

PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form ([see an example](#)) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below. Some articles will have been accepted based in part or entirely on reviews undertaken for other BMJ Group journals. These will be reproduced where possible.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Physician Directory: A challenge to measuring electronic health record adoption in a cohort of Connecticut physicians
AUTHORS	Tikoo, Minakshi

VERSION 1 - REVIEW

REVIEWER	Ross Koppel, Ph.D. Professor, Sociology PI, School of Medicine Univ. of Pennsylvania No conflicts or competing issues
REVIEW RETURNED	02-Mar-2012

THE STUDY	No patients were involved. Therefore the question is N/A. And the fact that there is not an N/A column is unfortunate.
GENERAL COMMENTS	This is a good, simple, straightforward paper. It reports on an issue of importance. The recommendations are sensible. I would like to see the following (small issues) addressed 1. highlight the finding that the state has almost no idea who/what physicians are practicing in the state. This is the dramatic finding. 2. offer some suggestions about CT vs other states and what they may or may not have in terms of data about doctors in their states. 3. acknowledge that post card question no. 8 may have depressed the response rate in that MDs were worried you were "checking up" on them.

REVIEWER	Jeanette Y Ziegenfuss, PhD Assistant Professor Mayo Clinic
REVIEW RETURNED	17-Aug-2012

THE STUDY	It is not clear that the authors answer the question that they claim to with the evidence provided.
GENERAL COMMENTS	The manuscript is set up as an evaluation of the adequacy of the available lists of physicians in CT to assess EHR adoption rates. The underlying premise of this investigation is important. Indeed, I think any additional comments about the adequacy of physician frames generally (including the potential limitations associated with the AMA masterfile, for example) would help frame the paper. With respect to the primary stated goal, I think that the manuscript falls short in a number of ways, specifically: • The manuscript describes a series of two mailings, a postcard survey, followed by a more detailed survey to initial responders. The

	<p>postcard asks individuals to comment on their preferred mode of survey receipt as well as some individual and practice-level characteristics. It also asks for contact information. The authors make conclusions about the CT physician population based on responses to these postcards. It is possible that individuals did not wish to provide this information and did not respond. Had the request taken another form, it is possible that the findings would have been different.</p> <ul style="list-style-type: none"> • The authors do not have any sort of benchmark to which they can compare the population that they hear from. Are there any administrative records to which you can compare your sample characteristics to help evaluate the extent to which nonresponse bias may be present? • The decision to do a two step mailing was made based on the known issues with the list, can the authors comment on how well this approach worked compared to had they just started initially with the longer survey? • The postcard is not designed in such a way that it is clear what someone who answers “no” or “retired” to the first question would know what to do. As there are no skip instructions, it is possible that these individuals would not return the survey. This should at least be listed as a limitation. • The authors conclude that “the physician list was inadequate for the purpose of administering the survey” – the evidence presented does not directly support this. • It would be helpful to provide additional details in the discussion about the state of physician lists in other states in addition to CT.
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VERSION 1 – AUTHOR RESPONSE

Reviewer comments How they have been addressed in the paper

Ross Koppel, Ph.D.

1. highlight the finding that the state has almost no idea who/what physicians are practicing in the state. This is the dramatic finding. We have heightened this finding in the first paragraph in our discussion section on page 9.
2. offer some suggestions about CT vs other states and what they may or may not have in terms of data about doctors in their states. We have added a reference (12) that is based on a key stakeholder survey undertaken to address provider directory issues to give some comparable information that is based on other state experiences.
3. acknowledge that post card question no. 8 may have depressed the response rate in that MDs were worried you were "checking up" on them. We have added this comment to our section on limitations on page 10.

Jeanette Y Ziegenfuss, PhD

The manuscript describes a series of two mailings, a postcard survey, followed by a more detailed survey to initial responders. The postcard asks individuals to comment on their preferred mode of survey receipt as well as some individual and practice-level characteristics. It also asks for contact information. The authors make conclusions about the CT physician population based on responses to these postcards. It is possible that individuals did not wish to provide this information and did not respond. Had the request taken another form, it is possible that the findings would have been different. We have added a sentence that acknowledges that this is a voluntary survey and it is true that some people just did not want to respond to our survey. But, we believe that non-respondents may behave similarly had our request taken another form. For example, had we made requests using the web we believe that our response rate would be lower, given our finding that 55% of the respondents preferred receiving surveys in the mail.

The authors do not have any sort of benchmark to which they can compare the population that they hear from. Are there any administrative records to which you can compare your sample characteristics to help evaluate the extent to which nonresponse bias may be present?

The challenge is that no systematic work has been done to keep up these lists as these do not serve any purpose except for being able to count how many people are licensed to practice. And to that account, these lists serve their primary purpose. Health plans have physician lists that are not publically available. So at this time there is no benchmark that can be used to compare the group that we heard back from.

The decision to do a two step mailing was made based on the known issues with the list, can the authors comment on how well this approach worked compared to had they just started initially with the longer survey?

We address this issue in our discussion section paragraph 4 (pages 9-10)

The postcard is not designed in such a way that it is clear what someone who answers “no” or “retired” to the first question would know what to do. As there are no skip instructions, it is possible that these individuals would not return the survey. This should at least be listed as a limitation.

We have added this comment to our section on limitations on page 10.

The authors conclude that “the physician list was inadequate for the purpose of administering the survey” – the evidence presented does not directly support this. We started with a list that had 18,642 physicians and ended with a list of 10,327 physicians that practiced in CT. We feel that this is a significant difference.

It would be helpful to provide additional details in the discussion about the state of physician lists in other states in addition to CT.

We have added a reference (12) that is based on a key stakeholder survey undertaken to address provider directory issues to give some comparable information that is based on other state experiences.

VERSION 2 – REVIEW

REVIEWER	Jeanette Y. Ziegenfuss, Ph.D. Data Collection Center, Manager HealthPartners Institute for Education and Research
REVIEW RETURNED	28-Sep-2012

GENERAL COMMENTS	The authors have successfully addressed my initial comments.
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