Reviewer’s report

Title: Implementing and evaluating the value of computerised Aboriginal and Torres Strait Islander Health Checks in primary care for clinical care and research.

Version: 2 Date: 19 June 2013

Reviewer: Christine Phillips

Reviewer’s report:

Thanks for asking me to review this interesting paper exploring computerised Aboriginal and Torres Strait Islander Health Checks in a primary care centre. I think it should be published, as a contribution to the literature on the use of computerised medical records for vulnerable populations.

However, I think there are some areas where the paper is less than clear, and I would encourage the authors to consider revising the manuscript.

Major compulsory revisions: This paper is a process evaluation of the introduction of a computerised record for ATSI Health Checks, in which the measures are satisfaction among implementers, uptake, and utility for research purposes. The authors should clarify that it’s a process evaluation and include that term in the title (otherwise the paper may be overlooked in systematic reviews on this topic). The paper goes a little off track when it describes the purpose of the research that the computerised record data may be used for, and could be trimmed here.

Particular comments:
• Introduction: Could the authors reference some of the work on computerised health checks and their impact on preventive health care? At present the major purpose of the switch to computerised health checks reads as though it’s for marshalling the data into a form that’s more amenable to data extraction for research. How might this help improve clinical outcomes cf the paper version? If the purpose is solely about their contribution to better research (as the final sentence of the Introduction indicates) then the reference to clinical care in the title of the paper is misleading. However, it seems that the authors are making a case that improved data quality may improve clinical care for individual patients – if so, can they make the case for that in the introduction?

• Methods section: The methods section includes a section on the research and could be trimmed significantly (eg p 12, second par. How you will handle missing data for research is relevant for research, but it’s not relevant to this process evaluation of the tool itself).

The discussion on statistics used to measure uptake isn’t clear. The relevant comparison is between uptake using the paper form and uptake using the
computerised form, not the comparison between the uptake among children and adults. As the authors state later, there are a number of organisational reasons for varying uptake in the different groups. You would be hoping that at a minimum, the new computerised form isn’t so unwieldy that it isn’t used, and that uptake rates remain reasonable. Calculating this is reasonably complicated since the denominator for the adults varies (include all those who enter the cohort each year, exclude those who had the health check in the preceding year), but it’s the relevant statistic.

• Results:

  o Satisfaction is a key process measure. The authors have reported a composite satisfaction measure, which is hard to interpret (what aspect were people satisfied with?). Could the authors present the responses to the various elements of satisfaction that were collected? I know the numbers are small, but the reader should be told the various elements of satisfaction. For example, are the different cadres of workers all equally satisfied?

  o Uptake after 12 months. The denominator population can’t be the same for both the years. For the adults at least, the population in the second year will be reduced by the number who had the check in the first year, as it’s done every two years. Children will age out of the cohort, and enter it each year, but it may be that the denominator population in the second year with the computerised record may have been effectively reduced because of the high level of uptake the year before.

• Discussion

  o Could the authors discuss issues related to the usability of this check for clinical purposes, compared with the paper version? It’s now quite long and while thorough may impose a response burden on the doctor reading many pages of health check. The automatic peopling of the summary sheet mentioned on p 8, par 2 isn’t a decision support tool, it simply assists in summarising data

  o I would be interested in both the patients’ and clinicians’ views of the impact in the consultation of filling out the computerised data form. Does it limit the quality of the consultation because it’s quite prescriptive? And in turn, does that pose a burden for the patient?

  o You still need to scan in the pdf of the Health Check. Administrative time is saved for the purposes of research, but it’s not much changed for the purposes of clinical record taking. Could the authors speculate on aspects of their own clinical practice system that should be amended to create an integrated system in which the health checks are constructed and the data readily extractable?

Minor essential revisions

  o I’m not sure this is an Australian first, as stated in the discussion. What about ABCD used in the ACCHS sector.

  o Abstract: The last sentence of the methods section of the abstract addresses benefits of the projected research and shouldn’t be included here (just muddies the purpose of the paper)
Last two paragraphs in the Methods section about the nomination of research priorities by the community are very interesting, but only tangentially related to the purpose of this particular paper. Could the authors include this as a box, rather than part of the methods, and link to it?

**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