Author's response to reviews

Title: Evaluation of alternate outreach models for cataract services in rural Nepal

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Author's response to reviews:

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Editor-in-Chief
BioMedical Central Ophthalmology

Dear Sir/Madame

re: Evaluation of alternate outreach models for cataract services in rural Nepal

Thank you for your patience and kind support for our work. Please consider the revised manuscript submitted for publication by BioMedical Central Ophthalmology.

We appreciate the opportunity to more adequately complete the revisions suggested by the reviewers of our manuscript.

The latest reviewers’ comments are answered item by item in red on page 2.

Yours truly,

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Referee 2:
Thank you for the opportunity to review this much improved manuscript. I retain a few concerns that if addressed will substantially improve this work.

1) The author’s assertion that there is a "small" (9%) change in the age distribution of the sample is based upon an error. There is indeed a shift of 9% of the total sample from older people to younger people, but that is overall. Among the older people, there was a 236 person reduction (22%) in the number served, and among younger people there was a 245 person increase (64%). The authors may be correct that this is a good thing as it means people are having visual impairment addressed earlier, but why their program change would affect this is unclear.

2) In particular, as Reviewer #1 pointed out, the drop in older people served represents a major equity concern. While the authors have tried to address this in a paragraph of their revision, I remain unconvinced that they have truly come to grips with the potential that their new program has placed a barrier to older people accessing care. They say they have data to show that in the new year that this disparity has reversed, if so, they may want to present it to provide a convincing argument that their new program did not adversely affect older people in their communities.

Response:

Thank you for highlighting the previous misrepresentation of the age data. The goal of the paper and our continuous quality improvement program in Nepal is not to diminish these demographic shifts, but to use them to adjust program characteristics. Most importantly, our goal is not to present this DST model as ‘right’; but rather, as the ‘current’ model that needs ongoing study and revision.

For people over age 70, the manuscript is revised to include the magnitude of change as the reviewer suggests (page 10, first paragraph of Results), as well as highlighted in the Discussion (page 14 middle paragraph). The Abstract and Conclusion are also altered to reflect these changes.

Also highlighted in the manuscript, the decrease in utilization by people over age 70 could not be explained through this study. In fact, the data had not been adequately gathered for this or any age group. This data has become a focus starting in the next year (08-09). The program has begun interviewing people who refuse surgery.

As noted in the Discussion, without any program changes, the utilization by people over age 70 almost returned to pre-intervention levels in the next year, and exceeded it in the current year. This does not mean that the current utilization by people in this age group is considered adequate. They remain one of the main target groups in which to continually increase utilization.
The increase in utilization by younger people was also revised to note the (64%) increase. This is reflected in the Results, Discussion, Abstract and Conclusion. We also state that the study was inadequate to explain the increase in service utilization for this age group, except to suggest that it is part of an overall shift towards increased use of eye care services, by all age groups. We have no plausible explanation for how the new DST model could facilitate an increase in services, in this (or any) age group.

3) In Table 4, the present the visual acuity data. It would make things much more clear if they referred to "worse" and "better" than rather than < and >. Also, they have the same problem here in confusing their column percentages (distribution) and row percentage (actual percentage increase and decrease).

Response:
The Tables and the manuscript has been revised to remove all '>' and '<' symbols. In addition, Tables 2-4 have been revised to remove most of the confusing row percentages, by sex.