Reviewer's report

Title: A Stimulus to Define Informatics and Health Information Technology

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Reviewer: Don Detmer

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This is a useful addition to the literature since it offers timely insights into the rapidly evolving field of biomedical and health informatics. As a result it should benefit individuals both within and outside the domain. While written as a debate, few terms are debatable to those familiar to the field. The relevant terms are clearly defined in understandable English and the writing style is clear and meets current standards.

Minor essential revisions

It is well argued and adequately referenced with few exceptions, e.g, translational bioinformatics and public health informatician. Translational bioinformatics should be included. Translational bioinformatics relates to the NIH Roadmap and the ‘translation of basic science information into clinically useful knowledge through the use of informatics. While it overlaps with clinical research informatics, translational bioinformatics differs in that it also encompasses all the newly found knowledge that results from the use of the research methods. AMIA defines Translational Bioinformatics as:

“…the development of storage, analytic, and interpretive methods to optimize the transformation of increasingly voluminous biomedical data into proactive, predictive, preventative, and participatory health. Translational bioinformatics includes research on the development of novel techniques for the integration of biological and clinical data and the evolution of clinical informatics methodology to encompass biological observations. The end product of translational bioinformatics is newly found knowledge from these integrative efforts that can be disseminated to a variety of stakeholders, including biomedical scientists, clinicians, and patients.”

(see http://www.amia.org/translationalbioinformatics)

Para beginning “Another source…” Sentence two: change ‘computerized’ to ‘computer-based’

Also I suggest adding sentences to end of that paragraph to follow “organizations”. “Finally, an integrated personal health record is one in which the patient can interact with his or her own clinician via a secure web portal to gain access to the working record of the clinician and hence become a integrated member of the care team by suggesting revisions to historical data and monitoring progress in concert with the clinician. [ see Detmer DE, Bloomrosen M, Raymond B, Tang P: Integrated personal health records: Transformative tools
for consumer-centric care. 2008 BMC Medical Informatics and Decision Making 2008; 8:45-72]

Para beginning There... At the end of that paragraph I’d suggest adding that recently the focus has sought to redefine secondary use more broadly than either the 1991 IOM Computer-based Patient Record Study definition in which secondary use included all uses of person-specific health data not related to the direct care of the patient or that of HIPAA which encompasses care plus quality, business operations and public health purposes. So many uses of person-specific health data are critical to the health care system including research, that a recent conference concluded that secondary use should be limited to those uses in which there is no potential direct or indirect benefit to a patient with regard to the intended use, e.g., selling ones data to another party with no expected return of benefit from such a sale. The focus needs to shift to ‘good stewardship policies, principles and practices looking to the future. [ see Bloomrosen M, Detmer DE: Advancing the Framework: Use of Health Data – A Report of a Working Conference of the American Medical Informatics Association. JAMIA 2008; 15:715-522.]

Finally, when listing informaticians, it would be useful to add a fourth category, public health informaticians. The public health community has distinguished between two categories of such informaticians, e.g., those who are academic in their primary orientation and those who focus on practice.

No discretionary revisions.

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 am President and CEO of the American Medical Informatics Association and have suggested references related to personal and AMIA work. There is little to no reason that AMIA or myself will benefit from publication of this paper. No stocks or shares are involve, nor patents nor any other competing financial or non-financial interest in relation to this paper beyond helping the readership have a clearer understanding of informatics.