Reviewer’s report

Title: A Randomized Trial of Decision Support for Tobacco Dependence Treatment in an Inpatient Electronic Medical Record: Clinical Results

Version: 0 Date: 24 Sep 2018

Reviewer: Don Goldmann

Reviewer’s report:

Your initial studies on in-hospital effectiveness of the EMR-based interventions is encouraging. It's admirable that you have undertaken a study to determine whether what's done in the hospital has enduring impact. Unfortunately, you were unable to establish this.

I suspect that part of the problem is the weakness of your theory of change/implementation theory. There is very little support for the theory that the interventions you made would result in durable change, and support for your theory is lacking in the paper. Please provide considerably more support for your theory that these alerts and other features would affect behavior long term.

You cite that you have a type 1 study, but really this is a bit of mumbo jumbo for the long established practice of demonstrating improvement in process measures that ARE TIGHTLY LINKED TO THE OUTCOME OF INTEREST. There's the rub. The linkage here is murky,

There is almost no exploration of the reasons why these interventions failed to improve outcomes. This is essential in implementation research. What have we learned that will help us do better next time? Without any qualitative inquiry, I have no idea how to do better next time.

An implementation research study should pay attention to context. I don't see a robust contextual analysis, frankly.

While the delta for improvement in the study parameters is impressive, ideal state was not achieved. Please comment.

How do you know that the intervention did not "bleed" or contaminate the control group. Did you inquire about this?

I think the idea of "upping the ante" by doing a cluster randomized trial is unwise. Why would you do this without a much deeper understand about what happened in THIS trial and a stronger theory of change regarding the implied causal pathway

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