Reviewer's report

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

Version: 1 Date: 25 May 2011

Reviewer: David Veroff

Reviewer's report:

General comments—
1. This is an interesting topic with some useful specific applications. The findings about what primary care providers find most and least useful from the transition records is particularly helpful; this should provoke thoughtful discussion amongst providers.

*Major Compulsory Revisions

*Minor Essential Revisions

2. There is no analysis of the characteristics of non-consenting PCPs or acknowledgement of the potential bias of the high level of non-consent. This seems essential to carefully discuss as it may have impact on the generalizability of results.

3. The verification of receipt of the transition records by office staff produces an essential finding; yet nothing in the methods section describes how this verification occurred. The authors should describe this process (and depending on their sense of the quality of that verification, potentially acknowledge its limitations).

4. In the Abstract on page 2, in the first sentence of the Method section, the word “to” needs to be replaced with “that” or some other word. In the third sentence of that same section, the word “Second” is superfluous.

5. The title implies generalizability to all “outpatient chronic disease management programs”. The study was specifically about cardiac rehabilitation. The title should not imply broader generalization.

6. Citation on Page 3 to Ahmed’s work indicated “reduced prescription rates for ACE-inhibitors”. The article indicates increased rates for shared care.

7. On page 5, third paragraph, “after committing to participate” should be changed as the record did not make the commitment.

*Discretionary Revisions

8. In the Abstract, Conclusions section, the phrase “outlining clinical gaps” is unclear and may be misinterpreted. I would suggest a revision.

9. On page 3, in the fourth sentence of the Background section’s first paragraph, the term “shared care” is not defined and is unclear. I would suggest referencing this term or providing better explanation in the text.
10. On page 6, under Measures, in the 2nd paragraph, it may be misleading to change non-response to “no”. Consider classifying non-response separately.

11. On page 11, third paragraph second sentence, consider clarifying the terminology “risk factors that were off-target”.

12. While facilitating adoption of electronic health records is an admirable goal, I found the discussion about EHRs to be only somewhat connected to the paper topic. I would recommend scaling these statements back.

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

**Quality of written English:** Needs some language corrections before being published

**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