Author's response to reviews

Title: Early Intervention in Congenital Heart Disease has better outcome and resource utilization.

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Author's response to reviews: see over
Cover letter
Reviewer comments

Reviewer: Peter Cosgrove

1. The title of the paper should reflect the tentativeness of the finding (as is shown in the conclusion) on better outcomes and resource utilisation from early intervention for CHD; especially given the study design (a cost of illness study with only limited consideration of outcomes), the use of non-random sampling, the choice of statistical tests and the lack of statistical significance for many of the variables.

Response: A valid suggestion. The title of the manuscript is modified to better reflect the conclusions made in the manuscript

2. Other than for the reference to ‘expense’ (see the last paragraph of Materials, methods and study design under the sub-heading ‘resource utilisation’) little information is provided on the measurement and valuation of costs incurred. For example, are they based on hospital charges? If so, do the reported medical expenditures reflect the economic cost of resources used?

Response: Page 7, para 1, line 4 -7.

3. Moreover, reference is made to generating information on postoperative health expenditures ‘outside’ the hospital (see the second paragraph of Materials, methods and study design) but no details are provided (e.g. the measurement and valuation of these costs).

Response: All the parents were contacted through telephone Most of them did not have much recollection of the cost incurred outside the hospital under study. Hence, only that postoperative cost was included for which we found an electronic record in the our hospitals centralized system

4. An assumption by the authors is that all levels of socioeconomic status are represented in the sample, but since little information is provided on the study participants it is difficult to conclude as to whether this is a realistic assumption.

Response: Page 5, para 2, line 3-6.

5. In the Discussion (first paragraph) reference is made to ‘untransformed cost care’. Presumably (although it is not stated) this refers to the problem of skewed cost data. Clearly, however, this point needs explaining further.

Response: Discussion has been reformatted ad edited

6. An attempt should be made to link the findings highlighted in the introduction with the results of the analysis in the discussion section.

Response: Discussion has been reformatted ad edited

7. Further information is needed in support of the tables e.g. what is meant by ‘others’ on Table 4?
1. I am not clear, why the authors have used a term pre-school patients for children 1-5 years, as in the urban setting Montessori starts from 2 years and 4 months. Moreover, the term “pre-school patients” has not been used anywhere in the text. This needs to be clarified.

Response: Page 6, para 1, line 2.

2. Introduction does not include information on the data on CHD. Only one reference on the rate of death at less than two years of age is mentioned and that is also more than 4 decades old reference.

Response: Page 3, para 1, line 1-3

3. Give some more references along with reference # 5. As mentioned, what are few other studies suggest?

Response: Done

4. Introduction needs harmonization of text. Objective of the study may also be mentioned at the end of the introduction part along with rationale.

Response: Page 4, para 2, line 1-5

5. Assumption of capturing all socio-economic groups may not be valid as only one tertiary care hospital was in the sample which is running in private sector and is assumed as one of the expensive hospitals in Pakistan.

Response: Page 5, para 2, line 3-6.

6. Many sentences can be deleted e.g. (a) “Where consent was not taken, patients were excluded from the study”. No one regretted so any need to mention this? (b) Patients “who were greater than 5 years old were excluded”. That’s not the exclusion criteria because the sample does not include that population.

Response: Done

7. Why Hospital Bed Charges have not been included in the cost calculation? That is most common and one of the important cost components. Some patients may stay longer than expected because of the complexity of congenital heart disease.

Response: the cost of hospital admissions include the cost of bed as well It was not possible to obtain the cost of individual subset of equipment as the hospital has its policy not to disclose.