Author’s response to reviews

Title: Patient preferences for notification of normal laboratory test results: A Report from the ASIPS Collaborative

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Editorial Staff, BMC Family Practice:

We are pleased to submit a revision of the manuscript, "Patient preferences for notification of normal laboratory test results: A Report from the ASIPS Collaborative." We thank the reviewers for their comments, which we have addressed in this revision.

As suggested by Reviewer 1, we have modified the abstract's conclusion section, keeping the second sentence from the original. We also reworded our methods section to better describe the sampling strategy we used.

Reviewer 1 suggested we split the original "Important factors" theme into several separate themes. His comments led us to reconsider the presentation of the results. Rather than split that theme into several themes, we decided to combine it with several others and rename it "Important characteristics of notification." Within this new section we discuss all the specific themes related to how participants wanted to be notified. We believe it is more useful for us to present all the characteristics of notification together, under one main theme.

The reviewer also suggested we discuss more about the participants' demographics; including age, education, and income by zip code. We did not collect income or zip code, but we added our data on age and education data to the demographic table.

Reviewer 1’s suggestions for (1) framing the discussion in terms of tradeoffs, and (2) discussing synchronous and asynchronous communication were helpful, and we considered these comments when revising the discussion.

Reviewer 1 also stated that we should not recommend that all lab results be communicated without discussing the logistical challenges of doing so. We believe that our recommendation is a key feature for patient safety, and has been noted as such by others, including AHRQ. Thus, we kept our recommendation that all lab results be communicated to patients. We believe that our recommendation is a key feature for patient safety, and thus we do recommend all lab results be communicated to patients. The logistical challenges of this communication process are well described elsewhere, and do not lessen the importance of this communication for patient safety.

Reviewer 2 commented extensively on our use of the term intercoder reliability, stating that applying a score to this construct is not consistent with qualitative inquiry assumptions. He suggests that using this term places undue emphasis on achieving consensus among coders. We have kept the term intercoder reliability, which is the level of agreement or correspondence between two or more coders' assessments. Achieving an acceptable level of intercoder reliability is important 1) to provide basic validation of coding scheme; and 2) for the practical advantage of using multiple coders. We added text to this section to clarify.

Reviewer 2 also questioned the presentation of results as a single group, asking about other ways that the participants might have been different. We acknowledge that participants may have been different in other
ways, but the sample is not large enough to discern these differences. As noted above, however, we now present more demographic information, as the other reviewer suggested in table 1.

Thank you for considering this version of our manuscript.

Sincerely,
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