Author's response to reviews

**Title:** The potential of electronic medical record systems to support quality improvement and research in Norwegian general practice.

**Authors:**

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PDF covering letter
Dear Ms Veitch,

I am pleased to attach my modified manuscript, which, I believe, addresses the comments and concerns of both reviewers. I have given page and paragraph references so that my changes can be more easily identified. My changes are as follows:

Reviewer 1 (Elizabeth Mitchell)

- I have changed the title slightly in light of the reviewer’s comments regarding the word ‘quality’. I do not think that she was particularly referring to ‘quality’ in the title but the new title is closer to the focus of the paper.
- **Point 1**: The reviewer is correct, I have been sloppy with my use of the word ‘quality’. The aim given in the first sentence of the last paragraph of the Introduction (Page 3) has been changed to reflect the true focus of the paper: completeness and variation between practices.
- **Point 2**: More details have been added to Subjects and methods (Page 4, first paragraph) to describe how practices were selected. A sentence justifying the (pragmatic) choice of Oslo and the Winmed EMR has also been added.
- **Point 3**: The opening paragraph for the Blank fields results (Page 8) has been reworded and now states that 500 patients were randomly selected from each of the 14 practices’ EMR, giving 7000 patients in all.
- **Point 4**: Patient contact results. I have added a sentence to explain why only 11 of the 14 practices contributed to this result (an error with a file) (bottom of Page 8, top of Page 9). I have also added a sentence explaining that patient contacts are not the same as patients: some patients may have visited their practice several times in the extraction period.
- **Point 5**: QTools installed and ran with only one minor problem at three practices. A sentence to this effect has been added under General results (Page 7).
- **Point 6**: The thiazide guideline was selected because it was of current importance to the Norwegian Department of Health. I have rewritten the last paragraph of the Introduction (Page 3 and Page 4) to address the reviewer’s comment.
- **Point 7**: I have added a sentence to the Discussion (Page 11, second paragraph) that states that practice size can affect EMR completeness and that
there was no attempt to balance practice sizes during recruitment. This sentence is, therefore, under weaknesses.

- **Point 8**: I have added a sentence to the Discussion (Page 12, second paragraph) stating that the fields used for the blank fields results are often not the ones used by practice staff. I have also added that this was not mentioned by practice staff as a problem for the other fields included in the study.

- **Point 9**: There is no paper record in Norway so it is not possible to do a cross-check between it and the EMR. I have added a sentence in the Discussion (Page 11, second paragraph) that states that there is no other medical record in Norwegian primary care.

- **Point 10**: I have added the percentage of diagnosed hypertensive patients receiving treatment (Page 11). While doing this I noticed a couple of errors in the results for this section. Seven patients were counted twice (they received both ICPC diagnosis codes for hypertension) and I missed 19 prescriptions. I have corrected these mistakes in the manuscript. The use of thiazides remains unchanged at 4% (95% CI=2% to 6%).

Reviewer 2 (Terry J Hannan)

- **Point regarding Figure 1**: I have converted the figure to a table and, hopefully, this will be easier for the reader to interpret.

I hope that you and the reviewers find these changes satisfactory. Please do not hesitate to contact me should you need any more information.

I look forward to hearing from you in due course.

Yours sincerely,

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