Author's response to reviews

Title: Access to the US Department of Veterans Affairs Health System: Self-reported Barriers to Care among Returnees of Operations Enduring and Iraqi Freedom

Authors:

Christine A Elnitsky (celnitsky1@gmail.com)
Elena M Andresen (andresee@ohsu.edu)
Michael E Clark (michael.clark8@va.gov)
Suzanne McGarity (suzanne.mcgarity@va.gov)
Carmen G Hall (carmen.hall@va.gov)
Robert D Kerns (robert.kerns@va.gov)

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Author's response to reviews: see over
Dear Editor,

Thank you for providing reviewer and editorial requests regarding our study. We appreciate the opportunity to provide responses to these thoughtful critiques. Our specific point-by-point responses to the concerns are below.

Reviewer concerns:

1. Information about the number of potential study participants that refused participation, however, is missing and should be provided within a revised version of the paper, although authors refer to an unpublished report to VA Health Services Research and Development Service.

The reviewer asked an important question about our sample. Because of the complexity of the operation of our source veteran health programs, we are unable to directly answer the question. The source veteran patient lists were sampled and the program sent initial letters. Many letters were returned because the veteran was not at the address and lost; some were redeployed outside the country. In addition, we contacted a very large number of potentially eligible veterans, many of whom were not eligible and we did not track the many reasons for their not being included. Therefore we could not directly assess their eligibility for our research project, hence we cannot calculate a refused/eligible proportion as a defined refusal rate. We have changed the methods section to include the following: “Because the registry includes many people whose location changed after their initial entry and could not be located within the constraints of this project, and because the registry eligibility was fluid when we sampled, we only include people we spoke to directly as the potential respondents.” (p.7) We also added more about the sample representativeness to the discussion section (p.17).

2. On page 9, it is mentioned that “each respondent could have up to three barriers coded”. This limitation should be justified and it should be explained which three barriers were coded if a participant noted more than three barriers.

We agree that up to 3 barriers is a limitation and now include this in our discussion section. Each respondent was asked to identify up to three barriers to care and this description has been changed in the methods section to clarify. Of our 359 veterans, 28.1% confirmed only one barrier, 15.9% named three barriers.

3. On page 13, it is written that “participants in the PNS group were more likely to report (...) distance to the VA facility as barriers to VA care.” This statement seems not to be supported by the data shown in table 1 (12.6% vs. 11.5%; no significant p-value mentioned.)

We agree this is a very modest difference and we have changed the sentence to reflect that there is a small and non-significant difference between the two groups.

4. The number of tables could be limited given that the first three models in Table 2, Table 3, and Table 4 show the same data. In addition, Table 5 only shows data that have already been shown in Table 2, Table 3 or Table 4.
Model building results in Tables 2, 3, and 4 provide the reader with an interpretation of the effect of different decisions about variables retained in those models on three different outcomes. The reviewer is correct that Table 5 then summarizes our selected model that was found also in Tables 2, 3, and 4. They were different models of how to look at predictor variables. While we assumed that some readers may be interested in these models, in the current version of the manuscript we only included the summary table now Table 2, previously Table 5. We will refer readers to additional files as on-line tables for the more complex analyses, and text has been changed accordingly.

5. What is somewhat surprising is that the data shown in Table 2, Model 4 do not differ from the data shown in Table 3, Model 4. As different variables are entered into the model (“experienced any barriers to using VA care” vs. “experienced distance barrier”), data for the variables already included in the model should change differently.

The reviewer is correct; some of these different model changes make very little difference. This is an interesting finding although multivariable models often do find that additional variables don't markedly change the overall picture. Because these model building tables will now be available on line we will refer readers to them.

6. On page 15, 1st paragraph of the discussion, there are again differences between OEF-OIF group and PNS group mentioned that might not really exist (see above).

We agree that the differences are not usually statistically significant differences and have revised the discussion to clarify where there are small differences and where there are statistically significant differences.

Editorial concerns:
1. Name of ethics committee- Please update your ethics statement to include the name of the ethics committee that approved your study.

The ethics committees for the two VA Medical Centers were the University of South Florida Institutional Review Board and the Minneapolis VA Medical Center Subcommittee on Human Studies and we have updated the ethics statement to include these (p. 7-8).

2. Tables as additional files- We notice that you have included tables as additional files. If you want the tables to be visible within the final published manuscript please include them in the manuscript in a tables section following the references. Alternatively, please cite the files as Additional file 1 etc., and include an additional files section in the manuscript.

We agree the tables should be visible in the final manuscript and in the current version of the manuscript we included Table 1 and summary table now Table 2, previously Table 5 in the final manuscript in a tables section. We also cite and refer readers to additional files now: Additional file-Table 1, Additional file-Table 2, and Additional file-Table 3, previously Table 2, Table 3 and Table 4 as on-line tables for the more complex analyses.

3. Please also ensure that your revised manuscript conforms to the journal style.

Finally, we have revised the manuscript to conform to the journal style by adding a list of abbreviations, assuring cited references are in correct format in the manuscript and reference list and files are formatted correctly.

Thank you again for your consideration of this article.

Sincerely,
Christine Elnitsky