

Reviewer's report

Title: Improving eye care for veterans with diabetes: an example of using the QUERI steps to move from evidence to implementation

Version: 1 Date: 29 September 2006

Reviewer: Luciana Ballini

Reviewer's report:

General

I found this paper extremely interesting and well-written and, given the position it is expected to have within an issue dedicated to the QUERI model, in my view it certainly deserves publication.

In particular I found pleasantly novel the extensive discussion and details provided to describe the process of implementation as well as the six step model and I welcomed the richness of details with which the process of identification and analysis of barriers, together with the rationale for the choices of intervention, are reported

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

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

Step 1: Priority Conditions / Issue.

I would have welcomed a broader discussion on Step 1. In particular it is often the case that choice for a specific condition can be supported by adequate statistical data and cost information (as it is done in the paper). However the issue of establishing a priority does not, in my opinion, relate so much to evidence of morbidity etc. but to how you rate priority in the presence of competing conditions / issues with equivalent adequate statistical data and cost information. My question is : was the issue "preventing blindness among veterans with diabetes" chosen from a list of competing conditions within diabetes or was it chosen from a wider list of conditions including diseases other than diabetes, and on what basis the choice was made.

Step 2: Evidence-based Practices

Similarly I found I missed some information on the description of Step 2, which as far as I understood, led to the recommendations to be implemented. Were these recommendations simply the result of literature search and appraisal or did they undergo a discussion and consensus process by a multidisciplinary panel ?

Discretionary Revisions (which the author can choose to ignore)

The lack of quantitative data on the results of the implementation programs, justified as published elsewhere, is compensated by the interpretation of the problems encountered during implementation. Indeed the discussion/conclusion section seems to refer (though not stated explicitly) to a series of barriers to the actual implementation strategy, thus giving the impression that barriers identification, analysis and removal becomes a sort of Chinese box enterprise, where interventions to remove barriers are hindered by further barriers to the application of the interventions themselves.

Although this might seem disconcerting, it nevertheless reflects what actually happens in practice and I think it deserves further emphasis.

Finally Authors might like to comment more on the "adverse side-effect" of an implementation programme, such as the raising of expectations, which then fail to be met, both for patients (page 16 – "300patients expressed an interest in having an appointment scheduled. Unfortunately, fiscal constraints preclude scheduling exams for these patients ...") and for health professionals (page 19 – "Moreover, as time passed any momentum or enthusiasm that may have been generated among clinic staff was soon diminished as the "promise" of a better system did not materialize"). Possible adverse reactions to future proposals of change may in fact arise from this past experience.

What next?: Accept after minor essential 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.