Author's response to reviews

Title: Physicians Perceptions of an Electronic Health Record-based Clinical Trial Alert Approach to Subject Recruitment: A Survey

Authors:

Peter J Embi (peter.embi@uc.edu)
Anil Jain (jaina@ccf.org)
C. Martin Harris (harrisc@ccf.org)

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

Dear Editor,

We thank you and the reviewers for their thoughtful critiques of our manuscript entitled: Physicians' Perceptions of an Electronic Health Record-based Clinical Trial Alert Approach to Subject Recruitment: A Survey

Please find below our responses to the critiques/comments of reviewers.

Reviewers: Lawrence Afrin
Major critiques: None
Minor critiques: The “minor language errors” identified have been corrected as follows:
1. In the abstract, the extraneous word “including” has been removed.
2. In background, the word “physician” has been changed to “physicians”.
3. On page 6, the extraneous word “using” has been deleted.
4. On page 8, the extraneous comma has been deleted.
5. On page 10, the words “altogether” and “findings” have been corrected.
6. On page 11, the changes suggested were made.
7. On page 12, the changes suggested were made.
8. The extraneous commas on table 2 were deleted.
Discretionary changes:

1. We completely agree with the reviewer’s clarification here, and we also agree that alerting about multiple trials at once is an area in need of further study in its own right. However, given that this survey pertained to the single-study CTA as designed, we have opted to not include the additional discussion about a different CTA approach (i.e. multi-study vs. single study CTA) in this particular manuscript.

2. We like Dr. Afrin’s suggestion for adding an “email me more info” link to the alert very much. It might very well be something that some users would like. However, given the finding that many respondents did indicated a desire to click on a link for more information and that the point of the CTA as tested by this population was that a decision be made during the particular patient encounter, we feel that providing such information at the point-of-care to enable real-time discussion between physician and patient is important. Having said that, future studies should investigate whether respondents’ interest is borne out in actual use of such a feature.

3. We agree with the reviewer. We have modified our limitation section so that the sentence in question now highlights the group of practitioners as “limited”, states that the CTA was applied to a “single clinical trial”, and clarifies that it was done using a single EHR. The sentence now reads: “Finally, as with our intervention study, these findings represent the perceptions of a limited group of practitioners from one health system, using the CTA approach in a single EHR platform, as applied to a single clinical trial.” Regarding the use of this approach in other EHRs, while we agree that most EHRs do not yet offer this functionality per se (indeed, neither did the EHR system we used), most
do offer the basic clinical decision support tools that can be repurposed for this application. Therefore, we anticipate that the functionality will indeed be portable to other platforms, and we have reported on the ability to do this with at least one other vendor-based system (GE Centricity Physician EMR) in abstract form at the 2006 AMIA Spring congress.

Reviewer: Shaun Treweek

Major reviewers: None

Minor revisions:
1. We have corrected the errors described.
2. We agree with the reviewer that there is a lot of data presented from the intervention study in this manuscript, although it is not all of the data from that paper. In fact, we tried to include only the data that are pertinent to the evaluation of the findings reported in this manuscript. Moreover, we feel that without presenting most of it, a reader who may not have access to that prior manuscript might be left wanting for more context. Having said that, we recognize there may still be too much detail here as the reviewer suggests, and we have therefore cut some more from the background section and left in only the text we feel is critical to understanding the findings of the current study.
3. We appreciate the reviewer’s comments regarding figure #2. While we initially changed the text to include the data presented in the figure, we decided after careful consideration to revert back to keeping the figure in. The main reason is that we feel it emphasizes what we feel are a key group of findings from this survey and makes those data more accessible to the readership who might prefer a graphical representation of the data therein. However, we did change the text somewhat in order to hopefully make the points detailed in the figure more clear for readers and overcome the difficulty the reviewer and others might have with the flow of the text. The pertinent sentence now reads, “Though high even among subgroups, level of appreciation varied somewhat by degree of specialization as well as between CTA-users and CTA non-users”.
4. Table 2 is indeed included, so I believe the reviewer’s suspicion that the table did not come through during the download is likely correct.
5. Discussion of false-positives. We agree that this is a critically important topic, and we have indeed given it considerable thought. While we initially began to include further discussion of the false-positive issue in this manuscript, we have decided to resubmit this manuscript with only minor modifications to the relatively short section included. We feel this is the appropriate amount of attention to pay to the issue in this manuscript. Our reasoning in not elaborating further on the functioning of the CTA in this paper relates is that the false-positive issues does not relate directly to the survey but are instead relevant to the CTA intervention study. As we did address them further in that and subsequent works, we feel that any further discussion of the technicalities of the CTA design/applicability than we have included would be tangential to the focus of this survey manuscript. Perhaps most importantly, the main reason for not going into this to too great an extent is that it would be largely conjecture. As we state in the very next sentence of the manuscript, we are conducting further studies to help answer these very important questions raised by this reviewer, but we simply do not know right now how to answer those questions because the data are not available to do so. It is a good point, though, and we will certainly be addressing this important issue further in future studies.
6. We have corrected the typo identified. Thanks.

Reviewer: Mark Weiner

1. Regarding the issues of how “ownership” of the study might influence CTA response: We agree with Dr. Weiner that this is a critical issue. In response to his questions, we have made some minor modification to the text. We clarified the fact that the site PI for the clinical trial was indeed one of the endocrinologists subjects of our study by adding a
sentence to that effect to the methods section. To the second point, we do know and we now report the proportion who reported in the survey that they conduct clinical trials. The new last sentence in the results section that now reflects this important finding suggested by Dr. Weiner reads, “Among the 59% percent of respondents who indicated that they conduct clinical research, 88% indicated that they would like to use CTAs for their trials.” We also agree that this is a factor we should pay attention to in future analyses.

2. To address the reviewer’s first question in this section, we added the following lines to the results section: “Those who indicated “lack of time” as their top reason for dismissing alerts were also split with 50% indicating that they wanted the CTA to contain more information.” To the reviewer’s second point, we actually collected this information directly and simply did not include it in our original manuscript. We have now responded to this critique by including the following statement in the results section, “Among the 20% who did not want the CTA even if it were made more specific, 71% indicated time constraints to be their main reason.”

3. This is another good point. We have added a statement to the results section indicating that, “These reported rates were consistent with those observed by direct query of the system during the preceding intervention study.” We cannot be any more specific because we were not able to record/query how often a respondent might have considered to a CTA and not processed it, but only how many CTAs were triggered for each respondent and how many times they fully submitted a CTA. Hence the reason for including this particular survey question and our interest in the responses.

Sincerely,
Peter J. Embi, MD, MS
Corresponding Author