Author's response to reviews

Title: Asthma Self-Assessment in a Medicaid Population

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Author's response to reviews: see over
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Andrea Bucceri PhD
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Dear Dr. Bucceri,

Thank you for reviewing our manuscript, MS# 1063321097268298 entitled "Asthma Self-Assessment in a Medicaid Population." We appreciate the opportunity to revise our manuscript. Below are our responses to the reviewer comments, which are in italics. Our responses are typed in normal text.

Sincerely,

Ann Wu, MD MPH

Reviewer 1

1. The only suggestion I have is that the actual questionnaire be made available on-line.

We have included the website for the adult and child asthma control tests (ACT) in our manuscript. We have revised as follows: The ACT can be found at www.asthmacontrol.com.

[Line 74]

Reviewer 2

2. On line 39 and 40, the authors describe conducting interviews with subgroups of patients. My question is: Which patients and how were they selected?

Our goal at the beginning of the study was to interview a random subgroup of patients in order to obtain a snapshot of the processes and outcomes of care; however, because of the small numbers of eligible subjects and the low response rate, we attempted telephone interviews with all eligible subjects. We have revised lines 39-40 as follows, “To evaluate whether the self-management intervention improved processes of care, we conducted telephone interviews with patients who returned or did not return the ACT by mail.” We also revised lines 144-145 as follows: “We conducted telephone interviews with pre-incentive and incentive period patients to assess the effectiveness of the patient self-assessment strategy.” We also added the following for
clarification: “We attempted to conduct telephone interviews with all eligible patients.” [line 153]

Reviewer 3

3. The ethical adequacy of the method of the investigation has not been discussed.

We have revised as follows: “NHP is contracted with MassHealth, the state Medicaid agency, to enroll members eligible for services, and MassHealth approved NHP’s participation in the study. The study was also approved by the Human Studies Committee at Harvard Pilgrim Health Care.” [Lines 93-95]

4. The “METHODS” section is too complicated with descriptions whose relevance to the research objectives is unclear.

As suggested by Reviewer 4, we have added Figure 1 to clarify the methods.

5. How was the subpopulation who underwent telephone interview selected?

Please see response #2. We attempted telephone interviews with all eligible subjects.

6. Although the authors may have reached to conclusion based on the findings, it does not necessarily scope the objectives of the study (1) and (3).

The reviewer raises a good point that we may not have fulfilled our third objective to evaluate how the self-assessment affected processes and outcomes of care. We believe we conducted enough interviews to assess our intervention; nevertheless, it is plausible that we would have found an improvement in processes and outcomes of care with a larger sample size. We have added the following to our discussion: “Although our study suggests that that ACT does not influence processes and outcomes of care, it is possible that our sample sizes were too small to detect a difference and that with more completed interviews, we could have detected an improvement in a process or outcome of care.” [Lines 312-315] We believe that we did address our first objective, the feasibility of asthma self-assessment. Our conclusion is that offering incentives did not lead to a clinically significant increase in participation in or effectiveness of asthma self-monitoring in Medicaid-insured patients with evidence of poor asthma control.

Reviewer 4

7. A figure to diagram the project. There are a lot of aspects of the study and it took several reads to understand how all of the pieces fit together. A well-designed schematic would clarify the study.

We have added Figure 1 to help diagram the schematic of the project.

8. Line 117: Reference scores of 19 as a cutpoint for the ACT or justify the use of 19 or less as indicating poor control.
The cutpoint of 19 is based on previous studies in the literature and is the accepted cutpoint for the ACT. We have added two references to support the following sentence: “The cover letter informed the patients or parents that if the scores were 19 or less, their asthma was in poor control and they should contact their providers.” [Lines 123-124]

9. **Line 121:** Were patients contacted by case managers with standard criteria around "high frequency" of reports?

The case managers did not have standard criteria for contacting patients. They selected patients based on their clinical expertise. We have clarified as follows: “Patients were selected for outreach on the basis of having appeared on the report at high frequency, indicative of long-standing problematic asthma control, based on the clinical expertise of the asthma case managers.” [Line 130]

10. **Line 208:** Clarify that the 95 patients returned ACTS and the 95 patients participating in interviews were or were not the same or overlapping groups.

We apologize for this typographical error. Although 95 patients participated in interviews, 112 patients returned the ACTs. We have revised as follows: “Of all 112 ACTs returned, 87% had a score of 19 or less, consistent with poor asthma control.” [Lines 213-214]

11. **Line 257:** Although the algorithm to identify patients with problematic asthma control seems to be specific, it is not possible to make statements about the sensitivity.

We agree. We have revised our statement so that our conclusion is that health plan administrative data can identify patients with problematic asthma control, rather than patients with problematic asthma control can be identified from health plan data. We have revised as follows: “Third, health plan administrative data can identify patients with current problematic asthma control.” [Lines 263-265]

12. **Line 264:** correct reference (10)

We have checked our reference and presented in the format as requested by BMC-Public Health.

13. **Consider adding a discussion of how the findings of the telephone survey might have been impacted because such a low percentage of patients were eligible, and among those eligible, the response rate was low.**

We have revised as follows: “Although our study suggests that that ACT does not influence processes and outcomes of care, it is possible that our sample sizes were too small to detect a difference and that with more completed interviews, we could have detected an improvement in a process or outcome of care.” [Lines 312-315]

**DISCRETIONARY REVISIONS**

14. **Lines 100-104:** Not sure how the trigger reports fit into the research study. It
would also help to know how frequently trigger reports were sent to primary care practice sites

The trigger reports were our method for identifying patients with problematic asthma control. All trigger reports were sent to the primary care sites. We have clarified as follows: “All trigger reports were distributed to the patients’ primary care practice sites to alert providers that certain patients may have poorly controlled asthma.” [Lines 106-108]

15. Lines 95-100: Indicate any supporting rationale for the specific inclusion criteria defining problematic asthma control. They appear sensible but would be helpful to see rationale for these attributes

Criteria for inclusion in this population were developed by the MCO. We have clarified this in the text with the following “Criteria for inclusion in this population were developed by the medical director of the MCO with the goal of identifying patients who were certain to have problematic asthma control.” [Lines 98-100]

16. Table 1 and/or 3: Include # times with trigger report in a past interval of time in tables 1 and 3 to help define history of lack of asthma control.

We appreciate this suggestion. Unfortunately we do not have data on the number of times patients appeared on the trigger report.

Other comments

17. Experimental research that is reported in the manuscript must have been performed with the approval of an appropriate ethics committee. Research carried out on humans must be in compliance with the Helsinki Declaration (http://www.wma.net/e/policy/b3.htm), and any experimental research on animals must follow internationally recognized guidelines. A statement to this effect must appear in the Methods section of the manuscript, including the name of the body which gave approval, with a reference number where appropriate.

We have documented in the methods section the approval of the appropriate committees. Please see response #3.

18. Informed consent must also be documented.

We revised as follows: “After obtaining informed consent, questions were asked about baseline demographics including age, sex, race/ethnicity, highest grade completed in school, annual family household income, and whether the patient or parent was employed outside the home.” [Lines 168-169]