Reviewer's report

**Title:** Coding of procedures documented by general practitioners in Swedish primary care - an explorative study using two procedure coding systems

**Version:** 2 **Date:** 29 November 2011

**Reviewer:** Bernard Fernando

**Reviewer's report:**

Major Compulsory Revisions

None

Minor Essential Revisions

(1) Abstract/Conclusions – line 2: SNOMED CT covered almost all of the procedures’ content.
Does this mean – Almost all procedures could be coded using SNOMED-CT? What is the procedures’ content?

(2) Abstract/Conclusions – To support clinical procedure coding, a number of prerequisites need to be fulfilled. (....such as. At least give one prerequisite)

(3) Page 4, Line 7. “...and a knowledge base of dissections”
What is “dissections” referred to?

(4) Page 4, Line 9. “In secondary generations of terminology systems, reorganisation of concepts is supported, whereas in first generation systems reorganisation has to be done manually.”
Should it be second generation terminology systems? And, what is the meaning of reorganisation of concepts? Are you trying to refer to how relationships among concepts are represented?

(5) Page 4, Para 2, “Line 2: ICD-10 primarily includes procedures in Chapter 21.” Please check if this is correct. ICD-10 Chapter XXI is Factors influencing health status and contact with health services. In US, ICD-10 PCS is used.

(6) Page 6, Para 1, Line 3. I am not sure if terminology binding is correctly explained.

See:
http://www.openehr.org/wiki/display/healthmod/Archetypes+and+Terminology

“terminology binding usually refers to the association between a data point (node) of an information or data model and the set of terms that can be used to populate that data point's value.”
The use of a PCS involves coding, which involves the structured use of clinician documentation and other clinical data contained in an individual EPR as the source for determining the appropriate code assignment within a terminology or classification.

This sentence needs rephrasing.

Thus procedures documented by different health care professionals in primary care, such as nurses and physiotherapists, need to be explored in relation to KVÅ and SNOMED CT. SNOMED CT could be of benefit in the aggregation and interpretation of epidemiological statistics when analysing data from patient records in PC, as well as in following up clinical data and in quality assurance.

This is a long sentence. Is full stop (period) needed between SNOMED-CT SNOMED-CT? What is “PC” referred to?

However, to support clinical procedure coding, a number of prerequisites such as terminology binding, shortlists of procedures and coding support in the EPR need to be fulfilled.

Does this statement derive from the findings of the study?

In the abstract: “We aimed to describe procedures documented by Swedish general practitioners in electronic patient records and to compare them to the Swedish Classification of Health Interventions (KVÅ) and SNOMED CT.”

Should this be?

“We aimed to compare the content coverage of Swedish Classification of Health Interventions (KVÅ) and SNOMED CT to code procedures documented by Swedish general practitioners in electronic patient records”

A general note: SNOMED-CT and KVÅ are described as PCS (Procedure Coding Systems). Both could be used to code procedures but they are not designed for procedure coding only

Level of interest: An article of importance in its field

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.
Declaration of competing interests:

I declare that I have no competing interests.