Reviewer’s report

Title: Implementation of Automated Reporting of Estimated Glomerular Filtration Rate among Veterans Affairs Laboratories: a retrospective study

Version: 1 Date: 25 April 2012

Reviewer: Arsh Jain

Reviewer’s report:

ABSTRACT
“To date, the implementation of automated eGFR reporting across VHA laboratories is not known.”
Somewhat confusing. Timing and factors associated with each center adopting eGFR reporting.

BACKGROUND
Somewhat verbose. I’m not sure you need to provide a long rationale for eGFR reporting. A few sentences would suffice.

I would suggest that you focus on:
“To enhance detection and management of CKD, the VHA adopted system-wide automated eGFR reporting by providing a software patch for existing laboratory IT systems in 2004. In that year, the VHA mandated installation of the eGFR reporting software patch across all VHA laboratories, but software patch implementation was left to the discretion of individual laboratories.”

For the non-VHA reader, explain the software patch. What is installation versus implementation?
How does the VHAs implementation differ from other organizations/jurisdictions?

“This study examines the extent of implementation of automated eGFR reporting across the VHA.”
I think it is the number of and timing at centers that you are interested in. Not sure this was clear.

METHODS:

Table 1. This is a very interesting conceptual model. Are all of the elements listed relevant to “eGFR reporting”? For example; how, on the causal pathway, would the presence of a dialysis unit affect the implementation? How would this be
Can all of them be assessed accurately? For example how does the CPOS-COS survey question “resistance from providers” have any relation to eGFR reporting? Was this question asked specifically about eGFR reporting? Or the “use of clinical champions”; are we sure that there was a “clinical champion” for eGFR reporting?

You’ve described all of these variables in both the text and the table. Is it necessary to have this in both places? Does not add to the clarity of the manuscript.

ANALYSIS:
Any benefit to trying a multivariate model? Consider time to implementation as outcome; while adjusting for these other variables to see what variables, if any, come out as significant?

RESULTS:
“By the end of the study period, 5 of the 92 facilities that initiated the software did not attain full implementation”

Could there be a rationale for not attaining full implementation? For example, some physicians would argue that eGFR is not appropriate in the inpatient setting because of high prevalence of AKI where MDRD is not relevant.

There were many analyses performed. Is it surprising that one came out positive? Is it just chance or some un-measured confounder that resulted in no dialysis units in the non-implement group?

FIGURES

FIGURE 1
Unusual x-axis. Why were these specific time points chosen?
Incompletely defined y-axis (?number of centers)
Instead of a bar graph, would a line graph be more appropriate. Show growth over time.

FIGURE 2
This figure is probably not needed. Does not add clarity to manuscript. Add in text format.

DISCUSSION
“This potential delay in diagnoses could be associated with disparate health outcomes between veterans who receive care at eGFR reporting facilities and those who do not.”

Consider mentioning the increased mortality of late nephrology referral.
Can you give a better explanation of why implementation eGFR reporting would be impacted whether or not a centre has a dialysis facility?

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

**Quality of written English:** Acceptable

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