

Reviewer's report

Title: A research-based implementation program in the US Department of Veterans Affairs: Crafting culture, capacity, and infrastructure to enhance the evolution of QUERI.

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Reviewer: Leif Solberg

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General

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

I believe that the central purpose of this article is to describe the problems and solutions related to reorienting traditional researchers to becoming part of care improvement in the VA, at least that is what seems to be suggested in the Abstract and Introduction. This is certainly an important issue, and one that QUERI should be able to provide valuable information about. However, this researcher issue often becomes lost in the maze of describing the various aspects of the complex QUERI process. It also is described in a way that make it difficult for those in other systems to understand, much less learn how to apply in other settings. However, it is possible that the real point of the article is to describe the importance of addressing culture, capacity, and infrastructure if one wants to enhance organizational transformation (with little need to mention researchers as the justification). Therefore, it seems to me that this article really needs to be clearer about its purpose, and then rewritten if it is going to be of value to outsiders.

If the decision is made to truly focus on researcher issues, a number of changes will need to be made, and perhaps one could even apply the QUERI 6-step approach to discussing it in a more logically consistent way than is currently evident. For example:

1. Identify the problem: This is partly covered by the comparisons in Table 3 and the Abstract, but nowhere can I find a clear description of the problem caused by lack of researcher involvement. For example, I think that part of the quality gap is due to the fact that researchers are not addressing real practice problems or they address them in ways that are not readily applicable (eg, by extensive exclusions and controlled confounders). But this is never mentioned, nor is there any other description of whether the problem is truly a knowledge transfer problem, a knowledge production problem, or simply slow or ineffective change management. Some of these problems might be helped by involving researchers in some way, but not others. What is the question for which researcher involvement is the answer?
2. Identify best practices: Once the problem has been identified, exactly how might researchers be used to be helpful for this problem? Is there any evidence for this solution? Then, what issues need to be addressed in order to facilitate such researcher involvement? Nowhere is there such a description, unless it is hidden in the VA/QUERI-speak that obscures many of the points in this paper.
3. Define existing patterns and outcomes: Some of the current or previous VA researcher roles and expectations are noted, but many are not. Are/were VA researchers paid on the equivalent of soft money? Are there other aspects of being a health services researcher in the VA that are different from the outside world?
4. Identify and implement interventions: This is one area that seems to have been at least partly described in terms of the need for attention to culture, capacity, and infrastructure, but all the descriptions use VA jargon and settings without any effort to translate those lessons into other settings. Other than needing to pay attention to those 3 areas, it is not at all clear to me what are the generic lessons to be drawn.
5. Document that best practices improve outcomes: Here there is no information at all, even anecdotes, that provide the reader with either data or non-author opinions that the solutions have worked.
6. Document that outcomes are associated with improved HRQL: This may seem irrelevant, but I would like to know how researchers feel about these new roles and expectations after they have worked in them. Has this affected retention, publications, satisfaction with career?

The above may be a bit of a stretch, but I have tried to use it to show that the current article simply does not make a clear case for either the involvement of researchers or the interventions needed to facilitate that, at least in language and terms that anyone outside the VA could understand or apply. In addition, there seem to be a lot of unclear pronouns, jumps in logic, and lack of specifics or examples that should be addressed, but I assume there will be major change, so identifying these seems unnecessary. However, I do want to request greatly reducing acronyms, VA language, and \$5 words in favor of much simpler prose. I also hope

you will reconsider the current use of tables. Instead of using tables to provide succinct comparisons, these lengthy tables seem to be just another way to provide more narrative without affecting the word count (which is already way too high). They will not be read.

The QUERI program has a lot to contribute to our knowledge of organizational transformation, quality improvement, and appropriate use of researchers, and the authors really know those contributions well. I challenge you now to tell it to us non-VA types in a way that will be clear, engaging, valuable.

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.