Author's response to reviews

Title: The use and costs of health and social services in patients with longstanding substance abuse.

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Author's response to reviews: see over
Author’s covering letter for initial submission

Title: The use and costs of health and social services in patients with longstanding substance abuse.

Authors:

Version: 1 Date: 4 March 2013

Comments: see over
Dear Professor Paul Brown,

This manuscript was submitted to BMC Health Services Research in October 2012. We were informed that the paper was rejected in January 2013. At the same time we were given the opportunity to re-submit the manuscript after major revisions, as the study was considered to provide useful information to researchers interested in the costs of public services related to addiction.

Thank you for allowing us to improve and re-submit the paper. We want to thank the reviewers for their thoughtful comments and constructive critique, and we consider the revised version much improved.

Reviewer 1:

1. Background: The aim of the study is not presented as detailed research question. In addition, the aim is not exactly similar in the abstract and in the background section. The aim has to be written clearly. We have now rephrased the aim of the study both in the background section and in the abstract.
2. Using the word “evaluate” is not suitable in these aims. We have now replaced “evaluate” by “register”.
3. Especially unclear is, whether the study concerns old people or not. Elderly as a keyword is a surprise for the reader. You should consider this clearly also in other parts of the manuscript. We agree with the reviewer that the term “elderly” should be used in subjects older than 65 years, while some of the residents at the addiction ward are significantly younger. We have now omitted this term from the keywords and as well from the text (Discussions, page 12, last paragraph).
4. Please give some statistics, how common is the substance abuse? We have now provided some statistics about the alcohol and drug problem in Norway. (Background, page 3, paragraph 1)
5. Please explain more detailed the “wet house”, the term is not very well known. As the term “wet house” is not well known, we omitted it. At the same time, we described the therapeutic goals of the addiction ward in more detail (Background, page 3, paragraph 3).
6. Methods: The sample is not well enough described. Terms “substance abuser” and “long standing substance abuse” need to be defined. We have now explained that “longstanding abuse” means abuse for several decades. We have as well described in general the population at the addiction ward where the study took place and the type and extent of substance abuse at the ward. (Methods, page 5, study population)
However, as the sample size is small, we had at the same time to be careful not to reveal too many details in order to keep confidentiality.

7. The recruiting of the study population should be written more clearly, e.g. why only 16 of the 17 clients were possible participants. We have now explained that one participant was too demented to give informed consent and therefore was not invited in the study. (Methods, page 5, study population)

8. Register data is used. Please describe the registers some more and discuss the coverage and reliability of them in the methods section. Give some references. We have now stated the registries or other sources were data was collected and named eventual missing information and what was used as substitute. We have given references as far as possible (though commercial products, not all registries seem to have accessible internet sites). (Methods, page 5-7)

9. A reference and date are lacking from the exchange rate on the Norwegian crone. This information is now provided. (Methods, page 7, Unit costs)

10. You should discuss including pension payments and social welfare payments as costs, are they not income transfers? We have now included a paragraph about the costs included into the analysis, depending on the different viewpoints (municipal, state-funded, client-borne, societal, and total). We have now listed in detail, when pension payments and welfare payments were included into the calculation and when they were excluded because they were regarded transfer payments. (Methods, page 7, Viewpoints of the analysis)

11. You mention using Pearson’s correlation, but not where and when it was used. In addition, when using the Pearson’s, the variables must be approximately normally distributed and outliers are not allowed. Is this true with your costs data? We have now evaluated the correlations with a non-parametric test, the Spearman’s rho correlation coefficient, and in addition included the information where it was used into the statistics-section. (Methods, page 8)

12. Sensitivity analysis could strengthen the method. It is assumed that the use of other services continue when the persons are admitted to the addiction ward. How do the results change, if you change the assumption? A sensitivity analysis is now described in the Methods-section and added to the results. (Methods, page 7 and Results, page 9-10, Table 3)

13. About incremental costs: The sentence “Assuming that all residents receive ...” is unclear and needs to be clarified. This sentence has now been omitted and replaced by an alternative explanation in the Method-section. (Page 7, Incremental costs for admission to the addiction ward)

14. Table 1: The source of the costs is lacking. The label is about prices but in the table there are costs. I guess you are meaning costs? The label is now changed to “Unit costs” and the sources are given.

