Author’s response to reviews

Title: Estimating recruitment rates for routine use of patient reported outcome measures and the impact on provider comparisons

Authors:

Andrew Hutchings (andrew.hutchings@lshtm.ac.uk)
Jenny Neuburger (jenny.neuburger@lshtm.ac.uk)
Jan van der Meulen (jan.vandermeulen@lshtm.ac.uk)
Nick Black (nick.black@lshtm.ac.uk)

Version: 10 Date: 19 October 2013

Author’s response to reviews:

1. You only mention “elective surgery” in the Methods section of the Abstract. I would recommend mentioning all four procedures under study at this place.

Have done so..

2. You suggest “patient reported outcome measures” as one of the keywords. I think this is not a general term, but a term used in your project and some other related projects. Perhaps it is better to use “patient satisfaction”, “quality indicators” and/or “outcome assessment” (all MESH terms in PubMed).

PROMs is a widely used term with thousands of papers using the term. There are whole conferences and societies devoted to PROMs. Patient satisfaction is a quite different concept.

3. You start your Methods section (p. 6) in a rather unusual way (“To achieve our objectives…”). I would prefer to hear about the design of the study (retrospective or secondary analysis or something like that).

We have made this change.

4. I would also suggest to have a separate paragraph with an own subheading in which you report the four procedures under study. This is also the place where you should shortly tell the reader why you chose these four conditions and how you measured or determined “eligibility”. You mention at least two examples of ineligibility in “Step 4” (p. 7), but I think this should be explained in a more general way. Sorry that I didn’t mention this aspect in my first review, but sometimes it needs a second reading to become aware of such minor problems.

We have done as the reviewer suggests.
5. I accept your new handling of the abbreviations in the paper but would prefer to write HES_ID than only HESID so that everyone knows this is an identification code.

OK

6. Although I tried to understand your reasons to leave Table 1 and Table 2 separated, I would once again strongly recommend uniting both tables. I’m sure it is rather difficult – if not impossible – for the average reader to understand the different numbers in both Tables. It is confusing that the “number of completed pre-operative questionnaires” in Table 1 is 52,183 for hip replacement and in Table 2 “the number of questionnaires” for hip replacement is 52,376. As a reader, you would expect this number to be identical. An additional problem is that in Table 1 first the “uncertain eligibility” is listed followed by “not eligible” below; in Table 2 this order has been reversed which is confusing.

I believe that readers could really benefit from a combined table where it possible to see how the nature and extent of eligibility and the consequences of ineligibility lead, in the end, to rather lower recruitment rates. And exactly the fact that the recruitment rates continually (as you go down the table) become smaller and smaller is what you want to portray. If you start with one denominator (66,598 for hip replacements, etc) it should be possible to show this process in a very clear and understandable way, shouldn’t it?

We have combined the tables as suggested.

7. Thank you that you combined Table 3 and 4. There is only a small problem with a number reported in the first line of the table. While you report the total number of recruited patients, I think it is better to report the basis, i.e. total number of surgical procedures performed (66,598 for hip replacement) so that it is clear that about 1/3 of these patients (n=24,071) were not recruited for the survey. Perhaps you can integrate the total percentage of non-recruitment per condition (I think it is 35.9% for hip replacement).

We have included the total number of patients in HES.

8. I appreciated your interpretation of the non-association between recruitment rates and PROMS or quality of life (p. 13). I was somewhat astonished by your expression “clinical need”. Readers may have the feeling that you studied clinical need in an elaborated way. It should be clear that it is only PROMs that you have
investigated, so that I would prefer a more adequate expression.

We are puzzled by the suggestion that patient reported symptoms, functional status and QoL are not appropriate measures of clinical need. Given that these procedures are carried out to reduce symptoms, improve function and improve QoL, these are seen (in England at least) as the key measures of the clinical need for surgery.

9. I accept your decision to maintain all three figures in the manuscript. But you should at least add some figures in the x-axis (quintiles) so that readers can better see and even calculate the percentages you report on page 11 of your manuscript.

The reason for the text is to guide the reader looking at the Figures. We have done the work for the reader by providing some calculations in the text and do not agree that adding 'quintiles' to the figure would help.

10. By the way, talking about Figure 3, it is really interesting to see the big differences between the providers. Perhaps you have one or two ideas in the discussion as to the reasons for these big differences. Sorry again that I didn’t raise this issue in my first review, but I aware how striking the provider effect is and I think it will interest other readers as well.

We have added what is known about the determinants of recruitment in the Discussion.

11. In the first line of Results in the Abstract, there is a word missing. Please check this.

We have corrected this.