Author's response to reviews

Title: Amenable mortality as a performance indicator of Italian health-care services

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Author's response to reviews: see over
Dear Prof. Forero,

Thank you for your careful revision of our paper. Below we answer, point by point, your comments.

We appreciate your time and effort for your thoughtful feedback. We feel that the revised version of this manuscript has benefited considerably from the review process. We hope that we have addressed adequately each of the issues raised. Please feel free to contact us with any additional questions or comments.

We look forward to your final decision on this paper.

Yours sincerely,

Maria Pia Fantini
1) Please include statistics – 95% CI & p value for the regional variability of SDR among women (P.3, Ln 24-25).

We have acknowledged your suggestion to test the regional differences in SDR separately for males and females and included in the abstract and in the results section the Q-test value and its p-value.

2) Are these statistically significant (P.4, Ln 1-2)?

Yes, the correlation coefficients are statistically significant. We have now added the p-values in the text.

3) By ‘number’ do you mean ‘quantity’ or ‘volume’ (P.4, Ln 4)?

We meant ‘quantity’ and changed the text accordingly.

4) Please check consistency of the term. Is “Amenable mortality” and “mortality amenable..” the same? If “yes” you need to use the same term across the article; if “no” you need to indicate why not. (P.4, Ln 7).

We have provided a definition of the term ‘Amenable mortality’ on page 4 and used the same term throughout the text.

5) Is this “expected” or “unexpected” finding (P.4, Ln 7-8)?

We have now specified that our findings of a relationship between amenable mortality, life expectancy and GDP per capita were consistent with expectation.

6) What scenario is this? Are you referring to the “process of decentralization..?” then you would need to put that at the beginning of the paragraph. For example... “Another current scenario which makes amenable mortality a useful indicator, is the process of.. etc.”. If you are referring to something else, then you need to clarify it (P.5, Ln 22).
We have now modified the sentence as follows: ‘Amenable mortality is also a useful indicator...’ to clarify this point.

7) Maybe “regional”, “divisional” or “district” (P.6, Ln 1)?

We meant ‘regional’ and changed the text accordingly.

8) I am not clear about the meaning of this term. Are you referring to adverse events? Is this the right term (P.7, Ln 3)?

Yes, we are referring to ‘adverse events’.

9) This paragraph would be better placed in the discussion (P.7, Ln 2-8).

We have moved the paragraph to the discussion as suggested.

10) Do you mean a list of “10 diseases” or a list of “ICD-10 diseases”? If you mean a list of 10 diseases, then this list should be included as a note in Figure 1 or in a separate table as an Appendix. If you meant a list of ICD-10 diseases used by Gay et al, then you should include the exact page and table No. (P.7, Ln 12).

We have now prepared an Appendix with a list of the 10 diseases listed by Gay et al in OECD report.

11) This is the first time this term is used. I suggest to delete it (P.8, Ln 8).

We agree and omitted the term, as suggested.

12) Do you mean statistically significant (P.8, Ln 17,20,22,24-P.9, Ln 17,21)?

Yes, we meant statistically significant and added the word ‘statistically’ in the text.
13) Is this difference statistically significant (P.9, Ln 20)?

Yes, the correlation coefficients are statistically significant. We have now added the $p$-values to the text.

14) What does it mean? Is that good or bad? Why (P.10, Ln 11)?

We have now clarified that this is good, by adding the sentence ‘indicating a good performance of health care services’.

15) The evidence was not discussed in the introduction, methods or in the results. How is this evidence related to the study? Unless this is justified early in the article, it should be removed (P.10, Ln 22-24)

We apologize for being unclear. We were referring to results from the literature, not from the current paper. We have now changed the sentence as follows: ‘Our results are consistent with evidence from the literature, suggesting that quality of care...’.

16) You should name the diseases (P.12, Ln 13,16).

We have now rephrased the sentence as follows: ‘Second, the analysis of amenable mortality does not take into account the prevalence of diseases whose deaths are amenable to healthcare may vary across regions. For instance, if the prevalence of cancer is substantially higher in one region, this region will need to devote more resources to avoid deaths from this disease category’.

17) But this is not consistent with your finding about a non-significant correlation with CVDs (P.12, Ln 17-18).

Thank you for noticing this inconsistency. We have now referred only to the relationship between amenable mortality and prevalence of cancer.

18) But Figure 11 shows substantial outliers across regions (P.12, Ln 18-20).

We have now omitted this sentence.