Author's response to reviews

Title: Is Canada ready for patient accessible electronic health records? A national scan.

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Author's response to reviews: see over
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Dear Ms. Browning and Dr. Koutsos:

Thank you for your correspondence of May 2, 2008. We appreciate the effort and enthusiasm that your reviewers have brought to the paper and we recognize that incorporating their comments will help strengthen the manuscript and we hope make it something of interest for your readership.

In response to comments by reviewer Hans-Ulrich Prokosch we are including a copy of the questionnaire as an appendix to the paper (and have made note of this in the methods section) and have provided more details explaining the response rate. This explanation focuses on our unconventional method of survey distribution and its related impact on the response rate. It is our opinion that this type of information may be jarring in the results section, and as such we have included it in the discussion of limitations towards the end of the paper.

We have also responded to the suggestions for discretionary revisions by reviewer Edward Hammond as outlined below in points 1 through 21.

1. We have provided a more detailed definition of what an EHR is based on both the literature and the Canadian experience. These changes begin on the bottom of page 3 and continue onto the following page.

2. It was suggested that we provide additional background information on the pros and cons of PHRs. Although we agree that this is an important area to explore we have chosen not to include this discussion in this paper, as it will appear in a future manuscript reporting on a study in which we provided patients with access to their elements of their EHR using an institutionally based PHR.

3. Several questions regarding Canadian Law and access to personal health information were raised, in addition to questions regarding cost and frequency of requests. We agree with the reviewer that although these questions are interesting they are out of the scope of this paper and have chosen not to address them at this time.


5. It was suggested that we provide examples of data patients might give and discuss the value of that data to physicians. This paper focused on provider perceptions of patient access to the EHR and we therefore feel this suggestion is out of scope.

6. The question was raised about the bias that might be present as a function of the role of the respondent. Multiple respondents were invited to respond from each institution to overcome this bias. No comparisons were made between sub-groups of respondents due to low numbers.
7. In the research design description in the methods section we have clarified the definition of a PHR from “. . . or just a set of lab results” to include laboratory and diagnostic testing results and an explanation as to why this information is of particular importance to people living with chronic illnesses.

8. On page 10 of the manuscript we address the question of explaining why a majority of respondents were from Ontario. The most likely reason is that the system on EHRs in Ontario is less centralized than in other provinces.

9. Currently there is no ubiquitous EHR in Canada and institutional use does vary. Respondents in this study were asked to comment only on EHR use in their own institution.

10. We have removed the result reporting on where funding for the EHR comes from. This decision was made to limit confusion in a diverse readership who might not be familiar with the multiple sources of funding for EHRs available across Canada including government, private industry, research funds, etc.

11. Although the attitudes of physicians are an interesting and important topic we feel it is out of the scope of this paper.

12. In terms of understanding financial barriers a discussion about how realistic the finding is less important since the question was one of perception as opposed to a factual reality. A statement has been added to the manuscript reflecting this.

13. Since there is no one EHR system across the country it is not possible to provide a single answer to the question of education. It is our institutional experience that patients are given extensive education both about accessing their personal health information and how to understand that information. There is a growing body of literature, in particular in the population of people living with chronic illness (http://www.improvingchroniccare.org/) [1, 2], that suggests that people are well versed in their disease. The reference provided in the paper (Urowitz, 2008) are results from a Canadian study in people living with HIV/AIDS.

14. The survey was sent to all of the provinces and 2 or the three territories. Although we agree that a response rate by province would be interesting we have elected not to present the data in this way for reasons similar to the ones discussed above in response to questions about the overall response rate.

15. In response to understanding the differences in perception we believe that we have addressed this concern a few paragraphs later (pages 11 -12) where we discuss “ownership” of the EHR.

16. The requested reference has been provided.

17. Concern was raised over the use of the term “ownership”. This semantic choice was made to reflect the legal argument related to rights to personal health information. We have inserted a parenthesis with the term “legal” to clarify any confusion over ownership.

18. The reviewer suggests that we “get into some pro and con issues”. He has not specified where in the paper he is referring to so it is difficult to comment on this point. It is our opinion that we have provided sufficient referencing in the discussion and that the authors’ personal bias in not being presented.

19. It is not clear to me why the reviewer thought we were suggesting a single patient-centric EHR. This is not what is currently happening in Canada, nor is it what we were suggesting. Our suggestion is to support the proliferation of institutional EHRs, a necessary requirement for the creation of PHR.
20. Conclusions have been strengthened as per the reviewer’s suggestions.

21. We are appreciative of the reviewer’s positive feedback on the manuscript and we look forward to acceptance and publication in your journal. Should we be able to secure additional funding we too look forward to completing a follow-up study as was suggested.

Sincerely,

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