Reviewer's report

**Title:** arriba-lib : Uptake of an electronic library of decision aids and its association with decision making in primary care physicians

**Version:** 1 **Date:** 26 September 2011

**Reviewer:** Jill Thistlethwaite

**Reviewer's report:**

Thank you for this interesting paper on the important topic of decision aids for shared decision making. The question and design of the research were ambitious. I think that the paper needs to add more clarification about the methodology and data before publication.

**Major compulsory revisions:**

The introduction states quite rightly that there is not a lot of literature on patients’ and doctors’ attitudes to using decision aids. The research in this paper focuses on the physician uptake rather than the patients. While I think you did to some extent answer the first part of your research question (evaluate uptake), I do not think you addressed the association of this uptake to decision making. Only the doctors were asked if decisions had been shared or not - and this opinion was not correlated with any patient opinion or outcome. Was any management plan decided in the consultation adhered to by the patient afterwards? This is a good measure of how well the decision had been shared and concordance achieved within the consultation.

In the results you mention that patients were phoned two months after the consultation - this is data gathering and therefore should be included in the method. In fact no results of this data collection are given so we know nothing about the patient response. I am not sure why this sentence was included without further data and analysis.

While I understand that the qualitative data will be discussed in more depth in another paper, I do think that there are concerns about including some of this here with minimal explanation. By mentioning the focus groups you do need to give more details about how the questions were constructed and what sort of analysis was undertaken.

In Germany what would be the length of an average consultation in general practice? On average, how much longer did they become with the use of the decision aids? This is important because as you say a major barrier to uptake is the concern about consultation length.

You only mention in passing the training of doctors to use this system. Training is important but adds extra time. Please comment further on how this is/might be done and whether this was of benefit to the doctors.
In the discussion you include new information that does not arise from your data - ie concerns about the comprehensiveness of the decision aids and whether they are up-to-date. Was this a concern of your doctors and how do you keep your programme up-to-date?

Patient values are a major influence on decisions - how does the programme incorporate values and evidence to help patients choose between options?

Another paper on GP registrars' opinions about decision aids also adds to the field and again shows doctors are broadly supportive but may not use the DAs in consultations: Thistlethwaite JE, Heal C, Nan Tie R, Evans R. Shared decision making between registrars and patients. Web based decision aids. Australian Family Physician 2007; 36: 537-540.

Minor essential revisions
The English is patchy in places; on p5:For example, only half of the family physicians who indicated that they will use the presented decision aid on hormone replacement therapy actually used it in their clinical practice.
Will should be would in this sentence.

**Level of interest:** An article whose findings are important to those with closely related research interests

**Quality of written English:** Needs some language corrections before being published

**Statistical review:** Yes, but I do not feel adequately qualified to assess the statistics.

**Declaration of competing interests:**
I declare that I have no competing interests.