Reviewer's report

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

Version: 2 Date: 17 November 2011

Reviewer: Niels Peek

Reviewer's report:

The manuscript of Ash et al. has considerably improved from the modifications and extended descriptions that have been added to the manuscript. Many issues that were previously unclear are now sufficiently clarified. A number of very interesting issues, such as the meaning of CDS, are explored in more depth. In my opinion, this may be compulsory reading material for anyone in the field.

At the downside, I think that the work still suffers from a lack of focus and addresses to many different areas that are related to CDS implementation for a single scientific paper. Therefore the authors should consider splitting the paper into two separate papers.

Another point of concern remains the methodology by which the results were obtained. For instance, as is mentioned on p. 7 of the manuscript, sites were selected with reputations for using clinical information systems, including CPOE and CDS, well. Although this line of reasoning is understandable, it is questionable whether these sites can provide us with all the necessary and sufficient information to distinguish between what works and what does not. There is a serious risk that essential information to answer this question was not found in this study because the large majority of sites that still not have successfully implemented clinical information systems were not visited. It is like performing a clinical study concerning the effects of a therapeutic intervention where only the patients had benefit from the therapy are included.

Major compulsory revisions

The description of the Methods should be improved by systematically addressing the items of the COREQ checklist (Tong et al., Int J Qual Health Care 2007;19(6):349–57, Table 1).

Methodological weaknesses such as the one described above should be addressed under "Limitations" in the discussion section, and their potential implications for the study results should be discussed.

Which method was used to identify essential roles for CDS? The list is rather long. How was it decided that these roles are essential, and other are not? Which roles were considered in the first place? How were roles assigned to people observed and interviewed?
Minor essential revisions

On p. 11 it is written that the expert panel contained representatives of CDS content vendors and EHR vendors. Were these vendors of the systems used at the sites investigated? If so, how was this issue dealt with?

Discretionary revisions

Please introduce the abbreviation "LMR" (p. 8).

Please clarify what is meant with "effectiveness" on p. 18 (Location of encounter). Perhaps another term is more appropriate?

Consider to reduce the amount and length of quotes (e.g. the quote on p. 31), to reduce the size of the manuscript.

Level of interest: An article of outstanding merit and interest in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests.