

## **Author's response to reviews**

**Title:** arriba-lib : Evaluation of an electronic library of decision aids in primary care physicians

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**Author's response to reviews:** see over

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Adrian Aldcroft, BioMed Central  
Executive Editor

08/05/12

Dear Dr. Aldcroft

Thank you very much for your kind consideration of our manuscript. We also would like to thank the reviewers for their comments which helped us to clarify the objective of our manuscript.

Please find attached the revised version of our manuscript "Evaluation of an electronic library of decision aids in primary care physicians".

We hope that our manuscript is now suitable for publication in "BMC Medical Informatics and Decision Making".

Yours sincerely

Oliver Hirsch, Ph.D.

## Reviewer's report

**Title:** arriba-lib : Uptake of an electronic library of decision aids in primary care physicians

**Version:** 2 **Date:** 22 April 2012

**Reviewer:** Nananda F. Col

### Reviewer's report:

The revised manuscript is much improved. The authors are generally responsive to previous reviews. Unfortunately, some of their changes led to other issues that need to be fixed. The writing is improved but is still a bit rough and patchy. The review of previous and related literature is excellent and thoughtful. Their findings are interesting and would be valuable to publish. My main concerns are editorial in nature-- the manner of presentation of their findings and the link between their findings and conclusions could be improved (especially now that the qualitative section has been removed). Study limitations should be expanded and restructured, and the title and conclusions should be adjusted given that the qualitative findings have been removed (weakening the link between study findings and stated conclusions).

### Minor essential revisions

Conclusion doesn't follow from study findings. 'Our electronic library of decision aids (arriba-lib) had satisfactorily been adopted by primary care physicians. A flexible way of delivering decision aids, tailored to the individual patient and setting, is of importance.' The findings presented do not shown that MDs are satisfied nor that they request flexible way of delivering DAs. Try to make the conclusions more directly tied to study findings reported.

[Conclusions were reformulated.](#)

Re: "Decision aids should also be interactive so that individual risk data can be entered and the effects of certain treatments can immediately be seen. Potential sources of error (e.g. inaccurate data entry, comprehension errors) should be kept to a minimum. Pros and cons can, for example, be discussed by using weigh scales to ensure the incorporation of patients' values [4]. The successful implementation of decision aids in clinical practice first depends on how clinicians perceive them". This section is rough and not clearly supported by evidence. Maybe replacing 'should' with 'could' would help, and removing the word first, as some might argue that acceptance by patients is the first thing needed. Else add references to support these assertions. ["Should" was replaced with "could" and "first" was deleted. References 4 to 7 argue in this direction.](#)

Wording suggestion: 'Forty-five patients did not enter the study' could be stated as '...were excluded from participation because...'

[Reworded as proposed.](#)

p.9 The scale (four point scale ("not at all", "hardly", "detailed", "very detailed") is problematic. The most common choice would presumably fall between hardly and detailed-- generally or broadly. Recognizing that it is too late to fix this, perhaps mention this as a study limitation.

[Added as a study limitation.](#)

'Due to the exploratory nature of our evaluation study, we decided not to adjust for multiple testing.' I would omit this (see comment below) and just keep the sentence in

the discussion at the top of p 15 (also removing the redundant sentence in the following paragraph).

Corrected as proposed.

15 'It is likely that no consistent consecutive patient recruitment was done by the participating physicians.' Wording could be improved.

Reworded: "It is likely that the participating physicians did not consistently perform consecutive patient recruitment."

p.18 '... found that the emerging prompts regarding guideline adherence were more likely to be accepted when physicians considered them to offer support and choice . Please define what you mean by emerging prompts. This term is unclear to me. Do you mean physician reminders?

"Prompts" was replaced with "reminders".

p.18 The newly added sentence "Nevertheless, some physicians in our study..." seems to present findings. If this is the case, this should be moved to the results section.

This sentence does not present direct results of our study. Some physicians raised these concerns when our study nurses collected the data in the practices. We would therefore leave it there.

p. 19. 'physicians report wrong interpretations..' perhaps 'incorrect" should replace 'wrong'?

Replaced as proposed.

p. 19. Conclusions. Did this study really show satisfactory adoption? Acceptable time frame? Only 32% of eligible physicians actively participated, no data is presented on whether they used the decision aids after the trial was ended, or even how long the trial lasted. The study is stated as being preliminary in nature, yet the conclusions are quite strongly stated. I would reframe and tone down the conclusions.

Conclusions were reformulated.

p.15. More discussion of limitations of the study should be included in this paragraph. Lack of a control group is far more important than not recruiting all consecutive patients and should be listed first. Also, the highly selected physician sample should be mentioned.

Lack of control group is now mentioned first. Selection bias in the physician sample was emphasized.

The question of dealing with multiple comparisons is a bit more confusing. Now the authors say they won't adjust for this, but then they include an adjustment and present adjusted findings. It might be better to not mention that they will not adjust for this in the methods section, and simply include the first sentence on p 15 that reports the # of comparisons and what the corrected p value for significance should be. And not make further mention of this.

Corrected as proposed.