interests

I agree to the open peer review policy of the journal. I understand that my name will be included on my report to the authors and, if the manuscript is accepted for publication, my named report including any attachments I upload will be posted on the website along with the authors' responses. I agree for my report to be made available under an Open Access Creative Commons CC-BY license (http://creativecommons.org/licenses/by/4.0/). I understand that any comments which I do not wish to be included in my named report can be included as confidential comments to the editors, which will not be published.

I agree to the open peer review policy of the journal

Do you want to get recognition for reviewing this manuscript? Add a record of this review to Publons to track and showcase your reviewing expertise across the world’s journals. Signing up is quick, easy and free!

Yes