

## Reviewer's report

**Title:** Implementing and evaluating a regional strategy to improve testing rates in VHA patients at risk for HIV utilizing the QUERI process as a guiding framework

**Version:** 1 **Date:** 2 February 2007

**Reviewer:** Martin Eccles

### Reviewer's report:

#### General

These are combined comments from series Editors Martin Eccles and Ian Graham.

This is an interesting article that tackles an important topic.

We are sorry for the delay in getting back to you but, in order to deal with the series of articles as a whole the pace has been dictated by the getting the last reviews of the series.

General comments for authors of all articles

1] Please remember that you are writing for an international audience. In some cases it seems the papers make comments that seem directed at the VHA and these should be deleted - you need to be thinking much more globally and presenting lessons learned and perhaps recommendations for how best to do implementation research regardless of what your own system is like. The DETAIL of VHA structures and funding are of no interest to an international audience. If you wish to make reference to funding it should only appear in the acknowledgements section and not in the body of the text.

2] Related to [1], all articles have a plethora of abbreviations, many of which relate to VHA specific structures functions or procedures. In general these should be described in generic terms and the number of abbreviations kept to a minimum.

3] You need to be clear about who will be the main audience for both these and the rest of the papers- if it is seasoned implementation researchers then sometimes the information seems rather simplistic; if it novel implementation researchers/facilitators then sometimes more clarity is needed- either way the papers need a more similar pitch to the intended audience. We think that the readership is the interested implementation researcher or policy maker.

4] You should use a standard description of the QUERI process both in the text and Table. However, the Journal web system will not retain the formatting so I will send you the preferred version as a separate email attachment. Ideally, this should be introduced early on in the article and then referred to as appropriate throughout.

Overall could you ensure that the article conforms to the journal style as specified in the instructions for authors (<http://www.implementationscience.com/info/instructions/default.asp>).

There are only one set of referees comments available; the second is due within the next two weeks. Rather than delay any further we have chosen to send you the single reviewer's comments and the editorial comments now. We will forward the second reviewer comments once they arrive.

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

Could you order the text of the background slightly differently. Could you start with the clinical issues around HIV (current first para and current second para of HIV/QUERI Centre section); then describe QUERI (see below); then describe the HIV QUERI Centre (omitting the current final paragraph which is not relevant to this paper) and then finish with the purpose of the paper so that the reader has this as the last thing they read before they move into the body of the paper.

There is then a degree of overlap and repetition between the end of the background and the start of the section "A QUERI approach to ...". The text is best placed at the end of the Background section and you should place it here and resolve the overlap. This means the section heading "A QUERI approach to ..." is now redundant and the reader can be taken straight into Step 1.

Background para 2. I suggest that you delete the second half of the paragraph from "The designers of the VHA's QUERI framework ..." as this reads as rather a throw away line here and is an issue that is discussed in the introductory articles.

You should delete reference to specific funding from the body of the text throughout the paper (e.g. This

work was made possible by funding available specifically through core funding provided to HIV/Hepatitis QUERI by the VHA QUERI program). If you wish to retain the information it should appear in the Acknowledgements section of the paper.

With step 1 you should say who decides on priorities and how the decision is made - by each centre or the VA centrally and what are the criteria for prioritizing?

Step 2.

I don't understand the point you are trying to make with the last sentence of this section – why is it relevant that some screening tests are less cost effective? If what you are saying is that HIV screening is actually more cost effective than other screening (i.e. colorectal or something) - and it is a good deal to do it – then you could make this a little more explicit.

In step 3 you could usefully offer more detail about the methods – particularly who were your sample of providers at the two VHA facilities.

Step 4.

Step 4 is difficult to follow and both its structure and content could be usefully clarified. At the end of Step 3 you describe what you identified as the barriers set out using a framework of organisational, provider and patient. However, in Step 4 you don't return to this structure.

It is hard to link your interventions to your barriers – this is at least in part because what you label interventions are, in large part, methods of delivery (decision support, opinion leaders) and you say nothing about the content of what they are delivering. Whilst I can piece some of this together (provider barrier, lack of knowledge of patient's HIV risk status; intervention content, information about patient's HIV risk status; method of delivery electronic reminder system (but when is this delivered?)) for others I cannot readily do this.

If you can, I would like you to separate out:

- the content of interventions (which should presumably more or less directly address your identified barriers) and
- the details of the methods of delivery (when were the reminders delivered, how often was the feedback prepared and delivered, was it comparative; how many academic detailer visits were there and when and to whom?)

This should then allow the reader to more easily link steps 3 and 4.

The paragraph on collaborating with the clinical services to design the intervention should precede the discussion of the intervention components.

I would also like a paragraph prior to the evaluation section describing the actual implementation - where, how, who etc so as to explicitly complete step 4.

I can't easily link "provider activation" to any of your barriers. As you consider this section could you pay attention to clarifying this? Isn't provider activation jargon for engaging providers and targeting interventions at influencing their attitudes, skills, habit issues etc? You should be clear what you mean by provider activation.

You chose the chronic care model – could you say what its specific attributes are that made it your ideal choice – you say what it is and then leave the reader to assume that this is justification for your choice.

In the second para of the section on conceptualisation I don't understand the sentence - The CCM and the Institute for Healthcare Improvements Breakthrough Series have both identified the need for provider activities to achieve transform group norms sustainable change [38,47,48].

The term 'seminal' (p6) is sexist and should be changed to the gender neutral term 'germinal'.

At the bottom of current page 7 you say "Based on survey responses by physicians, mid-level providers, nurses and case managers, we have also developed provider education materials that focus on preparing providers to use the reminders effectively ..." Is this part of Step 3? If it is then it should be detailed there, if not then I am not clear how it is a step 4 activity given how step 4 is currently defined. If it is the case that you conducted this survey whilst conducting other step 4 activities (and you have therefore put it in step 4) it would still be easier for the reader for it to be placed along with the other step 3 activities.

The evaluation plan section is interesting and relevant. You need to use a more formal structure to allow the reader to better understand more about setting (currently appears at the start of the results; nowhere is it clear what a "site" is and it now seems there are also "stations"), design, data collection and analysis (both formative, summative and economic (your business case modelling)).

Although the current presentation starts with the primary outcome as one would in reporting a trial - I was actually wanting to hear about the FE which temporally precedes the trial results (primary outcome data)

## Results

There is an issue about how you frame your results. The information presented in the results are relevant - these early findings confirm the value of ongoing formative evaluation as identifies unexpected/anticipated barriers they will need to be addressed if the initiative is to work on a larger scale - perhaps they could reframe to make this point better.

## Discussion

The discussion feels slightly piecemeal. You say little about the process that you describe. How easy was the intervention development? The reader has no idea what you think are the strengths and weaknesses of the process you have undertaken.

You have cited a conference presentation and suggest that in the light of this a number of other VA Centres are implementing the reminder system. It seems to me that this is worth discussing. You could cite the reference in the discussion and I would be interested to know what you think of the potential adoption of one part of your intervention in the absence of either a formative or summative or economic analysis. Does this not gainsay the whole process that you have attempted?

In the discussion I liked the point about their finding that with any widespread roll out (facility-specific barriers) there will still be a need for the receiving unit to adapt/contextualize/customize the intervention to maximize the likelihood of adoption.

## References

Overall I agree with the reviewers that you have too many references. Could you reduce these to key references only.

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

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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:** Acceptable

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