Reviewer’s report

Title: Disparities in Diabetes Care by socio-demographic characteristics: From analysis to an organizational action plan

Version: 1 Date: 27 July 2010

Reviewer: Linda Penn

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Disparities in Diabetes Care by socio-demographic characteristics: from analysis to an organizational plan

Summary
This study is about identifying disparity in diabetes prevalence, care and control by Sociodemographic characteristics in patients in the Meccabi Health Care System (an Israeli health plan) and a strategic plan to address inequity. It is a retrospective study of patient records and analysis by socioeconomic groups.

Major compulsory revisions

Abstract
1. Well defined question: relative prevalence of diabetes is an important part of this study and is a dependant variable, but this is not made clear in either the title or the research question. I suggest the objectives would be clearer if phrased in terms of diabetes ‘prevalence, care and control’ rather than as unspecified ‘intermediate and outcome measures’.

2. ‘Immigration’ here is only about one immigration group – please clarify in abstract. The use of this single group analysis to report ‘immigration’ in general is not warranted.

3. The results are only given already divided into male and female. It would be useful and easier to make clear comparisons if an overall comparison was given (i.e. male and female combined) – possibly split into male and female afterwards.

4. Disparity in diabetes relative prevalence is also a valid conclusion, particularly with regard to your strategic planning. Please clarify in the abstract conclusion.

Introduction
1. Please clarify ‘independent physicians’ are these single persons or practitioner groups.

2. Please clarify ‘level of the individual member’ are these patient members? Or physician members?

Research design and methods
1. As the study population is defined here the measure is relative prevalence of diabetes between groups of the study population. Diabetes prevalence within the
broader population (probably MHS, adult, visited GP) appears in Table 1. This is confusing. Define the study population for prevalence and then the diabetic patients within that for care and control measures. The order in which the study population is identified is different in the methods and results section. We need to know which population group is used for prevalence.

2. Immigration reported here is only about one specific group. I do not think the use of a general ‘immigration’ term is warranted

3. The description of the study population is differently ordered in design and results sections.

It would be much better to have a consistent order to the reporting: e.g.

a. Prevalence;

b. Process measures: i.e. defined uptake of

# HbA1c testing,

# LDL cholesterol testing

# An optimal follow up measure

c. Intermediate outcome (control) measures;

for each of the independent variables (groups). This is done in Table 1 and this order should be consistently followed in the text.

From analysis to action plan

1. It is not easy to know what these different levels are and how they relate to ‘independent physicians’ as above and ‘individual members’ e.g. how many independent physicians and members in an organisational unit

2. Is the ‘working group’ study the study that is reported here?

3. The 6% who didn’t visit their GP at least once should be acknowledged earlier to clarify the context

4. Include limitation of a single immigration group as proxy for immigration

Conclusion

1. Cannot draw a conclusion about immigration in general from analysis of this one specific group (the authors acknowledge this elsewhere).

2. Less favourable diabetes care and control – ‘health outcomes’ is not appropriate without clarification

3. Also less favourable (higher) relative prevalence in certain groups is an important conclusion

Tables

Include overall measures before male female split.

Table 1: The study population for prevalence is different from the study population for other measures so it would be clearer to have separate tables for the prevalence measures in Table 1.
Other tables: In the other tables the measure is relative prevalence so is more acceptable in the same table as other measures.

Table 4: The Arabs/Non Arabs table should be formatted to match the others.

Table 1: Might be sufficient to report as combined (male and female) measures to avoid this difficult to read table.

Minor essential revisions

Abstract

1. Setting: Explain HMO (e.g. as an Israeli health care plan)
2. Methods
   a. Specify ethnicity (Arab v non-Arab)
   b. Suggest ‘uptake of follow up examinations’ would be clearer
   c. The method identifies relative prevalence
3. Results
   a. Suggest it would be better to write the results sentences so they do not start with a number e.g. ‘diabetic patients identified in MHS numbered 74,953’
   b. Data source for immigration?
   c. Performance measure suggest clarify as: ‘a defined optimal follow up measure’

Discretionary revisions

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests