Reviewer's report

**Title:** arriba-lib: Uptake of an electronic library of decision aids in primary care physicians

**Version:** 2  **Date:** 22 April 2012

**Reviewer:** Nananda F. Col

**Reviewer's report:**

The revised manuscript is much improved. The authors are generally responsive to previous reviews. Unfortunately, some of their changes led to other issues that need to be fixed. The writing is improved but is still a bit rough and patchy. The review of previous and related literature is excellent and thoughtful. Their findings are interesting and would be valuable to publish. My main concerns are editorial in nature--the manner of presentation of their findings and the link between their findings and conclusions could be improved (especially now that the qualitative section has been removed). Study limitations should be expanded and restructured, and the title and conclusions should be adjusted given that the qualitative findings have been removed (weakening the link between study findings and stated conclusions).

**Minor essential revisions**

Conclusion doesn’t follow from study findings. 'Our electronic library of decision aids (arriba-lib) had satisfactorily been adopted by primary care physicians. A flexible way of delivering decision aids, tailored to the individual patient and setting, is of importance.' The findings presented do not shown that MDs are satisfied nor that they request flexible way of delivering DAs. Try to make the conclusions more directly tied to study findings reported.

Re: “Decision aids should also be interactive so that individual risk data can be entered and the effects of certain treatments can immediately be seen. Potential sources of error (e.g. inaccurate data entry, comprehension errors) should be kept to a minimum. Pros and cons can, for example, be discussed by using weigh scales to ensure the enorporation of patients’ values [4]. The successful implementation of decision aids in clinical practice first depends on how clinicians perceive them”. This section is rough and not clearly supported by evidence. Maybe replacing 'should' with 'could' would help, and removing the word first, as some might argue that acceptance by patients is the first thing needed. Else add references to support these assertions.

Wording suggestion: 'Forty-five patients did not enter the study' could be stated as '...were excluded from participation because…'

p.9 The scale (four point scale ("not at all", "hardly", "detailed", "very detailed")) is problematic. The most common choice would presumably fall between hardly and detailed--generally or broadly. Recognizing that it is too late to fix this,
perhaps mention this as a study limitation.

'Due to the exploratory nature of our evaluation study, we decided not to adjust for multiple testing.' I would omit this (see comment below) and just keep the sentence in the discussion at the top of p 15 (also removing the redundant sentence in the following paragraph).

15 'It is likely that no consistent consecutive patient recruitment was done by the participating physicians.' Wording could be improved.

p.18 '... found that the emerging prompts regarding guideline adherence were more likely to be accepted when physicians considered them to offer support and choice. Please define what you mean by emerging prompts. This term is unclear to me. Do you mean physician reminders?

p.18 The newly added sentence "Nevertheless, some physicians in our study..." seems to present findings. If this is the case, this should be moved to the results section.

p. 19. 'physicians report wrong interpretations..' perhaps 'incorrect" should replace 'wrong'?

p. 19. Conclusions. Did this study really show satisfactory adoption? Acceptable time frame? Only 32% of eligible physicians actively participated, no data is presented on whether they used the decision aids after the trial was ended, or even how long the trial lasted. The study is stated as being preliminary in nature, yet the conclusions are quite strongly stated. I would reframe and tone down the conclusions.

p.15. More discussion of limitations of the study should be included in this paragraph. Lack of a control group is far more important than not recruiting all consecutive patients and should be listed first. Also, the highly selected physician sample should be mentioned.

The question of dealing with multiple comparisons is a bit more confusing. Now the authors say they won't adjust for this, but then they include an adjustment and present adjusted findings. It might be better to not mention that they will not adjust for this in the methods section, and simply include the first sentence on p 15 that reports the # of comparisons and what the corrected p value for significance should be. And not make further mention of this.

**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**: No, the manuscript does not need to be seen by a statistician.
Declaration of competing interests:

'I am involved with several shared decision making initiatives but none that compete with the described decision aids. Thus I declare that I have no competing interests'.