Reviewer's report

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

Version: 3 Date: 4 July 2011

Reviewer: peter cosgrove

Reviewer's report:

Major Compulsory Revisions

1. In their response, the authors have attempted to support the assumption that all levels of socioeconomic status are represented in the sample by reference to the potential access by patients to the welfare aid charity system. However, no data on the socioeconomic status of patients is provided, either (especially important) between or within groups.

2. In their response, the authors have indicated in the manuscript (final paragraph of the section Data Collection and Variables) that ‘all costs are hospital based costs’. Presumably the main source of cost data is patient billing information. However, little detail is provided on the estimation of costs. Moreover, the year in which costs are presented in the study should be reported and, given that data collection was over a period of three years, the method of adjustment for inflation (e.g. by using the consumer price index) should be stated. Also, the Rs-US$ exchange rate should be stated.

3. In places, p-values are given but the results to which they refer are not stated in the text (e.g. p-values only are presented when reporting the cost differences between the samples in the Abstract and when reporting the number of pre-operative outpatient visits in the Results section of the manuscript).

4. The last sentence of the Conclusion in the Abstract introduces the idea of a large scale screening programme for CHD. However, no mention of this is made in the Discussion or Conclusion in the manuscript. Moreover, it is not self-evident that such a screening programme would be cost-effective.

Minor Essential Revisions

1. The narrow perspective for the study is implicit (only health care costs are considered) but needs to be made explicit by stating the viewpoint.

2. In their response, the authors point out that only those post-operative costs for which there is an electronic record were included in the analysis. This limitation needs to be more clearly explained and reflected upon in the manuscript.

3. “Minor issues not for publication”: The manuscript requires language corrections. In particular, the use of articles (there are many instances of an omitted ‘the’), a few instances of inconsistency with subject-verb agreement (e.g.
‘were’ instead of ‘was’) and several typographical errors; including, omitted words (e.g. in the Abstract: ‘group’ should follow ‘paediatric age’ in the Introduction and the word ‘age’ has been omitted from the third line of the Methods section) and misspelt words (e.g. paragraph 2 of the Materials, Methods and Study Design section: ‘welfare ad charity’ and ‘loser socioeconomic’). Also, the wording of the objective of the study (final paragraph of the Introduction) needs expressing more precisely.

4. “Minor issues not for publication”: The expression ‘end up with several doctors’ (paragraph 3 of the Discussion) is idiomatic and may not be understood by potential readers.

Discretionary Revisions

1. Paragraph 3 of the Materials, Methods and Study Design section: is it a ‘pilot sample’ or a ‘pilot study’?

2. Paragraph 1 of the Data Collection and Variables section: is it the ‘Ethics Review Committee’ of the University?

3. Further supporting explanation would be useful with the tables (e.g. for Table 2 the use of brackets and asterisks).

Level of interest: An article of importance in its field

Quality of written English: Needs some language corrections before being published

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' (but a few years ago worked at the same university hospital; however, I do not know the authors and worked in a completely separate separate division).