Reviewer’s report

Title: Implementing cardiovascular disease prevention guidelines to translate evidence-based medicine and shared decision making into general practice: Theory-based intervention development, qualitative piloting and quantitative feasibility

Version: 1 Date: 27 Mar 2019

Reviewer: Laura Desveaux

Reviewer's report:

I would like to congratulate the authors on the strength and clarity of the revised manuscript. There are a few more areas that require attention that would significantly strengthen the manuscript's contribution to the literature. On an unrelated note, I would also like to commend Mr. Fajardo for supporting this submission while Dr. Bonner was on maternity leave - this is an uncommon gesture (in my experience) with immeasurable impact.

Major Revisions
1. The authors regularly refer to an audit and feedback exercise as part of the intervention, but this is not well-described. It is clear that the intervention provides feedback on risk classification, but what is the audit component? The 'audit' aspect of audit and feedback refers to the measurement of an individual's professional practice or performance, which is then compared to professional standards or targets. It would appear that the intervention provides feedback on performance (in the absence of an audit).
2. Page 4, end of final paragraph - why have these interventions not been translated into clinical practice nationally? Are the ineffective? This seems like a critical insight that relates to the feasibility of future implementation for the current intervention.
3. Page 7-8 - The methodological description for Stage 2 is lacking. Were any instructions given to the knowledge broker service to guide recruitment? How were the qualitative data analyzed? Were rationale and associated changes documented (it would appear from the results that they were)?
4. Page 11, Stage 2 results - More detail is required here. What were the demographic characteristics of the GPs? What themes were captured across the notes? Please provide an example of the feedback received during this stage.
5. Page 14 - Much of the data reported from the quantitative feasibility study (Stage 5) would be more clearly presented in a table vs. written out in text (i.e., efficacy, acceptability, demand, and other outcomes).
6. Page 16, Table 5 - This table demonstrates that the decision aid increased the user's capability to correctly identify the patient's risk category. For patients with moderate to high risk, this resulted in a decrease and increase in prescribing recommendations, respectively. However, for the low risk category, prescribing recommendations remain largely unchanged. The authors highlight overprescribing to low-risk patients as a target of the intervention in the introduction, therefore this finding warrants attention in the discussion (perhaps in the last paragraph on Page 18). Why do the
authors think this evidence-practice gap still persists? Why might providers think differently about this group of patients?

7. Page 17, outlining the three suggestions- For the first two suggestions, please add an explanation as to why the authors feel the addition of a motivation-focused feedback exercise or a decision aid to address capability is likely to make a previously unsuccessful method successful (as you have for the third suggestion).

8. In the conclusion section, there is no need to re-state the project methods. Please highlight the preliminary impact the intervention had on correctly identifying risk categories and the subsequent influence on treatment decisions and focus on the feedback you received from users that likely optimized the intervention's impact. Please align the conclusion section of the abstract as well.

Minor Revisions
1. Abstract - please revise the first sentence in the methods to read "Stage 1 involved the identification of evidence-based solutions using the…” to avoid confusion.
2. Abstract - please refer to the intervention in Stage 3 as a 'prototype website' to ensure consistency with reference to the website in Stage 4
3. Abstract - in the results section, revise to 'Stages 2-4 iteratively improved…"
4. Abstract - throughout the results section, please include the total number of respondents in addition to the percentage
5. Introduction - there are several sentences in the introduction which could be tightened considerably. For example "Despite available guidelines, absolute risk is often not assessed and when it is assessed, is not necessarily used to guide management decisions". Later in the paragraph "The evidence-practice gap has been estimated…” (instead of 'failure to implement the absolute risk approach).
6. Please review the manuscript to ensure you use consistent language throughout to refer to the intervention at various stages. For example, for stage 1, either use the term 'intervention' or 'prototype'. If using prototype, consider calling it a prototype website so it logically flows when using the term website later on. Please also change the subheading if required
7. Page 7 - Suggest revising the subheading to read "Qualitative piloting and iterative website development" (or whatever term you choose)
8. Page 13, Table 3 - Please include independent columns that identify the respective stage and intervention version number to help orient the reader.

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