Author's response to reviews

Title: The effect of a decision aid intervention on decision making about coronary heart disease risk reduction: a randomized trial

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Author's response to reviews: see over
Editors
BMC Medical Informatics and Decision Making

Dear Editors,

We are pleased to re-submit our manuscript “The effect of a decision aid intervention on decision making about coronary heart disease risk reduction: a randomized trial” with the additional minor revisions requested by reviewer 2. The reviewer’s comments and our responses are shown in the table on the next page.

We appreciate your additional consideration of this manuscript and ask that you address me, Stacey Sheridan, with any final comments or queries. My full contact information is listed above, and my preferred contact route is email.

Thank you,

Stacey L. Sheridan, MD, MPH
Associate Professor of Medicine
<table>
<thead>
<tr>
<th>Reviewer</th>
<th>Reviewer Comment</th>
<th>Our Response</th>
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<tbody>
<tr>
<td><strong>2</strong></td>
<td>Please explicitly note somewhere (methods, limitations, etc.) that participants were not asked to comment on the time required to use the tool, and that they were not asked to provide free-text comments. This is an essential aspect of operational, widespread deployment of a tool like this.</td>
<td>On page 11, lines 284-5, we have now noted that we did not ask participants about their satisfaction regarding time spent with the tool, nor did we solicit free text comments specifically about the decision aid.</td>
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<td><strong>2</strong></td>
<td>Related to the above comment, I think it's important to discuss potential ways of making this type of intervention widely used. For example, how could this intervention be used routinely across all UNC Chapel Hill clinics operationally, and later across many more academic and community primary care clinics? For example, the authors could comment that given increasing shifts in healthcare reimbursement to models such as Accountable Care Organizations (ACOs), that health systems are gaining strong financial incentives to implement strategies such as this one. Or, they could comment that perhaps patients could use this type of a tool prior to the visit at home. Essential to this type of dissemination would be cost-effectiveness and return on investment analyses from relevant stakeholder viewpoints (e.g., an ACO with capitated payment for primary care patients). I think this type of discussion would be very helpful to readers as they think about how this type of an intervention could be more widely leveraged outside of controlled study settings.</td>
<td>On page 19, lines 466-79, we have now discussed the importance of exploring implementation of decisions aids such as ours. We have highlighted both national campaigns calling for the use of internet technology to reduce heart disease prevention and the fact that decision aids support the mission of burgeoning healthcare delivery mechanisms, such as accountable care organizations. We also discuss areas for study to help guide implementation of decision aids.</td>
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