Reviewer's report

Title: Primary care provider perceptions of intake transition records and shared care with outpatient chronic disease management programs

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Reviewer: Sharon Johnston

Reviewer's report:

The study by Yee et al. assesses the transmission and receipt of cardiac rehabilitation programs' intake record from these programs to participating patient's primary care providers. It further explores primary care providers' preferences for content and transmission methods of these intake records from cardiac rehabilitation programs. This is a valuable contribution to the evidence on approaches to improving shared care across providers.

Major Compulsory Revisions:

The methods employed by the authors are appropriate for the research questions. However, the second research objective, to explore primary care providers' preferences, was addressed primarily with a structured interview and forced-choice questions. As the authors report this is the first study of this type, there is less, or no, literature available to guide the generation of the forced-choice answer options for the structured interviews. The authors report in the Measures section that some questions included an additional open-ended probe for further description. No results from the open ended questions are reported in the results. The authors should clarify how they selected the question answer selections to ensure they were the most relevant to primary care providers and whether there were any qualitative results.

In the results section reporting PCP receipt of CR intake records, the authors do not report how many of the "un-received" reports were "no answer" converted to a "no" in the question office staff were asked to answer. Would these significantly alter the results if they were actually received- If the office staff did not know but they were in fact received by the PCP?

The recruitment rate of providers is not listed in the text and is only available in the Figure1. The rate of 33.2% should be included in the results section.

Minor Essential Revisions:

The authors list the Ottawa Health Institute as one of the rehabilitation sites. Please verify that it is not the Ottawa Heart Institute and correct accordingly.

Discretionary revisions:

In the second paragraph of the background section, the authors state that transition records are generally sent to primary care. However, their research
proves this not to be the case. The following sentence clarifies that it should be standard practice to send transition records to all involved providers and references this to a recent Canadian guideline. Consider revising the paragraph by removing the first sentence to clarify that it is recommended practice to share records but not necessarily standard practice.

The only description given of Cardiac Rehabilitation programs is that they are outpatient. A brief orientation to what these programs are, outpatient, physician-led or multidisciplinary, weekly or patient visit frequency, etc, would help the readers understand the primary care providers' preferences from communication from such programs. Are the programs standardised- delivering the same services and care standard to all their patients or this there diversity among the programs which might influence providers' perspectives?

In the Methods Design section, the authors list the 8 sites describing them as ranging from large academic to smaller regional sites. Additional description of the communities in which these programs are situated would help understand providers perspectives on the intake record. The analysis included ANOVA to test for differences in perception by rehabilitation site. The results section reports in the second to last paragraph that there were differences in mean overall rating of intake reports by rehabilitation program. This point is not further discussed nor are the results by site reported. This warrants further discussion and a description of the rehabilitation program services offered by program ( if there are differences) as well as description of the communities, their availability of other specialists or cardiac services, etc might help the readers understand providers perspectives and whether these were linked to the specific program and influenced by its role in patient care in that community.

The Discussion section is somewhat long and repeats most of the results from the study. The manuscript would benefit from shortening the discussion to summarize the key findings and discussing these in light of what they add to the literature or how they might influence policy or practice. For example the finding that information concerning patient level of motivation or emotions was considered least important to providers despite a recent policy specifying this should be included on such records deserves further exploration. Is this due to the information being perceived as un-important or providers perceiving they have a better source for such information, perhaps their own interactions with the patient or reports from other providers, etc...

The last paragraph of the discussion states that catalysts such as government interventions to overcome barriers to EHR adoption are required to champion electronic transitional care communication. References to where such catalysts have been enacted and had such an effect should support this statement. Additionally, references supporting the claim that regionalizing health care information is warranted should be provided, or the claim should be made as an approach worth further study.

**Level of interest:** An article whose findings are important to those with closely related research interests
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