Reviewer’s report

Title: Electronic health information exchange in underserved settings: Examining two initiatives in small physician practices & community health centers

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Reviewer: Susan Wells

Reviewer’s report:

This qualitative study seeks to understand the barriers and facilitators to the spread of HIE in two US settings- primary care practices in a provider network in California and in a consortium of 10 Federally Qualified Health Centers in Minneapolis St Paul area.

Major Compulsory Revisions

Background:

• Given the argument that HIE will reduce costs and quality- it is important for the reader to define what is meant by an HIE, how heterogeneous they are, how have HIEs reduced costs (for what processes?) and what improvements in quality have been identified.

• Prior to HITECH Act 2009, it is written than approximately 20% of hospitals have an HIE in place. Given that data is at least 5 years old and the authors argue that there is a disparity between HIEs for hospitals and for primary care providers- what proportion have an HIE now? There are a number of assumptions that the reader will understand the US healthcare context and characteristics of the settings and the healthcare organizations. Are the financial incentives mentioned (line 92) related to meaningful use or are there other financial incentives?

Methods:

• The reader needs more data on the 2 settings’ HIEs. What data is being exchanged? Is it the whole EMR or only parts of it? Does it include laboratory and radiology results, hospitalization records or discharge records etc. And data sharing with which organizations? eg- solely within the systems or across other providers (eg hospitals).

• There needs to be reference to Fig1 in the conceptual framework. Furthermore, aspects of the conceptual framework are not well defined. What do organizational demographics mean? Eg number of employees, funding model, age/gender of staff?? What is isomorphic institutionalism as seen in Fig 1?

• It would be useful for the reader to know what specific questions were asked in the interview schedule.

• I do not understand community-based participatory research- why community based? Who in the community? Or do the authors mean – based on feedback
from providers within physician practices and FQHC’s?

- There is no clear definition of the sampling frame- how many practices are there in the CVHP system? how did the authors find out and choose the more or less frequently using the system. Sometimes it is difficult to follow which providers the authors are alluding to and which system. It would be easier to follow if CVHP was appended to all (smaller-sized practices)

Results
- I am not sure why Table1 and Table 2 do not have the same characteristics. It would be as useful to understand annual visits in the CVHP group practices as the FQHC’s. Similarly it would be useful to understand provider characteristics of FQHCs (multilingual, years in practice, physicians, admin FTEs etc) as given for CVHP network.
- The results and the discussion are not well integrated. The results themselves relate either to CVHP provider interviews or FQHC’s but are very unstructured and difficult to tease out the similarities and differences – it would be better to have presented them according to the conceptual framework or according to major themes arising from the coding, or barriers and facilitators, or indeed structured according to levels of barriers and benefits as they are presented in the discussion.

Discussion:
- The discussion is fairly limited to the results without bringing in what is already known or where the gaps in knowledge/literature are. For example, what are the key characteristics of HIEs in USA, what are the known barriers and facilitators of HIE? What other published work has been conducted and in what settings? Furthermore it would have been useful to link the results back into the conceptual framework and discussion of other models such as Technology Acceptance model and other social technical models of health information technology adoption.

Minor Essential Revisions
- Background- Second sentence – this is confusing. What does the ‘large piece’ refer to? Is it the HITECH Act, information technology or meaningful use?
- Missing “of” from line 141 (between integration decisions)
- Table 3. Heading says barriers- but table heading has “type of benefit”

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