Reviewer’s report

Title: Number and type of guideline implementation tools varies by guideline, clinical condition, country of origin and type of developer organization: content analysis of guidelines

Version: 0 Date: 26 Sep 2017

Reviewer: Melissa Brouwers

Reviewer’s report:

Thank you for the opportunity to review this manuscript. The study appears to be well executed and the paper nicely written. Key issues are listed below.

1. Sampling.

a. Could the authors confirm the eligibility criteria used in their search for guidelines. They are listed as an NGC search of specific diseases (asthma, CRC, etc.), 2010 to either 2017, and English language. Were there other criteria used? This reviewer thought there would be a higher total number of guidelines that met those criteria- a cursory search of NGC with criteria Asthma - 2012 to 2015 yielded 70 candidates and 17 candidates if I narrowed to specifically the Allergy and Immunology subcategory. There were 8 included in this paper. A wee bit of clarity and specificity would be an asset.

b. The authors should note the change that took place at NGC from a pull process (i.e. NGC pulled in guidelines to their system) to a push process (i.e. developers had to push guidelines into NGC) to (potentially) to account for the decline in numbers of guidelines that matched criteria.

2. Comparisons

The authors state: Exploratory tests of association between GI tools and developer or guideline characteristics were not performed due to small numbers in subgroups. The authors may wish to revisit this and consider some non-parametric tests (that focus on proportions and account for differences in absolute numbers) and by collapsing some of the data into bigger groups. This would provide more definitive conclusion about where real variation in GI tools exists (vs. random) and perhaps a more specific direction for the guideline community and research community about where efforts should be focused.

3. Presentation of Results

a. While comprehensive, the results section is, at times, a bit choppy. For the reader to better understand and integrate the data more readily, the authors are encouraged to combine some of the data (e.g. numbers, from, and specific types of Patient GI tools, practitioner GI tools etc.) -
rather than have everything in unique tables. The "so what" of data might be more obvious in that manner.

b. What is the difference between Table 4 and 5? The data look exactly the same. What are the additional key messages that are offered from Table 4 and 5 that meaningfully extends the data summarized in Table 3 and Table 6?


The authors may wish to link their conclusions more closely with evidence of effectiveness (or not) of various GI-tools. Can they provide direction about the types of tools that might be more useful and effective at influencing behaviour than others vs. a more generalist conclusion that GI Tools are good.

5. Methodological confirmation.

For some developers, GI tools may not be part of the guideline itself but as a complementary piece to the core document. Could the authors confirm whether or not they sought out GI Tools that might have been on authoring websites or from different divisions of the organization that produced the guidance.

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An article whose findings are important to those with closely related research interests

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