Author's response to reviews

Title: Recommended practices for computerized clinical decision support and knowledge management in community settings: A qualitative study

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Dear Editor:

We are resubmitting our manuscript titled “Recommended Practices for Clinical Decision Support and Knowledge Management in Community Settings: A Qualitative Study” for consideration for publication as a Research Article in BMC Informatics and Decision Making. Our responses to suggestions from the reviewers are outlined below.

Andrew Georgiou’s requests

This reviewer had no requests. We appreciate his comments that we have dealt with prior reviewers’ suggestions and “the paper reads well and I believe makes a valuable contribution to the discipline.”

Niels Peek’s requests

We very much appreciate the comment that “this may be compulsory reading material for anyone in the field.” We also appreciate his suggestions, which will help us in further polishing the paper.

Although this reviewer does not specifically ask us to revise the paper in response to his concern that we only visited successful sites and did not include unsuccessful sites in our sample, we would like to further explain our logic. There really are no places that are completely successful and those noted for success are very willing to discuss what has gone wrong for them. Once they have overcome adversity, they proudly talk about how they overcame it. They have analyzed past problems and, since they have thought deeply about them, they can speak knowledgably about both barriers and facilitators. As we note in the methods section, we view our subjects as teachers, so the more knowledge they have the better. We noted in the limitations section that our sites are not typical. We have now added a sentence on p. 45 to amplify this point: “We did not study sites without EHRs, so our sites are not representative of the majority of hospitals and clinics in the U.S.”

The other general concern expressed by this reviewer is that the paper covers too much territory and could be split into more than one paper. While this would be possible, we think there is great value in the paper’s inclusiveness.
We believe a paper that describes a comprehensive view of CDS is what is needed in the research literature and this paper therefore fills this gap.

Major compulsory revisions requested:

1. Address the items in the COREQ checklist to strengthen the methods section: This checklist is an excellent guide for reporting qualitative work and we have revisited it to assure that each item is addressed in this paper. We have expanded on the nature of our multidisciplinary research team and reflexivity on p. 11 to provide more detail about the investigators. In addition, we have provided more information about triangulation and the questions asked in interviews to augment the data collection section on pages 9 and 10.

2. List the limitations of our site selection in the discussion section: we have done so on p. 45.

3. Explain how the essential roles for people involved with CDS were identified: On p. 32, we added information in the description of this theme that notes that these were the roles that subjects told us are essential. We asked each interviewee what role he or she played in CDS and also asked each person about other key roles.

Minor essential revisions requested:

4. Explain how we dealt with possible conflicts of interest if any of our expert panel members represented vendor organizations that sold products to our study sites: One expert panel member had worked for two different EHR vendors used by our study sites. In his long career, he has worked for several EHR vendors, which is why he is such an expert. Individuals who worked for three different CDS content vendors were present as well. Several other experts now in academia had worked for vendors in the past. We asked all of these individuals to share their broad views of the marketplace with us, and in fact, they made it clear that they were not speaking on behalf of their employers, but of industry as a whole. The panel discussions were protected in that we had IRB approval for them and promised confidentiality to participants.

Discretionary revisions requested:

5. Write out what LMR is the abbreviation of: We have done this on p. 8.
6. Clarify the meaning of “effectiveness” on p. 18: By “effectiveness,” we meant “usefulness,” so we have now substituted the term “usefulness” for clarity.

7. Consider reducing the number and length of quotes such as that on p. 31: We have reduced the length of quotes on pages 25, 31, and 33. We have not reduced the number of quotes because we have already carefully selected each one to illustrate individual points.

In summary, we have made all of the revisions requested by this reviewer and we look forward to your notifying us of the paper’s acceptance.

Sincerely,

Joan S. Ash, Ph.D., M.B.A., M.L.S.

Professor and Vice-Chair