Reviewer's report

Title: Web 2.0 systems supporting childhood chronic disease management: A general architecture compliant with the WHA eHealth resolution

Version: 1 Date: 17 August 2008

Reviewer: Juha Mykkänen

Reviewer's report:

- Major Compulsory Revisions: none
- Minor Essential Revisions
  1. The reported use of the described pattern language as well as the design patterns themselves are valid contributions. However, the relationship to WHA eHealth resolution is overemphasized and link from the main contributions to this generic resolution should be diminished (e.g. removed from the topic) or better justified (not just "also relevant for pediatric sector").
  2. Introduction - "this set of..." - Web 2.0 is not generally considered to include sensors or actuators.
  3. Errors in table numbering in text. Specifically, Table 3 reference should include table 4 and current table 4 should refer to table 5 in text.
  4. Typo in Fig.1 "Oranizational"
  5. Inconsistencies in table/figure texts, e.g. "community-adjusted" vs. "community-based", check also use of "family" vs. "parent" empowerment terms
  6. Errors in references - "?" included, wrong reference [21]?
  7. A more solid reference 19 is needed.
  8. Table 5 - "The task of individual team members" - unclear sentence. "Disease specific disease teams" -> clinical teams.
  9. Table 5 - "will enable users to extend functionality" - unclear - how is this enabled and accomplished?
- Discretionary Revisions
  10 -Graphical description of individual design patterns is mentioned in abstract and described to some extent in text - an example of individual graphical description should be included as an image.
  11 -The paper would merit from more in-depth discussion of responsibilities in the development of such an system - especially which features require continuous organizational service offerings and which can rely on the user community and how are these balanced along with apomediators in your approach (e.g. accreditation, content creation, access management, workspace assignments, qualifications management, ethics / legal advisory group, information clearinghouse).
12 - Introduction - the role and relevance of "alliances / co-operation with other diabetes programs" remains unclear.

13 - Limitations of high-level programming languages such as Joomla or requirement to base patient / professional communication on confidential communication (e.g. encryption of email) are not discussed (mention if these are relevant for current or future work or not?).

14 - The description of community-based clinical services and their support e.g. EHR system remains vague - although this is not the main contribution, the paper would benefit from more detailed description of four-stage process and the relationship with EHR or appointment scheduling systems (e.g. how is Web 2.0 system interfaced with the EHR, is it separate or special to the teams, another related project etc.?)

15 - Should care planning system be discussed also in relation to disease-specific clinical teams (as implied in Fig. 1)?

**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.