Reviewer’s report

Title: Development of a Prototype Clinical Decision Support Tool for Osteoporosis Disease Management: A Qualitative Study of Focus Groups

Version: 1 Date: 21 June 2010

Reviewer: Courtney Kennedy

Reviewer’s report:

Minor Essential Revisions:

1) pg. 2 and 3 – the numbers (under 10) should be spelled out I believe.

2) Pg 3, abstract (under results) would use semicolons for more clarity that these are distinct points.

3) Pg 3/4, References in the Background section seem out-dated, and too many are web-sites. Not sure where the 32.5 billion estimate off the OC website is from (it was last accessed in 2007), should find an actual publication based on.

4) Pg 4 – 2nd paragraph, “Findings indicated that few …” awkward sentence, suggest re-wordings.

5) Pg 4 – last sentence 2nd paragraph, who was the multi-component intervention carried out on (physicians?)

6) Pg 5 – the description of the 3 components is wordy and could be made more clear and concise.

7) Methods – were there any incentives offered for participating – mainpro credits, financial, etc.?

8) Pg 8, Results section 1st paragraph, 1/3 is not a “small proportion”.

9) Pg 10 – Under Theme 5, add sentence that linke relevance of this theme to CDSS (you discuss relevance in discussion on Pg 18).

10) Pg 13, two typos under 1st paragraph – possible “damage” and participants “were”.

11) Table 1 – there is a star in the title – which doesn’t make sense – it should probably be starred under the row with CPOE and EMR.

12) Also pertaining to comment in #11 – there is an inconsistency as it says EMR in the row, and EHR in the table footnote.

13) Figure 2 – There is mention of t-score in the Risk Assessment Questionnaire Summary provided to the physicians – where will this come from, as in the paper you discuss how it’s infeasible for either patient, nursing or admin staff to enter.
this information

14) avoid short forms like RAQ and COPE, if possible (just spell it out), was confusing, particularly since they are not standard terms

15) the interview guide should be included as an Appendix - there is also no mention of the interview guide was developed, based on what etc.? 

16) under data collection and analysis, there are other point of care tools used for other disease groups, should acknowledge any other studies on this - furthermore, under results, it is not mentioned if prior exposure to other point of care tools was assessed, as many physicians may have used for diabetes, high cholesterol etc.

17) even though someone actually said this, under results, the quote on patients lying is not very positive or appropriate, recommend using another quote here 

18) the paragraph just above next steps in the conclusion, seems more appropriate in the methods section 

19) what was the funding source - what paid for the focus groups - this should be spelled out?

Major Essential Revisions:

1) A) Methods: There is very little description of the recruitment process – yet in the discussion it is mentioned under limitations i.e. problems with recruitment and a change in strategy. This needs to be outlined clearly and transparently in the methods section.

2) In the methods or results section, it is required to mention how many people were actually approached, how many declined etc..

3) Methods section - it needs to better described how it was determined that physicians involved in the care of patients with osteoporosis were selected - was this an assumption or was some other method used to determine this such as billing codes?

Discretionary Revisions:

1) There is very little discussion of the actual risk assessment tool etc. that constitutes the components. It should be given a couple of sentences at least, or make reference if you have another paper where you discuss the tool development more and how and why various questions and risk assessment items were included. Also, how does yours fit in light of the other tools that are out there, CAROC in Canada, and FRAX. Presumably the 10-year graph referred to a couple of times is from the CAROC model (Canadian Association of Radiologists and Osteoporosis Canada, denoted as CAROC)?

There are new Canadian guidelines currently being reviewed and will be out shortly – so there should be some consideration of the consistency with these.
2) last paragraph before methods is where it first comes up - it may not just be a sheet given to patients at end of "physician visit" as there are many practices where a nurse practitioner or other health care professional could be interacting with the patient, instead of just the physician

**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:**

PRIOR CONSULTATIONS/ADVISORY BOARDS/UNRESTRICTED GRANTS

I am or have been a consultant or on a speaker's bureau for the following:
Amgen, Aventis Pharma, Eli Lilly, Merck Frosst Canada, Novartis, Procter & Gamble Pharmaceuticals, Servier, Wyeth-Ayerst

I have conducted clinical trials for:
Eli Lilly, Merck Frosst, Novartis, Procter & Gamble, Sanofi-Aventis

I have received unrestricted grants:
Amgen, Eli Lilly, Merck Frosst, Procter & Gamble, Sanofi-Aventis

Miscellaneous:
Government - Ontario Ministry of Health and Long Term Care