Reviewer’s report

Title: Random or Predictable?: Adoption Patterns of Chronic Care Management Practices in Physician Organizations

Version: 1 Date: 30 May 2017

Reviewer: Justin Benzer

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Overall, the clarity of the manuscript is greatly improved. It is now possible for the reader to understand what was done by referring to the tables, figures, and supplemental information. However, it would be helpful in the results to be more clear about the evidence supporting the conclusions being made about the scales. For example, this sentence is clear about the ordering for CMP-type (although the word ordering was not used here): "These scales suggest that organizations that have adopted depression patient education have also adopted patient education for asthma, CHF, and diabetes (page 14).” However, the evidence supporting these assertions is not clear. I assume that Figure 2 presents the data that is being used. Generally, the results could be strengthened by directly referencing the tables and figures.

Some areas where clarification is needed

1. Page 12, line 20: Scalability is 'medium' but that seems to be an overstatement. Loevinger's H looks larger for the CMP type compared to disease, and there seems to be no difference between scales by disease compared to an overall scale.

2. Page 13, line 15-17: Organizations tend to adopt reminders for patients and providers together. However, it isn't clear what evidence supports this statement. Reminders are adopted before education and feedback. Again, the evidence for this isn't immediately clear. Some statement might also be included about how registries fit in with regard to ordering. Note that on page 14, line 22, patient reminders and registries are listed, but not provider reminders. Please clarify.

3. Page 12, line 22: It isn't clear what a borderline value on inclusion criteria means.

4. Figure 4 is referenced on page 13, line 7 but may be intended to be Figure 2. Figure 2 seems to imply that for CMP-type scales, the order is that prevalence is highest for diabetes, CHF, asthma, and then depression (with one exception). The disease scale ordering seems less clear (as noted on page 12).

5. Page 14: How is this determined? "Organizations only adopting diabetes patient education will not have adopted patient education for any other disease."
These sentences are not at all clear to me. "These scales are not consecutive, however, since the overall scale including all 20 CMPs did not meet the assumption necessary for ranking, so organizations are adopting CMPs across disease categories and CMP types without completing the first scale. For instance, an organization might adopt two CMPs from the patient reminder scale, diabetes and CHF, but then also adopt provider reminders, a registry, and education for diabetes as well. Here, four scales have the most adoptable CMP adopted, with one scale having the second most adoptable CMP adopted and one having no CMPs adopted.

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