Author’s response to reviews

Title: Into the Abyss: Diabetes process of care indicators and outcomes of defaulters from a Canadian tertiary Care Multidisciplinary Diabetes Clinic.

Authors:

Janine Malcolm (jamalcolm@ottawahospital.on.ca)
Julie Maranger (jmaranger@OHRI.ca)
Monica Taljaard (mtaljaard@OHRI.ca)
Baiju Shah (baiju.shah@ices.on.ca)
Chetna Tailor (chetnatailor@hotmail.com)
Clare Liddy (cliddy@bruyere.org)
Erin Keely (ekeely@ottawahospital.on.ca)
Teik Chye Ooi (tcooi@ottawahospital.on.ca)

Version: 4 Date: 5 July 2013

Author’s response to reviews: see over
BMC Health Services Research Editorial Team

July 3, 2013

Thank-you for the thoughtful review of our paper MS: 8266134709174508 Into the Abyss: Diabetes process of care indicators and outcomes of defaulters from a Canadian tertiary Care Multidisciplinary Diabetes Clinic. The responses to the associate editor’s comments are outlined below.

1. In relation to Reviewer 1, points 1 and 2, It would be better if the 2003/2013 CDA clinical practice guidelines and its changes are presented in a table format rather than in the text.

Although we respectfully recognize the benefit of presenting information in table format, the differences between the 2003 and 2013 guidelines are minimal with only one number (the target for LDL cholesterol), that is different. The modification to glycemic targets for the 2013 guidelines is not easily represented in a table.

2. The term "defaulting from diabetes clinics" should be defined earlier on page 3. Why is this term is used? How big is the magnitude of the problem?

The term defaulting is defined by Webster’s dictionary as the failure to fulfil a contract, or agreement. As applied to diabetes clinics, we have defined this term as no contact with the diabetes clinic despite the presence of a scheduled follow-up appointment made by the specialist. This term is the accepted term used in the literature for this phenomenon. We have moved the definition of the term defaulting to the first paragraph of the introduction. As our paper indicated, this problem is significant with a reported prevalence ranging from 12% to 57% in diabetes clinics worldwide.

3. on page 7, alpha=0.15 cannot be statistically significant. Please explain and/or correct.

We proceeded to conduct pairwise tests to further delineate differences between the groups, but to limit the total number of statistical tests being done, pairwise comparisons were carried out only for variables with a p-value <0.15 for the overall test of differences among the groups.

4. In relation to the limitations of the study, How representative is this sample of the overall population of patients?

The population is very representative of the overall population of patients seen within our clinic. As described in the methods, the population of 200 was randomly selected from 697 eligible patients using a computer-generated random number sequence. In a more global context, the sample
is likely representative of other tertiary care diabetes clinics serving similar communities with similar referral practices.

With kind regards,

Janine Malcolm  
Associate Professor  
Program Director  
Training Program in Endocrinology and Metabolism  
University of Ottawa