Reviewer’s report

Title: Examining Intra-Rater and Inter-Rater Response Agreement: A Medical Chart Abstraction Study of a Community-Based Asthma Care Program

Version: 1 Date: 25 January 2008

Reviewer: Danielle van der Windt

Reviewer’s report:

This manuscript describes the results of a study on the reproducibility of medical chart abstraction, designed within the framework of a study evaluating the effectiveness of a community-based asthma care program. The study is well designed and conducted, and clearly reports the results on both intra- and inter-rater agreement. There are just a few aspects that could be described in a bit more detail.

Minor essential revisions:

- Methods: I understand from the text (page 5, and later, in the discussion) that time between 1st and 2nd assessment varied. This could be indicated more clearly.

- Methods: Summary kappa scores were calculated, for example for each category. How were these pooled kappa’s computed? Simple as a mean kappa? Or were summary scores calculated per category (summation of scores on variables per category) with kappa subsequently computed over these summary scores? Or was another method used to pool kappa’s?

- Results: For intra-rater agreement, kappa’s per category ranged between 0.44-0.90 (page 9), which is summarized by the authors as substantial to excellent agreement. Shouldn’t this be moderate to excellent?

- Results: The heterogeneity in kappa’s is emphasized, which is good. The most relevant results of the paper possibly concern the categories which either very good, or relatively poor agreement, e.g. asthma education. This is addressed in the discussion paragraph, but it would be good to also mention this in the results

- Discussion: Agreement was certainly good, although there will still be misclassification during data collection for the intervention study. The discussion section might briefly address the implications of the results for the trial.

- Discussion: In this study, chart review was only used to obtain information on the process of care, i.e. whether aspects of care had been documented or not. Agreement was quite good, but this information is relatively straightforward. In general, chart review may more often be used to extract more detailed information, such as results of diagnostic tests, decisions regarding diagnostic
procedures and content of treatment (type of treatment, frequency, dose or duration), etc. The authors could address this issue in the discussion section, emphasizing that agreement may be less good when more detailed or complex information needs to be abstracted, and that studies on agreement are all the more important in this area.

What next?: Accept after minor essential 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.

Declaration of competing interests:

I declare that I have no competing interests