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: 20 December 2011

Reviewer: Nananda F. Col

Reviewer's report:

General Comments: This is a very interesting paper that should be of interest to many people interested in the fields of shared decision making and decision support. Parts of the manuscript were difficult to understand, presumably because of language translation. I would suggest that the sections describing the physician focus groups be omitted entirely because insufficient detail on either the methods used or their findings were presented, and mention is made about this data being published elsewhere. The manuscript would benefit from reorganization and tightening of the language. Specific suggestions to improve clarity are included below.

Major Compulsory Revisions

abstract: It is unclear what the phrase "its association to decision making in primary care" means in the following sentence: "The aim of our study was to evaluate the acceptance of arriba-lib and its association to decision making in primary care" More specificity in the objective would be helpful. A main focus of the paper seemed to be on acceptability of decision aids in terms of physician time, and this does not come across clearly in either the title or the abstract.

p. 2 Methods--this sentence is confusing: "how detailed steps of the shared decision making process were discussed,...". Perhaps 'detailed' should be replaced by 'specific'?

p. 4: This sentence is confusing: Decision aids should not substitute personal counseling because uncertain patients would then be left alone [3].

p This sentence is confusing: Decision aids should be interactive so that individual risk data can be entered and the effects of certain treatments can immediately be seen. The potential benefits of this type of interactivity is as implied (but could be more clearly stated), but the downside is that it takes time to enter data, there is the possibility of inaccurate data entry and thus inaccurate risk projections, that the risk that patients may not understand these risks, etc. I do not think it is as simple as is implied.

p 6. This sentence is very confusing: Our study corresponds to Phase II of the model for complex interventions by the British Medical Research Council.

This sentence should be reworded to improve clarity: In our programme, this process comprises the following successive steps: definition of the problem, discussion of the individual risk, discussion of treatment options, deliberation,
and plan for future actions where “no treatment” is also a possible choice.

p 6-7 use of the term 'smiley' --this is not the usual term for these types of charts.

p. 7 This sentence is unclear: Risk reducing effects can be demonstrated after choosing between evidence-based treatment options.

p. 7--omit this: Detailed results of these analyses will be presented separately.

p.7: Please give more detail on this: The participating physicians received a personal introduction into the programme and the philosophy of shared decision making by seminars, outreach visits, and a brochure explaining details of the programme. For example, how was this done, low long did it take, who did it, how many visits, what was participation like, how long was the brochure, how did docs respond to it?

p.8 Questions about using a four point scale (“not at all”, “hardly”, “detailed”, “very detailed”). This scale seems to be missing the middle point between hardly and detailed. (“unacceptably extended”, “acceptably extended”, “neither nor”, “shortened”. I find these terms a bit problematic--how long is acceptably extended? how long is unacceptably extended?

p. 9. I would suggest you delete section: "qualitative approach" here and elsewhere in the manuscript. Not enough information is given to be able to determine how data were analyzed, nor what the findings were. If you choose not to delete it, then please add much more detail on the methods and please provide findings from these groups.

p. 9. I am puzzled by this statement: Due to the exploratory nature of our evaluation study, we decided not to adjust for multiple testing. This has to be considered when interpreting the results [34]. Why not simply do the adjustment? If not, can you report how many subgroups you examined to help the reader assess the magnitude of the potential error involved?

p.13. How were analyses performed? Who did the coding, 1 person or 2, etc? However, rather than go into this detail, I think better to completely delete the qualitative section. See comment above.

Ditto for this sentence: Initial analysis classified the data into two major categories.... The detailed findings are published explicitly elsewhere. [ref?] Maybe not include this section at all.

p. 13. It is not clear how the following conclusion is related to the data presented. Maybe the results section is not the best place to put this sentence?

our results suggest that such complex decision aids on the basis of shared decision making (SDM) need to be offered as an integral part of the communication and counselling process in order to be used most effectively.

p. 14: This is an awkward sentence: The subjective duration of consultations was independent from how detailed the steps of the SDM process were discussed, in 8.9% of consultations physicians said they were unacceptably extended.
p. 14, 2nd paragraph: no need to reiterate the main findings in the discussion section.

p. 14. Not sure what this sentence means: no consistent consecutive patient recruitment was done by the participating physicians.

p. 15. There seems to be a threshold in physicians’ perceptions of how a decision can be reached. Threshold for what?

p. 15 This seems to be an important finding--present this in results and methods (how interactions are monitored): We found discrepancies between these subjective appraisals of the detailedness of shared decision making steps and log data which represents user interactions with our electronic library of decision aids.

This piece (after being edited for clarity) belongs in the methods section, not the discussion section: It was possible to record the time that was spent with a certain option within the modules (e.g. smileys) and we were therefore able to calculate the proportion of consultation time spent with specific features [40].

This section belongs in 'results' section: In the cardiovascular prevention module,

35 of 122 consultations (28.7%) spent 100% of consultation time in the history part of the programme which includes risk presentation. These consultations were shorter than average. In the other modules with weigh scales, 15 of 62 consultations (24.2%) spent 100% of consultation time in the history part; 11 of these consultations used the oral antidiabetics module. Again, these consultations were shorter than average. In contrast to this, all of the physicians indicated in their subjective appraisals of the detailedness of shared decision making steps that therapeutic options were discussed. Obviously, in these consultations physicians discussed therapeutic options with their patients without using the respective modules which points to a reduced fidelity in this point [5].

p. 17: first paragraph: very nice review (content-wise), but some of the language is hard to follow (may be a translation issue). What does 'emerging prompts' mean? McDermott et al. found that the emerging prompts were more likely to be accepted when physicians considered them to offer support and choice.

p. 18: emerging means what in this sentence? Emerging topics

Figures: could English translations be provided?

In response to the specific queries posed:

When assessing the work, please consider the following points:

1. Is the question posed by the authors well defined?
The question could be more clearly defined.

2. Are the methods appropriate and well described?
The qualitative section is not well described and is best deleted.

3. Are the data sound?

The scales used as outcomes are somewhat problematic, though some of the problem may stem from translation into English.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?

Yes

5. Are the discussion and conclusions well balanced and adequately supported by the data?

There is room for improvement and reorganization.

6. Are limitations of the work clearly stated?

Many limitations are pointed out, but others could be mentioned, such as the low participation and lack of correspondence between physician reported outcomes and monitoring of decision aid use.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?

Yes

8. Do the title and abstract accurately convey what has been found?

Not entirely, though this may be due to a translation problem.

9. Is the writing acceptable?

There is much room for improvement. Certain words that are used appear to have different meanings than intended--especially 'detailed' (perhaps they mean specific?) and 'emerging', though there were several places that I found confusing and could not infer the author’s intended meaning.