Reviewer's report

Title: Web 2.0 applications enhance personalized access to healthcare professionals - an intervention study.

Version: 3 Date: 17 May 2011

Reviewer: Sebastian Garde

Reviewer's report:

This paper describes the implementation, use of an "Online Patient Book" for communication between health care providers (HCPs) and prostate cancer patients as well as the patients with each other.

I believe that such systems can be an important part in delivering efficient and effective health care.

And generally speaking, this system seems to be a "success" from a patient's perspective, however the reader is left alone in concluding exactly how successful this application is overall.

Whether a success or not, more importantly, the paper would benefit greatly from more systematically deriving, listing and describing your lessons learnt - and I believe you do have very important lessons to tell.

Having said this, I have a couple of issues that I would ask the authors to address:

Major issues:

- English language: I had difficulty understanding parts of this paper as the use of the English language is rather poor at times. I suggest getting this paper revised with the help of a native English speaker.

- Various views are important: The success of the system is demonstrated only from the patient's perspective. However - even if this is the focus of this paper - I believe that it is important to get at least an impression of other perspectives such as the HCP's view, the hospital's view, etc. Is there extra time required by HCPs? How satisfied are HCPs about this system? There (at least) two sides of the coin: patient and health professional.

- Shorten the paper: The paper is very lengthy at times. There are sometimes whole paragraphs or even pages that don't seem to contribute a lot to the paper's aim. I suggest significantly shortening and streamlining these parts of the paper, especially introduction, results, discussion, and conclusion. Have you considered presenting some of the main statements for each of the seven themes in a table? A couple of suggestions as to what could be shortened are listed as part of the discretionary issues.

- Back up by quantitative data: A qualitative study like yours is valuable, but the paper's impact would be improved a lot if simple quantitative data would be made
available such as the overall satisfaction with the system from both the patients and HCP's perspective or the time required by HCPs to communicate with patients before and after, etc. On page 23, you postulate "reduced resource consumption", however if this is really true remains to be seen (and even if so it could be very hard to demonstrate)

- The introduction could be improved by emphasizing some general problems such as unsatisfactory patient-HCP and patient-patient relationships and backing up with literature and what part your research plays in solving these problems.
- Research aim: With regard to your aim (Page 4) to "evaluate the effects of the Web 2.0 applications", it would make sense to list the effects that you experienced in a more systematic way as well as "how dialogue based web applications can improve the communication quality", i.e. what are potential factors for success? I believe the paper would profit from analysing the Factors for success of an "Online patient book" such as yours more systematically. You repeatedly mention one very important one (24 hr response time), but others could be postulated as well. This also includes political circumstances (e.g. How are such consultations being paid in the Danish system?, What is the incentive for doctors to sit down and answer these questions?, What if wrong or misleading advice is being given? Do potential legal implications scare HCPs (or their organisations) away from using these systems or if so, what was done to ensure that this is not the case.
- Hermeneutical interpretation of meaning: This reviewer would have expected a more systematically derived "themes". Your seven themes make sense, but there is no indication, e.g. how strong these themes are, how in a bit more detail, they were extracted from the raw data or how exemplary the quotations from the raw data really are. Especially in the absence of any quantitative data this is even more important.

Minor issues:

- Abstract: "The qualitative effect of the health informatics system was generated using internetbased interviews." Generated?
- Abstract conclusion: "It is concluded that using Web 2.0 technologies the Internet offers future health informatics tools, which support accessibility of the healthcare professionals." Hard to understand - what is it really that you want to say?
- Page 7: "both as separated answers, meaning parts, and as one whole text." Please explain more. Are these two (both) or three different handlings of the users' evaluations?
- Page 7: The listing of the 7 themes would belong to the Results section rather than the Analysis?
- Page 19: "However, it is intended that future study will explore whether quantitative effects are also present." Sure, but some quantitative data (and/or a more systematically presentation of the qualitative data) would be valuable now.

Discretionary Revisions
This reviewer believes that the use of the Web 2.0 buzz word should not be over-emphasised in this paper. Sure, you can call it Web 2.0 or "social media", but what is a lot more important is to systematically extract the factors that make such a system a success (or failure).

Page 6: "A year after the noted day of discharged the patient users are automatically informed that they need to contact their private doctor instead of the healthcare professionals at the hospital." Why? This seems to be unnecessary detail of information here.

Page 6: "User identity was automatically generated, which make it possible to count and separate the unique evaluation." In my opinion, this is unnecessary and distracting detail.

Page 7: This reviewer believes that "hermeneutical interpretation of meaning" justifies a sentence or two to explain this technique (What did you do to systematically interpret your data?)

Page 11 (e.g.): "Emphasizing is not always the same as using" Not sure I capture your meaning here: Would "Valuing the application is not the same as using it" capture this better?

Page 20 bottom: "Before starting to use the Online Patient Book..." to the end of the paragraph. Suggest shortening this as it only marginally relevant.

Page 22 would benefit from significant shortening and streamlining

Figure 2: Seems to be superfluous

Are there limitations to the system that would prevent its "roll-out" to patients with completely different diseases?

**Level of interest:** An article of importance in its field

**Quality of written English:** Not suitable for publication unless extensively edited

**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.