Author’s response to reviews

Title: Are Austrian practitioners ready to use medical apps? Results of a validation study

Authors:

Fanni Hofer (fanni_hofer@hotmail.com)
Daniela Haluza (daniela.haluza@meduniwien.ac.at)

Version: 2 Date: 26 Mar 2019

Author’s response to reviews:

Dear Editorial Board of BMC Medical Informatics and Decision Making,

Dear Ladies and Gentlemen,

Thanks for inviting us to provide a revised version of our manuscript MIDM-D-18-00365 “Are Austrian practitioners ready to adopt mobile technologies? Results of a cross-sectional online survey.”

In response to formatting change requests, we no provide some more info on the ethics commitee:

This survey was approved by the ethics committee of the Medical University of Vienna, Austria, (matriculation number no. 1633977) on 21 December 2017 and conducted following the guidelines of the Declaration of Helsinki. Participation was anonymous and voluntary, thus study subjects gave their implicit consent when starting the online survey.

In addition, we no wrote the follwoing in the methods section, as requested:

"Study subjects gave their implicit consent for participation when starting the online survey. Participation was anonymous as participants did not provide personal data and on a voluntary basis without a remuneration component."

We thank the Reviewers for the favorable evaluation of our manuscript. The comments and remarks were, again, very helpful to improve the content and quality of our manuscript.

We indicated all changes to the manuscript using track changes.
We hope that our manuscript is now ready for publication in BMC Medical Informatics and Decision Making!

Sincerely,

Daniela Haluza (for the authors)

Daniela Haluza, MD PhD
Medical University of Vienna
Institute of Environmental Health, Center for Public Health
Kinderspitalgasse 15, A-1090 Vienna, Austria
Tel:+43(1)40160 34933, Fax:+43(1)40160 934936
Email: daniela.haluza@meduniwien.ac.at

Reviewer reports:

Donna J. Slovensky (Reviewer 1): The revised paper is better organized and more descriptive. The methodology description is improved and distracting information removed.

Page 23, Lines 52-53: "combined score ... might be more useful" - statement made without any discussion or explanation. What is conceptual reason for why more useful?

Page 2, line 36: delete WERE

Page 6, line 2: translated the INSTRUMENT into (omitted word)

Page 7, line 49: date structure

Authors’ response:

We thank Reviewer 1 for the favorable evaluation of our manuscript. The comments and remarks were, again, very helpful to improve the content and quality of our manuscript.

We agree and modified the phrase accordingly:
“Thus, using the items without the structure set by those three readiness components might be more useful to capture the readiness to use medical apps.”

We are especially thankful for spotting the typos, which we have corrected.

Ting Song, Research Master (Reviewer 3): Overall, the paper has been much improved.

1. The title needs to be further considered. This title cannot cover the content of the study.

Authors’ response:

We thank Reviewer 3 for the favorable evaluation of our manuscript. The comments and remarks were, again, very helpful to improve the content and quality of our manuscript.

Regarding the title, we adapted the new title to the request to use medical apps, not mobile technologies, which is indeed too far-fetched. We agree on that and changed the title to “Are Austrian practitioners ready to adopt medical apps? Results of a validation study” and hope, that the title is now clearer!

2. The presentation of the second paragraph in the Introduction is inconsequential. The causation and transition are far-fetched. It is difficult to get the key message from this paragraph.

Authors’ response:

In response to this request, we modified the respective paragraph and hope, that it is now clearer.

3. Why is it important to address the research question? There is a need for overall improved organisation and clarity, especially for improved clarity about the significance and impact of this study.

Authors’ response:

We agree and have already stated that little is known on prevailing medical apps use and associated concerns of smartphones app use in medical contexts in Austria. This is especially interesting as 1) this emerging field affecting medical communication, education, and healthcare delivery, and 2) previous research showed that technology acceptance among Austrian doctors was rather low compared to other healthcare stakeholders. As a tool for assessing readiness to use medical apps was missing, we developed and validated this tool on the basis of the Practitioner Telehealth Readiness Assessment Tool. In response to this request, we modified
related passages so that it is clear that we developed and also validated a new and so far unpublished German study questionnaire to assess medical app use readiness.

4. Mobile apps are not equal to mobile technologies. The latter are much broader. Therefore, please check the consistency of the key terms.

Authors’ response:

We agree. In response to this request, we adapted the title and the wording wherever necessary.

5. In the questionnaire validating stage, how the 12 students and 23 physicians were selected? Are there any selecting criteria? Why 12/23? Please explain.

Authors’ response:

In response to this request, we now describe that we aimed at more than 10 participants in the first phase, and more than 20 in the second phase. In principles, pretests are not uniformly conducted, although usually, more than 5 participants are invited to take part. However, more is not always better. We very cautiously pretested our instrument before using it in a larger study population.

6. Table 4 needs to be further improved.

Authors’ response:

We reported the results of the PCA as shown in other (validation) studies. However, we have now adapted the table so that it needs less space and hope that this increases readability.