Author's response to reviews

Title: An intervention to improve care and reduce costs for high-risk patients with frequent hospital admissions: a pilot study

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To the Editors:

Attached please find our revised manuscript, “An Intervention to Improve Care and Reduce Costs for High-Risk Patients with Frequent Hospital Admissions: A Pilot Study,” which we are resubmitting for consideration for publication by BMC Health Services Research.

The manuscript describes a pilot intervention to test the feasibility of a program model to improve care for frequent users of health care services, and we also evaluated visits and costs pre and post intervention. We believe that the intervention is applicable to not only high-risk Medicaid patients, but also other patients at risk of hospital readmissions or indeed any patients with complex chronic illnesses. Likewise, the intervention elements are not specific to New York City and could easily be used to guide similar programs elsewhere. Although this was only pilot work, it has generated interest among other health and community based organizations, as the literature regarding interventions for this patient population is currently limited.

We greatly appreciate the careful review and thoughtful comments provided by each reviewer. We have now again revised our manuscript as requested by the editor. In particular, we have attempted to enhance our incorporation of reviewer’s comments into the discussion section, and are highlighted in the “trk changes” version of the revised submission dated 8/31/11. It should be noted that all changes made in the prior revision submitted on 7/5/11 have now been “accepted” and are no longer visible in trk changes.

The most recent version includes the following changes:

DISCUSSION SECTION

Page 21: At the end of sentence 5 in the first paragraph of the Discussion section, the wording “…and our intervention was able to reduce Medicaid spending” was removed in response to the request of both R1 and R2 to use more balanced language.

Page 23: To further address the comment by R2 that we must emphasize the importance of properly incentivizing the health system to lend long-term sustainability to interventions such as this one, we added the sentence

“Also, as health care payment shifts from fee-for-service to potentially more efficient innovations including Accountable Care Organizations, the onus to improve care while reducing costs will increasingly be upon care providers rather than payers, motivating hospitals and other provider systems to find ways to decrease preventable hospital admissions.”
In the Limitations section of our discussion, again in an effort to incorporate more balanced language, we have added:

“Also, we did note that, while hospitalizations decreased for the majority of pilot study patients after the intervention, there were four patients whose hospitalizations actually increased after the intervention. In our expanded intervention we will be able to better study what factors are associated with program success, which will enable us to target patients most likely to benefit and tailor program interventions accordingly in the future.”

As stated previously, the manuscript is entirely original and it is not under review elsewhere. There is no overlap with other manuscripts that are in review. This research has received IRB approval from the New York University School of Medicine and Bellevue Hospital Center. All authors take responsibility for the contents of the manuscript, including review and approval of this version, and satisfy the requirements for authorship. There are no relevant financial conflicts of interest.

Thank you very much for considering our manuscript for publication.

Sincerely,

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