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:** 14 May 2013

**Reviewer:** Rodolfo Valdez

**Reviewer's report:**

This manuscript examines the acceptance of a computer-based family health history collection tool in 3 community-based primary clinics (one clinic is used as control). The acceptance of this tool was assessed among patients (n=1,184) and among providers (n=14). The authors found that the tool, which generates risk stratification and a clinical decision support report for five chronic conditions, gained broad acceptance among patients and providers.

General comment (compulsory revision): the study seems to have been carefully designed and the family health history tool used seems to be fully operational. My major concern is that the authors do not cite any work supporting the evaluation of the public health use of this tool according to well-known criteria (Genetics in Medicine 2002; 4: 304-310):

- Analytical validity: how accurate and reliable is the information provided by a subject on the disease status of his/her relatives?
- Clinical validity: does the familial risk stratification provided by the tool actually predict disease?
- Clinical utility: can the knowledge of family health history promote the adoption of preventive behaviors?
- Ethical/Legal/Social issues: do the benefits or revealing a positive family history for a disease outweigh the risks of having a label indicating risk for disease?

In my opinion, the authors should include a statement clearly affirming that this tool needs evaluation according to these ACCE (or similar) criteria before its use can be recommended for primary care settings. Meanwhile, the authors should be cautious in their recommendations.

**Specific comments (minor essential revisions):**

1. The authors claim to have based their risk stratification and recommendations on evidence-based published guidelines. However, several of the references they cite (13 to 19) do not seem to be guidelines and some of these references seem dated. On the other hand, guidelines are cited but not in this context (references 3 to 6).
2. Even if the authors have based their risk algorithms and recommendations on published guidelines, it is unclear that these guidelines have based their risk assessment and recommendations solely on family health history. Is that the case?

3. The authors designed a clinic as control but data from this clinic do not appear anywhere in the manuscript (text, tables, figure).

4. A large part of the results, pages 8-12, includes percentages but the authors reveal only the numerator of these percentages. Please add the denominators for the benefit of the reader.

5. The results include a series of odds ratios but in many instances it is not clear what groups are being compared. Moreover, some of the groups are labeled older, larger pedigrees, etc. without defining them.

6. In the sub-section “Statistical Analysis” (page 7) the authors assert that all calculations were assessed at a significance level of p<0.05. It should say all of the hypotheses tests were performed at that level of significance.

7. Table 3 should include what the authors mean by routine and non-routine recommendations and provide examples of each. It will help if they add references to this classification.

**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