Response to Dr. Majumdar

In response to "No more dithering on e-health: let's keep patients safe instead,"[1] Dr. Majumdar argues that the jury is still out on electronic health records (EHRs).[2] Based on what evidence? On safety, he is concerned with implementation problems and patient harm. For implementation, our successful peer nations can provide options for phasing in universal electronic systems smoothly and effectively. Regarding patient safety, his evidence is a pre-post study covering five months in one US hospital over seven years ago. There are tens of thousands of preventable adverse events every year in Canada; an integrated and universal data infrastructure could help reduce them and facilitate coordinated care for patients with complex conditions. We have no illusions that EHRs will fix all the problems in health care. However, we're already spending billions, the potential benefits are large and the experience of other nations suggests EHRs are a necessary step toward improved quality and safety.

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REFERENCES

1. McGrail K, Law M, Hébert PC. No more dithering on e-health: let's keep patients safe instead. *CMAJ* 2010;182:535.
2. Majumdar SR. Waiting for evidence? [letter]. *CMAJ* 2010;182:700.

For the full letter, go to: www.cmaj.ca/cgi/eletters/182/6/535#330777

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Correction: Research

The article "A network meta-analysis of randomized controlled trials of biologics for rheumatoid arthritis: a Cochrane overview"[1] published Nov. 24, 2009, contained incorrect information, including several numbers needed to treat and 95% confidence intervals in Table 2 and some numbers in Table 3. As well, in Figure 2, the dotted line should go through 1.0, not to the right of it, and in Figure 3, Etanercept, I^2 should be 0% not 94%. In the Methods section, the following sentence should have been added: "Studies using the recommended, approved doses of biologics were included in this network analysis." In the subsection "Number needed to treat," the third sentence should read: "The numbers needed to treat for benefit were 3 (95% CI 3–5) for etanercept, 4 (95% CI 3–6) for adalimumab, 4 for (95% CI 3–8) for rituximab, 5 (95% CI 3–10) for abatacept and 5 (95% CI 3–18) for infliximab."

A corrected PDF is available online at www.cmaj.ca/cgi/data/cmaj.091391/DC2/1.

REFERENCE

1. Singh JA, Christensen R, Wells GA, et al. A network meta-analysis of randomized controlled trials of biologics for rheumatoid arthritis: a Cochrane overview. *CMAJ* 2009;181:787-96.

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