Reviewer’s report

Title: Implementation of a self-management support approach (WISE) across a health system. A process evaluation explaining what did and didn’t work for organisations, clinicians and patients

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Reviewer: Lawrence Palinkas

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This is an interesting study that relied on mixed methods to help understand the results of an RCT that found no impact of implementation of an evidence-based approach to self management support on patient outcomes in primary care settings. The study found that SMS was not prioritized by the primary care practices or fitted with a biomedically focused ethos so little effort was devoted to using the WISE techniques. The conclusion that “there is a need for greater emphasis and consideration in implementation theory of the role and importance of the patient and the work they need to do to implement interventions” (p. 26) represents an important contribution to the literature on implementation.

Major Compulsory Revisions

Nevertheless, lack of organizational commitment to an evidence-based practice is often cited as a barrier to EBP implementation, so in this respect the study offers little insight into the challenges involved in implementing evidence-based approaches. This raises the question of the rationale for doing this study. How does an evaluation of the failure to successfully impact patient outcomes through the implementation of WISE add to our understanding of implementation in general or implementation of SMS interventions in particular? The authors should consider adding a discussion of what it would take to successfully implement SMS in primary care settings based on this experience.

Second, given the rapidly changing structure of health care in the UK at the time this study was conducting, it isn’t clear why the systems level context of implementation was not made an explicit focus of this process evaluation. The authors reference the “outer context” of the CFIR model, but the outer context of the broader systems changes occurring during the time the RCT was conducted and how these changes may have affected patient-provider relations and provider attitudes towards SMS and/or innovations in practice needs some elaboration.

Third, more detail is required concerning the interviews conducted. Including some of the questions from the interview guide that were asked of participants is recommended, as well as a description of duration of the interviews and who conducted them. More detail is also required of the procedures for data analysis. What framework was used to develop themes based on the codes? Was a
grounded theory approach or a phenomenological approach used in identifying themes? The authors should at least provide citations that describe the approach taken to analyzing the data.

Finally, the statement on p. 24 that WISE was viewed by practitioners as having “no perceived relevance or use in providing self-management support because of the biomedical focus of chronic disease management” is unclear. What is it about WISE that is inconsistent with the biomedical focus?

Minor Essential Revisions

First, it appears that the study could have provided an opportunity to validate some of the perspectives of various stakeholders in the implementation process through triangulation, but there is little evidence in the manuscript that this was, in fact, done by the authors. For instance, when a trainer is cited that there appears to have been little interest in among practitioners in WISE, was this confirmed in interviews with the practitioners? As another examples, the authors state that “the involvement in a research project was deliberately downplayed because of the known difficulties of getting GPs to engage with or value research possibly because of the potential challenge to their professional identity as autonomous practitioners or competing priorities.[50]” Was this confirmed in interviews with the practitioners?

Second, the fact that the majority of patients viewed their relationship with their primary care provider as ambivalent or negative raises the question of the generalizability of the findings. Is this typical of patient-provider relationships in the UK or elsewhere?

Level of interest: An article of importance in its field

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.