Reviewer’s report

Title: Providers' preferences for pediatric oral health information in the electronic health record: a cross-sectional survey

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Reviewer: Jeffrey L. Fellows

Reviewer's report:

This is a well-written paper that addresses an interesting topic. I have a few comments for the authors.

First, the hypothesized positive association between provider's information preferences and oral health screenings and referral rates (page 6, lines 27-33) may be an indicator of the need for documentation/reporting of these actions for reimbursement and/or local quality measures. In the limitations section, the authors seemed to suggest this potential (page 16, lines 14-24), but seemed to side-step the issue somewhat. It would be helpful to be more clear that the study could not identify whether the practices had protocols for oral health screenings, services, or referrals, and if documenting these activities was part of usual care. It has been my experience working with providers that documentation is driven by the need for reimbursement, quality measure attainment, or liability prevention. The underlying driver of higher documentation rates may be the presence of practice protocols.

Second, related to the first issue above, would it be fair to say that the study results could be viewed as testing for a preference among practitioners to document services versus not documenting services?

Third, the categories of percentages of well-child visits increase in an inconsistent way (1%, 10%, 15%, 25%, 50%), yet the authors selected a logarithmic function to discuss the results. Because we have no access to the actual responses within each range, it is unclear to me if the categories were engineered to produce a functional form of the data that corresponded to a log model.

Fourth, the OLS model for oral health screenings used a reference group (Table 3, line 41) that appears to have only 4 observations (Table 1, line 44), and may have less if one of these four were dropped from the model (n=194 vs. 211 surveyed).

Fifth, the OLS model variables account for only 18% of the variance in practitioner responses (R2 = .1842 in Table 3). This is not particularly robust and should be addressed in the limitations.
Lastly, in Table 1, the proportion of pediatric patients under 4 years of age would be better stated as a percentage. The text (page 9, line 7) states the proportion as a percentage, and most of the data in the table are presented as percentages. It is a minor issue, so this is a suggestion.

**Are the methods appropriate and well described?**
If not, please specify what is required in your comments to the authors.

Yes

**Does the work include the necessary controls?**
If not, please specify which controls are required in your comments to the authors.

Yes

**Are the conclusions drawn adequately supported by the data shown?**
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Yes

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