

Reviewer's report

Title: A work force model to support the adoption of best practice care in Chronic Diseases - A missing piece in clinical guideline implementation

Version: 1 **Date:** 2 January 2008

Reviewer: Carolyn J Green

Reviewer's report:

1. Is the question posed by the authors new and well defined?

No question was posed however this is not an empirical work. Therefore, the questions suggested for reviewers do not fit the purpose of the paper -- to propose a logical model.

Suggestion: It could be useful to incorporate a question into the background ie, What human resources are required to implement best practice CPGs on CDM?

Then an explanation of how this initial model is an important first step in developing an evidence-based human resource model for implementing CDM CPGs could follow. ie, Presentation of this analysis is preliminary to implementing and testing the model in actual planning efforts. Subsequent testing could evaluate whether this model predicts actual shortfall and whether use of the model results in increases in performance in alignment with CPG defined care.

In support of the model, the justification for rationalizing human resource planning by using a model that combines population (epidemiological) parameters with clinical practice guideline prescribed care is well presented. The background seems long at 3 plus pages and could be tightened up some more however many readers with little background in CDM and/or CPGs may require this to understand the usefulness of these in modeling human resource planning.

In general the background section is well referenced. An exception is the statement (p 4 last para, sentence 3)

This [clinical decision support systems] is likely to be most effective where combined with patient enrollment as we find in the UK and New Zealand.

A citation to support such a strong statement would be useful. Also more explicit explanation would be useful as it is not perfectly clear what the authors find self-evident.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?

The figure as illustrated by the diabetes example provides a reasonably clear description. I was involved in a human resource planning exercise that this model

would have provided an appropriate and useful framework.

A limitation is that there is much that is not sufficiently detailed to replicate as it is dependent in part on the local health system configuration as well as local human resource availability.

3. Are the data sound and well controlled?

Again this question does not fit the analysis. The logical assumptions upon which the model is based appear to be sound. Data are available in many jurisdictions to be drawn into the model.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

I could not open the file.MYD which seems to require MYSQL software so would appreciate a more accessible supplementary data file.

5. Are the discussion and conclusions well balanced and adequately supported by the data?

Yes and no. The limitation of the analysis are side stepped by statements in the conclusion such as the one on p 14 "undoubtedly there are important practical and theoretical issues to be explored". Yet the authors counter this with 2 arguments: 1) without the providers with the right skill set other strategies such as CPG development and dissemination could not produce best care and 2) the simplistic methods in current use are clearly inadequate.

Whereas I basically agree with this line of reasoning, the authors have sidestepped an itemization and discussion of important and relevant issues. For example, while the authors allude to the assumption that a workforce capable of delivering best practices care is of social value, there is also societal preferences and financial incentives for care by physicians that this model would run counter to. These will not be easily overcome and so it makes sense to present this model as a piece of a larger improvement, primary care reform effort within which this model would provide benefit.

6. Do the title and abstract accurately convey what has been found?

Yes and no. As this was not an empirical study there are no findings however the proposed model is a useful contribution to academic literature. The title and abstract adequately convey the content of the paper.

7. Is the writing acceptable?

Yes.

What next?: Accept after discretionary revisions

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.