

Reviewer's report

Title: Implementing Electronic Clinical Reminders for Lipid Management in Patients with Ischemic Heart Disease in the Veterans Health Administration

Version: 2 **Date:** 28 September 2007

Reviewer: Trudy van der Weijden

Reviewer's report:

General

The authors have responded extensively to the reviewers' comments.

It took me a while to make the click towards your restrictive objective, being just on implementing reminders and not on the effect of implementing reminders on performance. I am familiar with studies that have reminders as implementation strategy with the objective to implement improved adherence to EBM guidelines. Your object of implementation was the electronic reminder itself. Your intervention to be implemented was the electronic reminder system, and your multi-faceted implementation strategy was: kick-off meetings with cardiology experts, small group meetings on barriers, training in installation and use of reminders, given continuous necessary support, and bi-monthly conference calls.

The consequence of your objective "to report on a hospital-level intervention to implement and encourage use of the electronic clinical reminders, not to evaluate the effectiveness of electronic clinical reminders" would be that you do not need to report on patient outcomes, but you "do believe it is important to estimate the impact of reminders on patient level outcomes."

Now I understand that reminder use is your primary outcome, the fact that reminder reports were available on a limited scale is a more serious drawback than I thought it was.

Presenting results with and without adjustment for the reported use of reminders is indeed appropriate. Nevertheless, a randomised study with the patient-level outcomes as primary outcome would have in my view been stronger and made this work of higher importance.

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

Discretionary Revisions (which the author can choose to ignore)

What next?: Accept without revision

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.