Author’s response to reviews

Title: Validating Laboratory Defined Chronic Kidney Disease in the Electronic Health Record for Active Patients

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Author’s response to reviews:

> We request that a point-by-point response letter accompanies your revised manuscript. This letter must provide a detailed response to each reviewer/editorial point raised, describing what amendments have been made to the manuscript text and where these can be found (e.g. Methods section, line 12, page 5). If you disagree with any comments raised, please provide a detailed rebuttal to help explain and justify your decision.

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_Thank you again for considering our manuscript. We've outlined the responses to each suggestion below, and included in the portion of the manuscript that was edited. Thanks again the opportunity to revise._

\- _Martin Frigaard (on behalf of all authors)_

## 1) Abstract conclusions:

Please specify higher rates of “albuminur...
### 1) Response RE: Abstract conclusions

_Thank you for pointing this out. The abstract now reads,_

_"Conclusions: Identifying CKD status by historical eGFRs overestimates disease prevalence. A CKD diagnosis in the patient chart was a reasonable surrogate for provider awareness of disease status, but CKD awareness remains relatively low. CKD in the patient chart was associated with higher rates of albuminuria testing and use of statins, but not use of ACE/ARB."_
## 4) Strengths and limitations

Please add that this is a single EHR system study and provide an opinion regarding the generalizability of the study findings to other non-Epic EHRs. The authors have already thoughtfully addressed this concern in the response to Reviewer 1, but, unfortunately, I do not see any of this text in the revised manuscript.

### 4) Response RE: Strengths and limitations

_This was an oversight--we've added the following statement to the Strengths and Limitations section:_

_"These findings are specific to EHR systems built using a problem list linked to each patient, and might not be generalizable to EHR systems without this architecture. However, we expect discrepancies would still exist between an eGFR-defined CKD and the corresponding diagnosis codes."_