Reviewer’s report

Title: Intermediary/Purveyor Organizations for evidence-based interventions in U.S. child mental health: Characteristics and implementation strategies

Version: 0 Date: 14 May 2018

Reviewer: Rachel Gold

Reviewer’s report:

IMPS-D-18-00107

Overall

Important content - how do IPOs support D&I of EBIs related to BH? However, the paper is very hard to follow. I'd recommend substantial edits for clarity.

Please use 'IPOs' rather than 'IPO's' which is either a possessive or means 'IPO is.' Same with EBI's.

Writing is in need of professional editing - numerous places where the language is unclear or clunky. Typos throughout.

Abstract

Overall needs to be more clear. Background - First sentence implies that IPOs are the only purveyor of psychosocial BH interventions. If not accurate, please clarify. First two sentences are redundant. Clarify that IPOs link resource systems with user systems (I assume that is what is meant here). Methods - unclear what is meant by 'IPOs were identified' in this context. How were these IPOs related to these EBIs? Results - why do IPOs require ongoing supervision? How was the implementation readiness score acquired?

Background

First section is hard to follow. Please revise for clarity.

EBIs themselves don't struggle.

The use of 'delivery system' to describe bringing treatment discoveries to practitioners is confusing since that term usually means healthcare delivery. This sentence needs work.

The definition of IPOs is confusing. Is it meant to refer to healthcare delivery systems? If not, what specific kinds of organizations do the tasks described here? Overall the definition of what
IPOs are - with examples - needs substantial clarification. At present, it is too vague. The explanation "organizations who link resource systems with user systems" helps, but comes after several confusing paragraphs. Please start with this and then give examples.

Methods

How did you define whether or not the EBIs had an IPO? What counted as an IPO? What do you mean by 'had'? What is the relationship between EBIs and IPOs - do the IPOs own the EBIs?

Did the survey assume that a given IPO used the same implementation strategies in all situations?

Who were the IPO representatives that completed the surveys?

How was 'most successful' defined? Was it context-specific?

How did you define the denominator of 'number of available strategies' in a given domain?

Some of the analyses used here seem too sophisticated for the data collected - for example, "number of implementation strategies used" is very blunt. How often were they used, and in which settings? Without that info, any statistical analysis feels like a stretch. Consider revising this as a purely descriptive paper rather than showing OLS regressions, LCA, etc.

Results

How was success of the IPO defined? It looks like this was a subjective measure in the survey. I'd keep the language quite clear that success is as reported by the IPOs, rather than objectively measured.

Explanation of implementation strategy profiles is quite unclear. Why did you look at the models described here? These results are hard to follow.

Discussion

I think there are substantial methodological limitations other than those listed here, primarily to do with the variable definitions. As noted above I think this paper would be stronger if it were more purely descriptive rather than seeking statistical relationships based on such vague data. Further there is no data on whether the IPOs were successful at supporting implementation regardless of number / combination of strategies.

Discuss why so many EBIs were associated with an IPO. Is this related to pediatric BH, or some other reason?
Why are IPOs using strategies that they don't think are effective?

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