Reviewer’s report

Title: Evaluation of an open access echocardiography service in the Netherlands: a cohort study of indications, outcomes, patient management and trends

Version: 1 Date: 15 September 2009

Reviewer: Martin Scherer

Reviewer’s report:

Leanne MSG van Heur and colleagues present an voluminous insight into an open access echocardiography service in the Netherlands. The paper is well written, the data seem to be scientifically sound - there is lots of work in it. All in all it is a good study, however, there are some concerns that should be addressed.

1. Is the question posed by the authors well defined?
   Yes.

2. Are the methods appropriate and well described?
   That could be a bit improved – see below.

3. Are the data sound?
   Yes.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
   Yes, but some improvements should be done – see below.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
   Yes.

6. Are limitations of the work clearly stated?
   Yes.

7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
   Yes.

8. Do the title and abstract accurately convey what has been found?
   Yes.

9. Is the writing acceptable?
Yes.

- Major Compulsory Revisions (which the author must respond to before a decision on publication can be reached)

None.

- Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. Title: “Evaluation of an open access echocardiography service in the Netherlands:
a cohort study of indications, outcomes, patient management and trends”. I am not convinced that this is a cohort study. That should be corrected (see also 2.)

2. As far as I understood your analysis correctly, you present data from consecutively referred patients. There is a longitudinal aspect in your study, since you present data on trends/changes of indications (but different samples) and information of how and to what extent GPs dealt with the cardiologists’ advice. But you do not present clinical follow up data. Therefore, you have one cross-sectional study part on the patient level (table 1 and 2), a cross-sectional analysis on the GP level (table 3 and 4) and a quasi-longitudinal comparison of two independent samples of consecutively referred patients (table 5). In table 5 you also compare cardiologists’ advice (another level of comparison) in the first and the second 250 patients (see also 3.). The paper would benefit from a “Study design” paragraph at the beginning of the methods section.

3. You may also include a figure in order to illustrate study design and the multiple comparisons.

4. How was the cut-off made of the first and the second sample of 250 patients? Was this planned and defined a priori?

5. The paper is rather lengthy and might benefit from some shortening (especially in the description of the data collection part).

6. Could the authors describe exclusion/inclusion criteria of patients, patient recruitment and flow through the study in detail?

7. How was informed consent obtained?

8. Was the study approved by the local ethics committee?

9. There is lots of data being presented. Especially table 4 is somewhat difficult to read. You should simplify that table. This might be done by leaving out echocardiographic diagnosis.

- Discretionary Revisions (which are recommendations for improvement but which the author can choose to ignore)
None.

**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.