Author's response to reviews

Title: Healthcare Provider Attitudes Towards the Problem List in an Electronic Health Record: A Mixed-Methods Qualitative Study

Authors:

Casey Holmes (cholmes6@gmail.com)
Michael Brown (mbrown@uhs.harvard.edu)
Adam Wright (awright5@partners.org)
Daniel St. Hilaire (dsthilaire@partners.org)

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Author's response to reviews: see over
Dear Drs Hanauer and Galanter:

Thank you for the continued feedback on our paper, “Healthcare Provider Attitudes Towards the Problem List in an Electronic health Record: A Mixed-Methods Qualitative Study.” We have revised the paper in accordance with reviewer recommendations. Our point-by-point response to your review is included below. We feel confident that the revisions have addressed all concerns and appreciate your further consideration of our manuscript.

Best Wishes,
Casey Holmes

Bill L. Galanter Comments

Reviewer: Bill L Galanter

This is a f/u review after author responses.

I appreciate the effort of the authors in considering the concerns of the reviewers. Overall I am satisfied with the responses, with the exception of the following issues;

Page #15, P1. “Of the thirteen vignettes with a yes or no response, ten had a clinically meaningful majority answer (more than 75% of respondents selected one answer).”

a) I am not sure what a “clinically meaningful majority” means as this is not a clinical tool, but rather a survey. Typically clinically meaningful means roughly a consensus that would mean something clinically to patients, whether statistically significant or not. I do not know how this applies to this survey tool.

The phrase clinically meaningful majority has been removed from the paper as it no longer applies given changes that are described in more detail below.

b) I think that the main question is whether or not there was a consensus answer. This would typically be answered by making the null hypothesis; the # of yes’s and no’s are equal, and then testing it. Using a 75% of respondent’s criteria is a sample size dependent criteria. If the # of yes’s and # of no’s are equal, I am not sure why time should be spent trying to explain a difference or reporting a
difference when no difference exists?

Example Question 3: Surgeries Answers
Yes=73.5%, No=26.5%
According to the arbitrary 75/25 rule, there was no majority. According to basic statistics, 73.5 > 26.5 (p= 0.0001), Yes is statistically more common than no.

The text on page “According to the survey responses, a strong majority of practitioners answered for the family history (Question #1, Yes: 76%) and surgeries (Question #3, Yes: 73%) to be included on the problem list.”

So despite arbitrarily picking 75% as the majority rule, the authors understood the likely statistical significance of 73.5% and chose to call if a strong majority even though it did not meet the preselected criteria?

I think that if the quantitative part of a qualitative/quantitative study is more rigorous, it is more likely to be believed

Thank you for the thoughtful response. We spent time reviewing the majority measure and made two significant corrections to the analysis.

First, in further investigation of the majority measure, we were not actually describing its calculation correctly. Like the completeness measure, the majority measure is an aggregate measure for each respondent based on the number of times they “voted” with the plurality. Specifically, respondents received a 1 if they had selected a response that the plurality of respondents choose and 0 if they choose any other response. The definition of the majority measure was corrected in the paper (page 13) and the majority measure is now more accurately titled the ‘plurality measure’ to take into account questions with more than two options for response and no majority greater than 50% was reached. Therefore in review of the measure, the item pertaining to the 75% or greater was not actually relevant.

It was noticed that in the original calculations of the now plurality measure, the response to question #4 was inaccurately included. This is the only question that received an even response and no plurality existed. This calculation was corrected. Tables 3 and 6 were updated with the corrected calculations and the relevant text in the paper was also corrected (page 21 and 22).

Second, the descriptive paragraphs about the character of the responses to the questions on page 15 were also updated to analyze the responses based on statistical significance rather than the 75% or greater marker. There is no longer any reference to the 75% majority marker in the paper.
David Hanauer Comments

Reviewer: David Hanauer

Reviewer's report:

The authors have addressed all of the issues and the paper is definitely improved in my opinion.

Minor Essential Revisions:

[1]*Page 6: "Specifically, as part of the menu set meaningful use measures"
   --> Change it to 'menu set of'
Corrected

[2]* Page 8: "such as clinical work experience, specialist, and age..."
   --> Change 'specialist' to 'specialty'
Corrected

[3]* 'Data' is a plural word. So please look for places that it is use incorrectly such as:

   1) "This data indicates that" --> "These data indicate that"
   2) "this data is not strong" --> "these data are not strong"
All phrases are corrected

[4]* Page 26: "Finally, this research gave insight into how restrictive a problem list policy should be towards allowing the additional of a broad range of problem types."

I think it should state, "allowing the addition of a broad range..."
Corrected

Discretionary Revisions:

[5]* Consider makes "health information exchange" plural, as in "health information exchanges"
Corrected

[6]* You can probably round the percentages to the nearest tenth (or even the nearest whole percentage). Keeping the percentages rounded to the nearest hundredth has no real meaning in this setting. Such precision isn't necessary. Corrected tables 3, 5, & 6 to round all percentages to the nearest tenth.