Reviewer's report

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

**Version:** 6  **Date:** 10 November 2011

**Reviewer:** Samantha Adams

**Reviewer's report:**

The authors have clearly done a good job in responding to most of the original reviewer comments and the article is now in fairly good shape. The study design is clear. I do, however, have one major compulsory revision that needs to be addressed.

How the authors define web 2.0 is troubling, especially given that they have still neglected to incorporate any literature to back up their definition. This makes it difficult to understand why they choose to use this term and what the added value of it is to their study (and vice versa, what their study contributes to our knowledge of web 2.0 in healthcare).

The current definition used by the authors is web 2.0 refers to an application that is written and asynchronous. As pointed out in the previous review, such a definition could apply to many web-based applications, such as chat groups and e-mail. But no one considers these part of the body of 2.0 applications. Indeed, some of the essential aspects of how web 2.0 is categorized include moving beyond text, the possibility for real-time interaction, perpetual beta, and so on. Now the only web 2.0 aspect seems to be the user generated content - which the authors fail to mention.

I therefore once again recommend that the authors consult the literature on this topic (and there is a lot!) and give a fitting definition, and then further show how their project contributes to the existing body of knowledge in this area.

**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.

**Declaration of competing interests:**

I declare that I have no competing interests.