Author's response to reviews

Title: Multiple perspectives on clinical decision support: a qualitative study of fifteen clinical and vendor organizations

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Author's response to reviews: see over
Response to reviewers’ comments

We appreciate the assistance provided by the referees and we are now submitting our revised manuscript. Our response to each of the reviewer’s comments is below.

Reviewer 1, Benjamin Brown
I have only one recommended revision: this is certainly not “grounded theory” in the true sense intended by Glaser and Strauss—it is only fair to call it a “thematic analysis” i.e. a descriptive aggregation of themes rather than an attempt to generate theory, which is the hallmark of a true grounded theory approach. . . This study did none of these things therefore to call it “grounded theory” rather than “thematic” analysis would be misleading.
We have changed the terminology, as requested, in the abstract on page 2 and in the Methods section on page 10.

Reviewer 2, Mariette van Engen-Verheul
Major compulsory revisions
1. OK
2. Why is a qualitative approach the best approach to use for this study?
You did not say anything about this in the latest review, so the revision must have met with your approval. However, one of the other reviewers this time asked that we add even more of an explanation, so we have done so on page 5.
3. OK
4. We really appreciate that there is more description on the RAP methods… Perhaps it is an option to name and number all six steps in the first paragraph of your methods and thereafter chose each step as a heading of the next paragraphs. . . and name all six again in your results section. E.g. the different tools you developed are then described as results.
This is an excellent suggestion. We have listed the six steps on page 5 at the beginning of the methods section. We have also used them as subheadings for the remainder of the methods section. We experimented with using the six steps for organizing the results this way, however, and it was not possible. The six steps do not produce discrete tools or findings and they are not followed sequentially. For example, partnering with inside collaborators is ongoing and is a foundation for producing results.
5. OK
6. OK
7. A better description of the method and results for each of the six RAP steps (see 4) could probably solve this point. [on adherence to the RATS guidelines].
We have added detailed descriptions of the six steps.
8. OK
9. OK
10. OK
11. OK
12. The authors name the heading Strengths and Weaknesses of This Study but they describe only limitations and no strengths at all.
   We have added considerably to this section so that now there is one paragraph about strengths and a second about weaknesses.
13-15 OK
16. Also the relation to other studies could be elaborated more, preferably in a separate section, e.g. name some results from other research in the field and how that related to your findings. The same applies to unanswered questions and future research.
   We have created a separate subheading titled Relation to Other Studies for this purpose and have also added a Future Research subheading.

Minor essential revisions—OK except for those below
2. Introduction- I expected some more expanding on why the qualitative approach is best, etc.
   We have expanded further on page 5.
Methods—I understand the authors say they are proud of the rigor of their methods. So perhaps it is a matter of personal preference, however I would use some other words, e.g. “during preparation and executing of this study we tried to follow/use the RATS guidelines” or the like.
   We have revised the wording of this statement as suggested.
19. OK, however name this in the paper (we approached X stakeholders and all agreed to participate in our study).
   We have added a statement in the first paragraph of the Results section on page 11 that notes approximately how many stakeholders we approached who were unable to participate.
23. OK, however name this as your first limitation in the limitations section of your discussion. It is used to start with your most important limitation, the one about the telephone interviews is least important, name that one later on.
   We have done this.
Results—11. OK, however name this in the paper (that all collected data was categorized into the themes and used during the analysis).
   We have done this on page 10 of the paper.
Discussion—13. Almost ok, perhaps you could better follow the order of the themes as written in the Results. It still appears to be a list of accidental chosen themes.
   We have reorganized the Discussion section and added several new subheadings so that this section is now more structured and easier to follow.

Reviewer 3, Brian Bell
1. Two remaining issues I would consider major compulsory revisions. I’ve noticed that one of the reviewers (Mariette) included as a major compulsory revision the need to explain why a qualitative approach is the best to use in this study. Although the authors state in their reply that they have described
the benefits of a qualitative approach and why it was used, I didn't find much evidence of this. I would want the authors to provide more detail.

*We have added an entire new paragraph at the beginning of the Methods section on page 5 to further explain why qualitative methods were used.*

2. Concerning my comments, I think the authors have provided sufficient information about why they used an ad hoc approach to data collection and have also addressed other points with one exception, which I also consider a major compulsory revision. I still would like to know more about the characteristics of the people they interviewed and observed. For example, although they claim to have “made an effort to seek out clinical champions, normal users, and skeptical users,” there is no way to evaluate whether they have met these goals. They also interviewed people in particular roles and “staff members who were most involved with CDS” but we simply have to take their word that this was achieved. Surely they have information of this sort and could provide it in the paper? I understand that people may have multiple roles, which may complicate things, but still you can classify people in more than one way when presenting their characteristics.

*We have added Table 3 in response to this comment. We have added on page 12 a lengthy description of the categorization scheme we developed. We were able to place each interviewee’s role into one category because our scheme allows for multifaceted roles within categories.*