Reviewer's report

Title: Internists' perceptions of outside clinical information and health information exchange

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Reviewer: J. Mac McCullough

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Major Compulsory Revisions

• Please provide additional information regarding the qualitative data analysis. How was coding performed (i.e., was it open ended or pre-codified)? Were multiple researchers involved in coding and if so how were discrepancies resolved?

• The authors provide a wealth of findings spanning physicians’ use—and non-use—of OI in a non-HIE setting. The paper could benefit from additional consideration of which of the factors shown in tables 2 and 3 are amenable to HIE and which are likely to remain problematic. Findings could be contrasted with other existing studies of physician usage of HIE.

• Given the modest size of this non-probabilistic sample, the authors should be careful to avoid overstating the ability to make reliable comparisons between the self-reported usage of OI and the quantitative clinical data. Moreover, the statistics reported actually appear to be more accurate than the authors are giving credit for. For instance, 80% of physicians estimated they ordered OI for < 15% of patients when the actual figure was 13.7%. Also, 75% of physicians estimated that the information wasn’t received or wasn’t correct more than 33% of the time when, according to the results, 38.9% of OI requests were not fulfilled. These alternative interpretations paint a different picture than those contained in the discussion.

- Minor Essential Revisions

• Authors state that a non-probabilistic sampling approach was used. What characteristic(s) were used to select participants for inclusion, and why?

• In the limitations the authors note that findings may not be generalizable. Please provide additional contextual information so that readers might understand how their settings compare to the one studied (e.g., EPIC is used in at least two places to imply that the EMR system in use is EPIC. But it is not entirely clear whether this is the case.)

- Discretionary Revisions

• The empirically-validated value of HIE is perhaps overstated in the introduction. HIE is certainly known to have major benefits, but systematic reviews (including Rudin et al. [#6]) also clearly state known shortcomings and other areas where
HIE is currently failing to live up to its anticipated promise.

- A few minor grammatical issues (e.g., Abstract - Background "...yet utilization among US hospitals IS low")

**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.

**Declaration of competing interests:**

I declare that I have no competing interests