Reviewer's report

Title: Patient and primary care provider experience using a family health history collection, risk stratification, and clinical decision support tool: A Type 2 hybrid controlled implementation-effectiveness trial.

Version: 1 Date: 6 May 2013

Reviewer: Louise S Acheson

Reviewer's report:

Major compulsory revisions:

A. This MS has some overlap in Intro, Methods, and Results with the group’s previously-published paper in BMC (cited by the authors as Ref. 22). Yet it reports some new, unpublished information. The authors and editors should compare the language and content of this and other reports from the same group, to avoid duplication and unnecessary words.

B. The Title, Abstract and Methods say that this was a “controlled” implementation-effectiveness study, and mention a 3rd primary care clinic where MeTree was not used, stating that it provides a “concurrent control” group. Yet (I am not sure about this in regard to the baseline interviews with clinicians?) the rest of the results do not appear to include any data from control subjects nor clinicians. therefore, in this MS, mention of a controlled trial should be deleted (except possibly to say that you are reporting on a subset of results from a larger trial) and the purpose of the CURRENT analyses should be better-described (i.e., this is a report of the uptake and other process measures, and the acceptability of MeTree for clinicians and users in the two practices in which it was implemented. These analyses compared certain process and satisfaction measures according to education, age, size of pedigree, and whether the user had asked relatives about family history beforehand.).

It is not clear from this MS what data were concurrently collected from the control practice, how many subjects that practice enrolled, etc. Did that practice also use an exit questionnaire, for example? If so, how do the measured outcomes differ between this practice and the other two? If such a comparison was made, how did the analyses account for data-clustering at the practice level?

C. Results

Flow diagram (Figure 1) implies that a large proportion of the subjects had not yet reached 12 months of follow-up. Why not delete the report of 12 month results, and wait until the data are complete? It seems to me that they add little that is new. The real “meat” of the 12-month follow-up ought to be the comparison of outcomes related to health and screening, between control and
intervention participants, which are not reported in this paper.

“Ease of Use”: Readers interested in implementing MeTree or something like it would like to know how much time it took for the study staff to help people use MeTree, and how that varied by patient age. This is important for resource allocation.

Outcomes related to patient reports of discussions with clinicians during a scheduled visit:

1. Conclusions would be more interesting if a comparison were made between participants with and without MeTree. It seems that the investigators are precluding future publication of the effect of MeTree on patient-clinician discussions by reporting the data for only one group now. Perhaps the low response rate means that there is not adequate power for the planned comparison, in which case it might make sense to report this descriptive analysis here. If so, . . .

2. The article should clarify whether the low response rate for this “item” is, in fact, a low return rate for exit questionnaires, or something to do with this particular item on the survey.

3. In either case, the low response rate limits the conclusions that can be drawn from the data. It is questionable whether to report them. But certainly, this limitation should be addressed front and center in the Discussion section.

4. Self-report, even in an exit questionnaire, of clinician-patient discussions is documented to be unreliable, when compared with direct observation of the encounter. This limitation should be acknowledged as well.

D.

Statements in Discussion not substantiated by the data:

The authors and editors need to make sure that the Discussion and Conclusions represent the scientific findings of the investigators and others. Usually, unsubstantiated speculations could instead be phrased as ‘important questions for further research, suggested by the findings from this study.’

Examples: last sentence in second paragraph, page 13, regarding the likelihood that focusing on communication with family members would improve the family history obtained using MeTree.

First sentence in third paragraph, page 13, regarding MeTree improving providers’ discussions of risk-reducing recommendations. While it is possible, for example, that increasing preparatory communication with family members might help users’ FHH to be more accurate, it is also possible that this would have little effect, beyond the current method of implementation. That would be a question for future study.

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 have no competing interests.