Author's response to reviews

Title: Primary Paediatric Care models and non-urgent Emergency Department utilization: An area-based cohort study

Authors:

Sara Farchi (farchi@asplazio.it)
Arianna Polo (polo@asplazio.it)
Francesco Franco (franco@asplazio.it)
Domenico Di Lallo (dilallo@asplazio.it)

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

We would like to submit the revised version of the manuscript entitled “Primary Pediatric Care models and non-urgent Emergency Department utilization: An area-based cohort study,” for your consideration for publication in BMC Family Practice.

Please find below responses to reviewers.

Reviewer 1
My recommendation to the authors is that they need to make a much greater effort to convince the reader or potential reader why the problem they address is sufficiently important to warrant anyone's attention. Readers deserve to be given the rationale for the study including the implications of, in this case, potential differences in the organization of care.

Resp: We hope the revised draft better describes the issue and the aim of our study

Reviewer 2
Reviewer's report:
This manuscript presents the results of an analysis of encounter data for Italian children under age 6 in the emergency department (ED). The authors consider the role of type of pediatric practice (individual, group or network) on pediatric use of ED for non-urgent visits. The topic is timely in that health reform in the U.S. and elsewhere is increasingly focused on the structural and process aspects of primary care and their relations to costs and outcomes. Several strengths are noteable. In general, the manuscript is clearly written without excessive jargon. The analyses that are presented are appropriate for the type of data employed and clearly articulated. The authors considered the reliability of their results by presenting diverse models that include or exclude various types and times of ED visits. The review of practice structure on ED visits by children from the literature includes diverse articles from a variety of sources.

Resp: thank you

- Major Compulsory Revisions
  First and most importantly, the study results and discussion are presented as if practice design ‘caused’ slight variation in non urgent ED visits among children. Although there is one sentence in the discussion noting that there might be a selection effect to individual, group or network practices because of patient choice, the authors dismiss that choice...
because type of practice is not an advertised feature. However, numerous authors have noted that neither clinician nor patient selection to practices is random and that patient treatments and use of care are often determined by prior patterns of use and management not included in this study. In other words, the assumption of an effect on use may be associated with practice type because of other variables such as history of prior use, parent anxiousness or unmeasured items. This is especially relevant given the uneven distribution of patients to different geographic areas since distance to care is also associated with ED use for non urgent cases.

Resp: we changed the sentence in the discussion section according to your comments.

- Minor Essential Revisions Although the description of the three types of practices focuses on availability of clinicians in the three models, the manuscript hints that there might be differential access to electronic records and specialty relationships in some settings. More importantly, isolated rural solo practices in some areas can be overwhelmed with patient volume and encourage their patients to use the ED or even refer to the ED for non urgent cases that might require considerable time on their part.

Resp: The reviewer highlights some important aspects that we tried to take into account. We adjusted the Odds Ratios for the area of patient’s residence to take into account this confounding effect. Preliminary analyses not shown in the paper adjusted for a more stratified variable of place of residence (urban residence (Rome), rural residence, suburban residence), gave the same results as the final model. Nonetheless, we have observed the opposite the reviewer suggests: children living in the city of Rome are more prone to use EDs.

- Discretionary Revisions One small note, on the ninth page of the manuscript, a percentage (28.7%) appears in an incomplete sentence. And finally, in the conclusion, the authors conclude that group does better than the individual but also says better than network which depends on the model cited.

Reviewer 3

Major:
aim of the study is really not clearly spelled out; needs revision
Resp: we changed the aims, we hope it is clearer.

Minor:

English is not great throughout
Resp: we have revised the paper for language
table 1 adds no value; suggest removal
Resp: OK
table 2 is very heavy going
Resp: yes it is quite heavy, but it gives the information the reader needs to understand the dimension of the study.

Tables 4 & 5 need to be easier to read

Results are hard to read through
Resp: we changed result section, we hope it is clearer.

Conclusion seems loose - I would like to see a firmer recommendation here
Resp: OK, we changed the conclusions according to your comments.

On behalf of the authors
Sara Farchi