Author’s response to reviews

Title: Preventive medical care in remote Aboriginal communities in the Northern Territory: a follow-up study of the impact of clinical guidelines and computerised recall and reminder systems

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POINT BY POINT RESPONSE TO REVIEWERS' COMMENTS

We would like to thank the reviewers for their constructive comments. Each comment is addressed below according to the numbering used in the reviewers' reports.

Reviewer: Marlies Hulscher

Discretionary revisions
1. The guidelines are presented in boxes as suggested.
2. The information regarding the two regions has been moved to the start of the methods section under a new heading "Study setting and population", in line with the reviewers suggestion. Under this point the reviewer also raises the question of additional discussion of sustainability. Related questions are raised again under point 6 of the discretionary revisions and point 1 on the compulsory revisions. We agree there is a need for much more substantial discussion of sustainability, and are in the process of preparing a separate paper on this subject. We do not believe we can do these questions justice within this paper, which has a focus on the study background, methods, and presentation of empirical results. Expansion of the methods section in line with reviewers comments has already added to the length of the paper. Nevertheless, in the background section we have included brief reference to the relevant papers referred to by the reviewer.
3. The reviewer's suggestion has been followed.
4. This point is now clarified in the methods section in the first paragraph under the "audit methods" heading.
5. The reviewer's suggestions regarding these table shave been followed. The guidelines are now presented in separate boxes as per point 1 above. Percentages have been rounded off. Denominators only are presented, as numerators can be calculated by readers as necessary from the figures now presented in the tables. We have retained the six month audit information, as we believe this provides additional information regarding the timing of the impact of the intervention on clinical performance. The inclusion of data from this audit also provides information on the issue addressed under point 4 above - i.e. to what extent might the intervention have had an impact prior to the baseline audit.
6. Addressed under point 2 above.

Compulsory revisions
1. Addressed under 2 above
2. A new section has been included in the methods under the heading "intervention", in line with the reviewers' suggestion. As requested, additional information on the guidelines is also provided in this new section. The title of the paper has been amended as suggested.
3. A substantially more detailed description of the analysis has been included in the methods section. We have also specifically clarified the calculation of the outcome measures, and provided a worked example as suggested.

4. This point is specifically clarified in the revised methods section.

5. Information on collection of data on attendance, and the rationale for this, is now included in the methods section.

6. The rationale for including the information on disease prevalence was to provide more context for the study. However, we agree that this does not add substantially to the paper and have therefore deleted the section in results that refers to disease prevalence.

7. We acknowledge the serial dependencies, or clustering, in the data from the audits as identified by both reviewers. We have reanalyzed the data using generalized linear models as suggested by the second reviewer, and the revised approach to the analysis is described in the additions to the methods section under the heading “statistical analysis”. This more sophisticated analysis has not result in any substantial change in the results. What minor differences there were in the results of this new analysis are reflected in the revised tables and in the textual description of the results.

8. The trends in service delivery are described in the results section in the tables, figures and their associated data tables, and in the textual description of the results. The significant trends in service delivery for some age groups and for some health centres is confirmed using the new analysis referred to above.

Reviewer: Paul J Hewson

The issue of serial dependencies, and the use of a more sophisticated statistical analysis, is addressed above under compulsory revisions point 7. The confidence intervals for the data points presented in the graphs are presented in the data tables for the figures. Plotting the confidence intervals on the graphs would be messy because of the proximity of data points to each other.