Reviewer's report

Title: Prescriber and staff perceptions of an electronic prescribing system in primary care: A qualitative assessment

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Reviewer: Jos Aarts

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Compared to the number of studies in hospitals electronic prescribing has not yet been widely researched in primary care. The authors are therefore to be commended that they conduct an in-depth research of implementing e-prescribing in primary care. The authors collected through focus groups rich data on the different phases of e-prescribing in practice and analyzed prescriber and staff perceptions. I am therefore a bit disappointed that the authors emphasized an overall favorable impression. From a scientific point of view such a conclusion is not very interesting. It would be much more interesting if the researchers had for example found shifts in workflow and how these impacted prescribing practices. The authors do report a shift of the burden of implementation to the staff and an apparently enhanced role for them, but don’t elaborate on that. The authors address the intent to implement decision support to generate reminders and alerts and report that physicians might find them useful. They also report that physicians are aware of their potential unintended consequences, but no background how that they became aware of them and how they would respond. I am afraid that such observations are meaningless, because the remarks are in a way rather speculative. Research shows that alerting in hospitals has not been adequately resolved given the high number of overrides. The study might have been more interesting if important subtleties of implementation process would have come to the light and if those subtleties could have been analyzed in the perspective of other studies. In this respect I would like to point to of a process evaluation of the feasibility and acceptance of computerized information system with automated reminders for prescribing in primary care in the Netherlands [1]. It showed a number of problems that need to be addressed before wide-scale implementation could be facilitated.

I will now briefly go over a number of themes that the authors developed from grounded theory.

Theme 1: Why are expectations of the forthcoming implementation of sophisticated CDS part of this theme? The remarks are in a way quite meaningless, because nothing can yet said about the context in which an alert will be generated. The second observation about viewing makes much more sense.

Theme 2: The second remark about switching patients seems to be quite important. It begs the question how physician handle multiple patients at the same time. Also I got curious whether changing of prescriptions by patients is a
Themes 3, 4 and 6 seem to me self-evident and do not raise concerns. Theme 5 however begs the questions how workflow is changing, to what extent the workload has been shifted and whether the shift has endured after implementation, or that everything returned to the old situation (except for using the computer system).

I think that grounded theory is a valuable approach, but a-priori theorizing how e-prescribing might impact primary care practices seems to me important in order to interpret the perceptions of prescribers and staff and identify issues that cannot surface by the current research method adopted. I believe that the authors have collected interesting and rich data, but that the theoretical underpinnings are too thin to present an interesting discussion of the findings and make sensible conclusions. I therefore advise that the authors revise the paper to include a theoretical framework that would help to interpret their findings and present conclusions that could be relevant in a scholarly study.

Reference


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.