Author's response to reviews

Title: Outpatient red blood cell transfusion payments among patients on chronic dialysis

Authors:

Matthew D. Gitlin (mgitlin@amgen.com)
J. Andrew Lee (juhol@amgen.com)
David M. Spiegel (David.Spiegel@ucdenver.edu)
Jeffrey L. Carson (carson@umdnj.edu)
Xue Song (Xue.Song@thomsonreuters.com)
Brian S. Custer (bcuster@bloodsystems.org)
Zhun Cao (zhun.cao@thomsonreuters.com)
Katherine A. Cappell (Katherine.cappell@thomsonreuters.com)
Helen V. Varker (Helen.varker@thomsonreuters.com)
Shaowei Wan (shaowei.wan@gmail.com)
Akhtar Ashfaq (aashfaq@amgen.com)

Version: 4 Date: 1 October 2012

Author's response to reviews: see over
September 24, 2012

Diana Marshall
Senior Managing Editor
BMC Nephrology
BioMed Central
236 Gray's Inn Road
London WC1X 8HB
United Kingdom

RE: Manuscript number 8342629606898920

Dear Ms. Marshall:

Please find attached a revised version of our manuscript titled “Outpatient Red Blood Cell Transfusion Payments Among Patients on Chronic Dialysis.”

Our response to the reviewer’s comment is inserted below, and changes to the text are highlighted in yellow both below and in the manuscript. If there is anything else that the reviewer’s need, please let us know. We also reviewed the formatting of the manuscript and figures and believe all files are correct, but please do let us know if we overlooked any of the journal criteria.

We hope that we have adequately addressed the reviewer’s concerns. If further clarification is needed, please do not hesitate to contact us. We look forward to your decision.

Regards,

Matthew Gitlin, PharmD
Reviewer 1

1. The revision was improved significantly. It clarified all my concerns. One more comment here is that outpatient RBC transfusion is less than 1/4 of the overall transfusions among dialysis patients, but due to inpatient claim feature, it is difficult to separate the transfusion cost from the inpatient cost. This should be discussed in the paper.

Response: We thank the reviewer for accepting our previous revisions.

We have addressed his comment in the Discussion section, as an additional limitation of this paper.

Page 17, lines 18–22:

[...]We did not evaluate inpatient costs because the inpatient claims data were based on diagnosis-related group (DRG) codes and could not be separated out into payment components. The focus of this analysis was on the payer burden of RBC transfusions and as a result of payments for inpatient hospital admissions being capitated into DRG payments, there is no ability to estimate the payer burden of inpatient-administered RBC transfusions. The majority (about 85%) of transfusions for dialysis patients occur in the inpatient setting [1], and thus the economic burden of transfusions is likely greatest in the inpatient setting, but of concern to the inpatient hospital rather than the third party payer, which is beyond the scope of this analysis. The economic burden of inpatient transfusions is likely to be similar to those for outpatient transfusions and the costs associated with complications arising from outpatient transfusions are also likely to be similar, if not greater than outpatient transfusions as a result of patient severity (as demonstrated by the patient being in the inpatient setting). Future analyses should focus on the provider cost burden of both outpatient and inpatient administered RBC transfusions. [...]