15. Table 2: In according to the SD’s: The use and costs are not normally distributed. It would be better to report also medians. Clarify, whether the mean use and the costs among the whole study population or among the users. We have now added a column that states the median costs and the interquartile range. In addition, we have clarified
whether the numbers are given for all 15 study participants (mean costs) or the recipients of the respective service (median costs).

16. Table 3: Consider specifying the viewpoints better; what costs do they include? Now it remains unclear, e.g. why did the costs for national system decrease. We have now specified the viewpoints by adding a column that describes which costs are included.

17. Discussion: The assumption that residents maintain the same resource use after admission to the addiction ward is problematic. It is not very well justified for you to say “some” services are still available, but you assume exactly the same use. Also your clinical experience says that service use does not continue similarly after admission. Using this assumption might give too high costs for results. We have now stated in detail which services are still available after admission to the addiction ward. We have as well added a sensitivity analysis and thus rephrased the paragraph about incremental costs. (Discussion, page 11, paragraph 2)

18. I am sure your clinical experience is important in interpreting the results, but in addition to referring to that other references are needed. Although there are no references in this exact case, some comparable might be found. We have now added a reference that describes the validity of the IPLOS score in persons with dementia, and we cite references that discuss the relation between the use of health care resources and income, respectively mental illness. However, despite an extensive search for literature about the use of specialist health care of nursing home residents as compared to prior to their admission, we have not been able to find any literature about this topic (Discussions, page 10, paragraph 2). The same applies to our statement that clients that are well integrated into the welfare system cause higher costs than those avoiding social contact (Discussion, page 12, paragraph 1). However, we think that these are valuable observations, and we have therefore not omitted these statements from the discussion.

19. You mentioned that the level of functioning was not associated to the costs of care. You should discuss whether the IPLOS was the best instrument for measuring it. Compare your results to previous studies in other populations. We have now discussed this topic and added a reference that describes the validity of the IPLOS score in persons with dementia (Discussion, page 11, paragraph 3).

20. The discussion about the association between the need for and costs of care is important and should be strengthened by literature. We have now discussed the difference in the use of health care due to social and health state factors (Discussion, page 11, paragraph 3 to page 12, paragraph 1).

21. Conclusion: Be careful using the word “need”. We have now replaced the word “needs” by the more specific term “need for support”.

22. The conclusion in the abstract is not as clear as the conclusion at the end of the text. We have now rephrased the conclusion in the abstract.

23. The English is mainly ok, but the text includes some typing errors. However, especially the Background is somewhat difficult to read, e.g. sentence in the second paragraph: “Clients with substance abuse and where the ability …” cannot be understood. We have now critically revised the language. We have as well rephrased the Background.
24. You refer to the participants by the word patients, residents and clients. It would be better to use only one term. We agree with the reviewer and have now omitted the term “patients”. In addition, we have now consistently used the term “resident” for persons living at the nursing home, while we use the term “client” for home-dwelling persons.

25. Title: Should it be “use and costs” instead of “use”? We have now changed the title accordingly.

Reviewer 2:

1. Since the focus of the paper is in costs of care, you should provide additional detail about the source of prices shown in Table 1 and the quantities provided in Table 2. In Table 1 we have now added a column stating the source of information for the unit costs. In Table 2 we have added a column that states the median costs for the recipients of the respective services. We have as well added information about the quantities of services in the method section, now stating in detail where information was collected, and whether the costs include reimbursements. (Methods, page 5-7)

2. There should be more in the Discussion session to place the study in context. This includes both references to other, similar types of studies as well as a discussion about the relevance of this information to place this type of services. For example, does this seem excessive in Norway or would it be seen as a justifiable expense? You might place this back to the prioritizing context. Unfortunately, we were not able to identify any studies on a similar patient group. But we have now discussed our findings on the background of findings about homeless people in the US, as there is probably an overlap between these two client groups. We have as well compared the costs with a cohort of persons with dementia in Norway. We hope that this is acceptable for the reviewer. (Discussions, page 12, paragraph 2)

3. Finally, we would suggest some simple sensitivity analysis to provide some context to the numbers. We have now provided a sensitivity analysis. (Methods page 7 and Results page 9-10 “Incremental costs for placement at the addiction ward”, and Table 3).

We hope that we have addressed the concerns of the reviewers in a satisfactory manner and it meets with the approval of the editorial board. Should you have any additional questions do not hesitate to contact me.

Yours sincerely

Corinna Vossius