Reviewer's report

Title: Clinical decision support must be useful, functional is not enough: - A qualitative study of computer-based clinical decision support in primary care

Version: 1 Date: 28 March 2012

Reviewer: Khaled Abdel-Kader

Reviewer's report:

Major revisions:
1. The author's seem to indicate that their most important finding is that providers must deem a CDS useful in order to use it. However, I suspect few people set out to create a CDS that is perceived to be of limited utility. Hence, it is important to know what makes a user perceive a CDS as useful. Likely, a number of factors previously identified in the literature (and often cited by the authors in the introduction) are features critical to perceived usefulness. These include patient specificity, relevance, minimization of false alarms, etc. Thus, the main conclusion regarding the importance of perceived utility strikes me as superficial and not entirely helpful. The authors should spend some time in the discussion elaborating on existing literature regarding features likely to influence perceived utility. Aside from the excerpted comments, did they attempt to explore what contributed to users' perceived utility?

2. In the discussion (see paragraph discussing Davis's technology acceptance theory), the authors appear to give primacy to perceived usefulness. While I certainly agree with it's critical importance, I wonder if the authors wish to further discuss the user's inability to fully divorce their experiences regarding ease of use of the eCDS from its utility? As Davis has noted, ease of use is often a prerequisite to good utility. e.g., which would a user rate as more useful: a system with characteristics that are generally perceived as very useful but that is difficult to use and very time consuming vs. a system with features that are generally perceived as moderately useful but that is very easy to use and consumes minimal time?

3. Reference #25 is cited on multiple occasions regarding the use of the eCDS system and the inclusion criteria for selecting the primary health care center. Unfortunately, this reference is not published and cannot be accessed by the reviewers or the readers. If this work has since been accepted for publication, please update the reference, otherwise, please include the salient features in the current manuscript (or as supplementary information).

4. Related to #3 above, how was this one Finnish primary health care center chosen? What are the features of this center? e.g., rural, urban, academic institution affiliated. Also, what are the characteristics of the professionals included? Age, years in practice, etc.
5. Did the professionals perceive the moderator/facilitator as members of the research team involved in the eCDS? Could this have influenced responses?

6. Use of a non-standardized, non-validated survey should be acknowledged as a limitation.

7. Authors should acknowledge potential recall bias and ascertainment bias/selection bias in the responses elicited and the respondents who agreed to participate or provided spontaneous feedback through the link/email specified in the methods. Please clearly acknowledge limited sample size, additional experiences or viewpoints may have emerged had further feedback and focus groups been held.

Minor revisions
1. Consider making the survey available to readers as supplemental information.
2. Table 2 lists "development issues" twice.

**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.