Author’s response to reviews

Title: A Primary Care, EHR-Based Strategy to Promote Safe and Appropriate Drug Use

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Author’s response to reviews: see over
To the Editors of *Trials,*

Thank you and your reviewers for your helpful suggestions on our previously entitled article “A Primary Care, EHR-Based Strategy to Promote Safe and Appropriate Drug Use.” We have addressed all comments below in bold. We believe that making these changes has enhanced our paper. We look forward to hearing your thoughts.

**Editor Comments**

1. Please ensure the title conforms to journal style for study protocol articles. The title should follow the format “___________: study protocol for a randomized controlled trial.”

   **Done as requested.**

2. Please include the email addresses of all authors on the title page.

   **Done as requested.**

3. Please list your trial registration number at the end of the Abstract, along with the date of registration.

   **Done as requested.**

**Reviewer 1**

1. The title should have “EHR” spelled out.

   **Done as requested.**

2. The Abstract should have information about study size, duration, and the primary outcome measure.

   **Done as requested. We now more fully describe the study duration, sample size and outcomes measured.**

3. There needs to be a section on sample size: Why 600? What assumptions were made in the calculation and why? What outcome was used for the calculation of sample size?

   **Done as requested. We have added a complete section on sample size to justify enrollment of 600 patients.**

4. There needs to be a section on analysis: Intention to treat or not and why? How will missing data be handled?

   **Done as requested. We have added a section on analyses, and have specified that we will be performing intent-to-treat analyses. We anticipate minimal “missing” data as all data collection occurs in person with trained research assistants.**

5. The “standard care” in the control group should be described.

   **Done as requested. On page 4 we now describe the current standard of care in study clinics and have provided further clarification on page 6.**
6. Obviously, this study is unblinded. How will objective assessment of the outcomes be ensured?

As with other behavioral and patient education interventions, it was not possible for the study to be blinded. However, we have extensively trained our research personnel to assess outcomes in a consistent and standardized manner, regardless of patient assignment. We also believe there is very limited potential for contamination between study arms as the intervention is designed to be automated via the electronic health record and not delivered by study personnel.

7. I did not receive the accompanying figures. I may have missed it, but I did not find a reference in the text to figure 1 (figure 2 is mentioned on page 5).

Our apologies – we did not intend to include any figures with this manuscript. The reference to a Figure 2 was a typo and has been removed.

8. In the Trial Status section, when did enrollment begin and when is it expected to finish?

Done as requested. We have added information concerning the enrollment timeline.