Author's response to reviews

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

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There is only one aspect remaining that still needs improvement. It is the new Table 1 (combined from the former Tables 1 and 2) and the corresponding text in the manuscript (p. 9ff).

Although I was happy to see the two tables combined in one table, it is very difficult to read and understand in its present form. The accompanying text in the manuscript doesn’t help the reader to understand it better. I have studied the table extensively now and I would like to make the following suggestions for improvement:

1. You should introduce Table 1 at the beginning of the Results section and report at least one number in the first line of the table, e.g. the number of patients in HES with hip replacements (66,598). Currently, you start your Results with the third line of the table, and readers have difficulty becoming familiar with Table 1.

*We have followed this suggestion.

2. Next, I would expect a sentence like “Between 47.7 and 81.0 of the patients in HES completed the pre-operative questionnaire”. Then you can go on with your text about the proportion of questionnaires which could not be linked to a hospital episode. However, I would expect at least one sentence with a number as to the reasons why
it was not possible to link the questionnaires to an episode. For example: “In 4,771 (9.1%) of completed questionnaires for hip replacement, no hospital episode could be linked to the questionnaires.” Such information is completely missing in the manuscript and you only inform the reader about the fate of those questionnaires that could be linked to an episode.

*We have taken on board this advice.

3. The lower section of the table is confusing, even for readers who have a good command of numbers and percentages. It is nearly impossible to reconstruct how you come to the number of 42,480 (81.4%) questionnaires for hip replacement. Everybody who read the upper section of the table would expect to read the number of successfully linked questionnaires (45,952) as the first piece of information in the lower section of the table followed by the number of ineligible questionnaires (3,472), subdivided by the detailed reasons.

4. The result that should come next is the number of questionnaires which were both linkable and eligible (for hip replacement 42,480). This number is, according to my calculation, 63% of the total number of hip replacements (66,598).

*We have redesigned the Table to make it comprehensive and more logical in the sequence.

5. All these calculations and procedures should be accompanied by text in the manuscript. I would recommend focusing on one procedure (e.g. hip replacements) and to make it clear to readers what is happening in the table. This way, readers can understand what you are doing and why it is so important to calculate the valid response rate. In the case of hip replacement, only 63% of the registered procedures were accompanied by a valid questionnaire, although it looked like the response rate
was 78% at the top of the table. Only if there are peculiarities in the other procedures, should you mention these in the manuscript (VV surgery).

*We have made extensive changes to the text along these lines.

6. I don’t understand two of the paragraphs in the text, p. 11 (Ensuring operations within study period; ensuring attribution to correct provider). Where is the place in the table where I can find the numbers and percentages that you report?

*These figures are not included in the Table, and this is made explicit in the text. We do not think the first issue is of sufficient importance to include as subtractions and additions cancel each other out and would further complicate the Table. The second point cannot be shown in a table of national aggregate data as it applies to individual providers (ie would involve hundreds of numbers). Instead we show this effect by the bar charts.

7. In the second line of the following paragraph (Underestimating recruitment rates), you write: “For knee replacements…” I think it should read: “hip replacements”, shouldn’t it? And shouldn’t it read “divided” instead of “divide” in the next line?

*Thanks...corrected.

8. At the end, one final remark about the keywords. Of course, PROMs is a widely-used term, but not a MESH term in Pubmed. I suggested some alternatives to make it easier for readers to find your paper if they are interested in exactly your main topic. Some of your own papers (e.g. J Clin Epidiemol 2013 and Med Care 2013) have the key words “patient satisfaction”, “quality of life” or “outcome assessment” but not PROMs. Of course, it’s up to you to select adequate keywords.

*Most researchers search using free text not key words (1980s technology!) and in the burgeoning world of PROMs they will search for PROMs.