Author's response to reviews

Title: Developing Algorithms for Healthcare Insurers to Systematically Monitor Surgical Site Infection Rates

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Author's response to reviews: see over
Dear Editor,

Thank you for the continued consideration of our original article submission, “Developing Algorithms for Healthcare Insurers to Systematically Monitor Surgical Site Infection Rates.” A revised manuscript is now uploaded and a point-by-point response to the reviewer comments is found below.

I certify that the manuscript represents original work that has not been published or is not being considered for publication elsewhere and that all authors have contributed to, and approve of, the manuscript. Financial support was provided by the CDC Prevention Epicenters Program, UR8/CCU115079 and the CDC Office of Healthcare Partnerships. All conflicts of interest and financial disclosures have been provided.

Response to Reviewers

Reviewer 1

General Comments

1) **Comment:** “The paper has a strong US focus despite the fact that the methodology should be of value to other countries as well.”

   **Response:** We completely agree. Although these algorithms have been previously validated and are now operationalized for US health payers, they could be modified for use in other countries by finding corresponding claims codes. Nevertheless, given the lack of prior validation in non-US health systems, the selection of corresponding codes and the demonstration that the algorithm applies to non-US medical care would be needed. This has been added to the discussion.

Discretionary Revisions

1) **Comment:** “Add some caveats about the instability of rankings based on small numbers of procedures.”

   **Response:** We have added this to the discussion.
General Comments
1) **Comment:** on the choice of results displayed and the utility to the reader
   **Response:** The importance of this software lies both in the application of health plan data without the release of medical identifiers to an external analytic center and the provision of hospital rankings (previously validated) based on claims-based indicators of surgical site infection (SSI). The utility of such product naturally relies upon the type of output that is generated, its accessibility to the user, and the user’s ability to critically compare the raw data to adjusted data provided by this software. The results in this manuscript were designed show the cohort descriptions and the hospital rankings that would enable health plan analysts to see the product of this software and assess of utility of its output.

Discretionary Revisions
1) **Comment:** “The definition of all potential users of the software should be given. Can the software be used in all of US hospitals? It could not be used in many countries of Europe (where ICD10 replace ICD9).”
   **Response:** We have addressed this in the discussion.

Sincerely,
Susan Huang