Reviewer's report

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

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Reviewer: Edward Hammond

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This paper is well-written and informative, although I am frustrated by questions for which I would like to have had answers. By the authors' own admissions, the numbers of returned questionnaires is too small to make really hard conclusions about the topic. I hope the authors do a follow-up survey to pursue this topic further.

I have no major compulsory revisions. The below suggestions I classify as discretionary revisions.

1. I have no idea of what constitutes an EHR in your survey. For example, does use of Microsoft Word and a textual comment qualify? I suggest you include your definition of an EHR, and perhaps a comment on the range of what is included in your survey. Did you include a definition of an EHR in your survey? You might refer to the CCHIT certification requirements or NAHIT’s set of definitions of the EHR.

2. You obviously and appropriately are positive about the personal health record. However, in the background section of the paper, I would like to see some discussion of the pros and cons of a PHR. For example, I think there is a con in that persons may become frightened at abnormal laboratory values without some explanation of what they mean. What is the value of just presenting data to patients? Are potential outcomes discussed? What additional links and materials do you think need to be included in the PHR? Is the PHR just a look at the institution’s EHR? I also would like some discussion in this section of what consumers might want?

3. What is the law associated with access to personal health information in Canada? Can a person request the form for access? Can there be a cost involved? If so, what are those potential costs? Access may be one thing, but if cost is prohibitive then access will rarely happen? Although I recognize in is out of the scope of the paper, but how often do persons request personal health information in Canada?

4. I could not find your reference 1. I suggest replacing that reference with one more obtainable. I question how much the delivery of health care has changed due to technology. I think very little, although the potential to do so does exist.

5. Give some examples of data patients might give, and discuss the value and how that data might be used by physicians delivering care.
6. In the Methods section, what bias might be present as a function of the role of the person entering the data? Did you compare responses (noting the numbers are limited)? What percent of the hospitals were represented by the selection method - an e-mail address of the CEO?

7. You note that a person’s PHR might just be a set of lab results. What purpose does this serve? As part of a definition of the PHR, it would be useful to note your perceived purpose.

8. I think it is particularly significant that 58.8% of the responses came from Ontario. That in itself might be an illuminating finding. Why do you think this happened? Are patients and physicians more sophisticated in Ontario? Is there more consumer awareness in Ontario? Is the EHR more ubiquitous in Ontario? Please comment on this finding.

9. I would like some dialogue on how the EHR is used in Canada, since it is not the sole method of recording data. I recognize the method of use may vary, and I ask what impact does that fact have on your findings.

10. What are the options for funding? If funding by the institution is the only source, then it is not information that funding is primarily by the institution.

11. I would like to know more about the attitudes of the physicians. Why does only a small number of physicians support providing patient access to the EHR? What are the fears? You are missing an opportunity to increase the value of this paper significantly if you have data to answer this question? Is it fear of second guessing? Is it fear of lawsuit? Is it belief that more time will be required to discuss?

12. Since you note that financial resources are the largest barrier, how realistic is this finding? Are there savings (as has been published) in using an EHR? What are physicians’ and consumers’ attitude about cost and savings?

13. Are patients provided any education about how to obtain and use access to their personal health information? You note patients may be well versed in their disease and wish to participate in treatment choices. What is source of this information? Is this the evidence of this statement in Canada?

14. Was the survey sent to all provinces and territories in Canada? Were there no responses from some provinces? I would be interested in response rate by provinces. In Table 1, you could add a column noting numbers of surveys sent. I think it would be useful looking a both number of facilities in each demographic that met your criteria for participation as well as response. I would have split Table 1 into 3 parts, since the categories are different. Again, what are the denominators, for total, invited and responders? These numbers would be useful in getting a fell as to how representative your survey is.

15. I would like to see more discussion as to why you think there is such a difference in physician perception of access to personal health information and your interpretation of consumer perception in what they want? What is your source of consumer perceptions?

16. You need a reference (on page 10) for the comment that early adopters of PHR in the US and UK noted that the majority of participants found that access
to health record was easy and information understandable. I think that might be the case in some few instances, but not in all. A reference would at least give me knowledge about where these views came from.

17. I think the section on page 11 raises more questions than answers. You bring ownership into the discussion without addressing what this means. I would argue that possession is nine-tenths of ownership, and clearly the institutions have possession? Why is this an issue, if access is provided? At least, in my opinion, you should comment on these issues.

18. You do get into some pro and con issues here, but they are not identified as such. I also am trying to understand how much of the authors’ personal bias and beliefs are present in this section. That is ok, but should be identified as such.

19. You do not mention aggregation of data into a single patient-centric EHR. Is that a part of what is happening in Canada? This fact is a strong motivation for the EHR and should influence use and attitude.

20. The conclusions are weak and take little advantage of interpreting the results of the study, particularly in influencing the future. Why did you do this study? How do you plan to use the results? What did you learn? Were there surprises or unknown circumstances?

21. Overall, a worth-while paper which I enjoyed reading. I do encourage the authors to do a follow-up study.

**Level of interest:** An article of importance in its field

**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.

Ed Hammond