Reviewer's report

Title: Implementing Electronic Clinical Reminders for Lipid Management in Patients with Ischemic Heart Disease in the Veterans Health Administration

Version: 1 Date: 19 February 2007

Reviewer: Ted E Palen

Reviewer's report:

1. Is the question posed by the authors new and well defined?
Yes, the authors define the scope of their project well and state their objectives.

2. Are the methods appropriate and well described, and are sufficient details provided to replicate the work?
Yes, the authors describe the setting, the target audience, and the type of intervention. This reviewer recommends that the footnote on page 7 be incorporated into the body of the reminders section of the Methods. The fact the users of the electronic medical record (EMR) need to go to a separate reminder section of the EMR to see the reminders is a very important point. Reminders of the type described in this intervention are not intrusive and do not require an action to proceed with using the EMR. Therefore, these types are reminders are classified as non-intrusive or passive reminders. These differences are important to highlight in the paper.

3. Are the data sound and well controlled?
Yes, however the p-value reported on page 12 for the 1.77 OR reported for the large intervention site adjusting for self-reported reminder use should be <0.05.

4. Does the manuscript adhere to the relevant standards for reporting and data deposition?
Yes.

5. Are the discussion and conclusions well balanced and adequately supported by the data?
Yes, however comparisons to other other studies using other types of alerts (intrusive and non-intrusive) would be helpful in giving insight into which types of alerts prove to work better patient care and clinical workflows.

6. Do the title and abstract accurately convey what has been found?
The title mentions implementation of the electronic reminders but should also state something about their use, otherwise from the title one thinks this is an implementation study only.

7. Is the writing acceptable?
Yes, except for the third paragraph in the discussion section. This paragraph is difficult to follow. Rewriting would aid the reader’s ability to comprehend the point the authors are making.

-----------------------------------------------------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)
The p-value reported on page 12 for the 1.77 OR reported for the large intervention site adjusting for self-reported reminder use should be <0.05 NOT <0.5.

-----------------------------------------------------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

-----------------------------------------------------------------------------------------------------------------------------

Discretionary Revisions (which the author can choose to ignore)
1. This reviewer recommends that the footnote on page 7 be incorporated into the body of the reminders section of the Methods. The fact the users of the electronic medical record (EMR) need to go to a separate reminder section of the EMR to see the reminders is a very important point. Reminders of the type
described in this intervention are not intrusive and do not require an action to proceed with using the EMR. Therefore, these types are reminders are classified as non-intrusive or passive reminders. These differences are important to highlight in the paper.

2. The title mentions implementation of the electronic reminders but should also state something about their use, otherwise from the title one thinks this is an implementation study only.

3. The third paragraph in the discussion section is difficult to follow. Rewriting would aid the reader’s ability to comprehend the point the authors are making.

4. Comparisons to other other studies using other types of alerts (intrusive and non-intrusive) would be helpful in giving insight into which types of alerts prove to work better patient care and clinical workflows.

What next?: Accept after minor essential revisions

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.