Author’s response to reviews

Title: Accessing and sharing health information for post-discharge stroke care through a National Health Information Exchange platform - a case study

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Accessing and sharing health information for post-discharge stroke care through a National Health Information Exchange platform - a case study

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Dear Editor-in-Chief

Thank you for considering our paper for publication in your journal! In this cover letter we have addressed the changes point-by-point.

Best regards

The authors

Reviewer 1:

Introduction

Methods

2. Typo on page 12 line 275 "goas" -> "goes". 

Change has been done in line 282.

3. Page 16 line 367, "necessary health information documented in several source systems are illustrated in figure 5". Isn't it Figure 4?

Change has been done in the figure legend in line 376.

Results

4. The organisation of the results section needs some adjustment. Currently, the key message has not been shown clearly. The aim of this study is to study whether the HIE platform meets the information access needs of post-discharge stroke patients using a care and rehabilitation planning tool. Therefore, three groups of information, which you all have, need to be mapped in one table:

- the patient's information needs and type of information needs such as basic and interactive (identified from the scenarios developed by the authors and previous studies as shown in table 2)
- the information that has been documented by healthcare professionals in various EHRs (as shown in table 1 and figure 4)
- information accessible via the HIE (as given in table 3 about service contracts and APIs).

We have now merged table 2 and 3. Change has been done in lines 398 and 399.

In addition we have removed some information related to need of communication in table 3. Change has been done in line 800 in table 3.

5. Page 17 line 377, are the potential eHealth services already available or intended to build?

The potential eHealth services are intended to build but we have now removed this sentence as we improved this paragraph based on the reviewer’s comment. Changes are in lines 401-404.

6. Page 17 line 383 "To be able to analyse the information flow between some of the potential eHealth services…” Does this paper intend to analyse the information flow between the potential eHealth services? If so, which part presents the relevant results?

Changes have been made in lines 401-404.
7. Page 17 lines 387-389 "All necessary information addressed in our…are not available" What is the purpose of giving this piece of information here?

Changes have been done in lines 409-411.

8. Page 34 "Table 3" should be "Table 1".

Change has been done in the table legend.

9. In Table 1, what information is covered by "Information about me"?

We have now added the information in the table 1.

10. Please translate text in Figures 1 and 6 into English.

Different parts of the figures 1 and 6 are translated in English now. Changes have been done in the figures.

Discussions

11. The first paragraph goes more than one page. Please break it into 2-3 paragraphs.

The first paragraph in the discussion is now divided into several paragraphs.

Appendix

12. A typo in the first diagram. "Documentatioin" -> "Documentation".

Change has been done in the diagram.

13. The diagrams are quite messy. Please reorganise the elements to ensure better readability, for example consider to move some of the users to the right hand side of the diagrams.

Change has been done in the diagram.

Reviewer 2:
1. The introduction is lengthy and I am not sure that the information presented is necessary or clearly motivates the study. A briefer introduction, or at least one that makes the objective of the current study clear much earlier would be more valuable.

We have now shortened the introduction and mentioned the objective of the study earlier in the introduction. Changes have been made throughout the introduction and objective is mentioned in lines 127-132.

2. The strengths and weaknesses of the Swedish system for this case may be idiosyncratic, and the authors do not fully systematize what is learned from the case study. What is interesting about this case beyond the Swedish situation? Are there lessons for efforts to build HIEs elsewhere?

Change has been made in lines 594-600.

3. On lines 458-460, the authors note that "Of course, for Anna to have access to all her prescribed medications, both care providers must have connected their EHR systems as service providers to this particular service contract." This description confused me and raised additional questions: Is this true for all service contracts? What proportion of providers connect to each service providers? Is the national HIE likely to have important, large holes in the patient data it contains due to low participation? Participation in HIEs remains an ongoing challenge internationally wherever participation is optional, and this issues should be addressed in more detail.

Changes have been made in lines 482-489.

4. Figure 4 is very difficult to read and might be improved by removing the figures featuring stickmen and the description of different tools functions.

Change has been made in the figure 4.

5. Figure 6 does not appear to provide much information and might be omitted.

The figure is now translated into English and it shows the patient’s progress in the rehabilitation process. So with the respect for the reviewer and his comment, the authors have decided to keep the figure as it is valuable for the readers.

6. I don’t believe a HIS is ever clearly defined.

The change has been done in line 79.
7. Wording of the manuscript is awkward in several places. Close copy-editing and proofing will likely be necessary to improve readability.

The wording has now been improved throughout the manuscript. We have not used track changes for these changes as it became very difficult to see the important changes to the content that were specifically asked for and corrected as described above.