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

Version: 2
Date: 14 December 2013

Reviewer: Amy Kilbourne

Reviewer’s report:

This is an interesting paper that reports on a process evaluation focused on barriers and facilitators affecting the adoption of the WISE self-management program. The evaluation is based on normalization process theory, and the principle findings were intriguing in that overall, there were issues regarding program ownership among the leaders, the providers did not find the SMS program and training to fit with the clinic’s goals, and patients interviewed did not seem to think the self-management program was relevant to them and perhaps primary care was not the appropriate place to implement SMS. The study’s key strength is insight garnered from leaders, providers, and patients on barriers to implementing self-management programs that are potentially generalizable to other practice settings. The topic is important because there is an increased interest in health care organizations (in the US in particular) to shift more responsibility for care to patient via self-management. Overall, the paper could be further strengthened mainly by placing some of the key findings within the context of emerging literature as well as addressing additional weaknesses that are outlined below.

Major compulsory revisions:

1. The paper could be further strengthened mainly by placing some of the key findings within the context of emerging implementation literature focused on dissemination and implementation of self-management and behavior health change programs, particularly regarding the importance of using bottom-up as well as top-down implementation strategies (e.g., see Proctor, et al.) as well as the public health literature regarding tailoring and marketing health behavior change (e.g., see work by Resnicow, et al.). Also, to what extent did patient perceptions regarding the utility of the self-management materials might have been confounded by psychiatric symptoms?

2. Additional detail needs to be provided on the qualitative analyses- particularly regarding how codes were identified and what the iterative process for coding involved and whether theme saturation was obtained (see page 11)

3. The study mentions that the WISE intervention did not result in any changes in patient outcomes. What about specific measures of provider uptake of the intervention components? It would be helpful to know in general which components were adopted or not adopted and the level of fidelity (e.g., completion of training, number of patients getting self-management materials,
assessment of self-management activities used by patients)

4. Some context regarding access to GP clinics, especially wait times for appointments etc. would be helpful in order to better understand patient resistance to receiving self-management materials as well as the role of the doctor-patient relationship.

5. Elaborate on the finding (page 17) that practices were more receptive to training but for “the wrong reasons” (e.g., socializing) especially within the context of the literature on provider communities of practice. Also, contextually. It would be helpful to determine the extent to which the providers had prior experience in team-building functions, especially those that involved implementing new processes or quality improvement studies.

Minor essential revisions:

The paper, especially in the introduction section tended to use a number of long and complex sentences (e.g., “Evaluation frameworks designed to establish the extent of the fostering of the implementation of research into practice also recognise contextual elements of the whole system which need to be taken into consideration.”) Please edit this section for brevity.

**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:**

No competing interests