Author's response to reviews

Title: Racial Variations in Processes of Care for Patients with Community-Acquired Pneumonia

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PDF covering letter
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Re: Racial Variations in Processes of Care for Patients with Community-Acquired Pneumonia

Dear Editor:

Thank you for your review of our above-referenced article. We have revised the paper in response to the comments of the reviewer. Attached to this letter are our responses to the reviewer's comments and a description of how and where the manuscript has been modified based on their remarks.

In closing, on behalf of the co-authors of this paper, I want to thank you for the review of our work. I believe that the article has improved based on the peer-review process. We hope that you deem the revised version suitable for publication in the BMC Health Services Research.

Sincerely yours,

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1. For points I raised previously that the authors contest cannot be addressed (such as small sample size, lack of clustering, pulse ox by race, etc.), I suggest a short summary be included under the limitations section.

We have added an additional section to the limitations paper detailing the limitations of this paper. There are several limitations that should be acknowledged. First we did not have information on the physicians, hospitals, or the geographic locations of the providers so we were not able to adjust for clustering. Second our study was limited to Medicare patients hospitalized in Pennsylvania. It will also be important to examine whether patients with other types of insurance, such as Medicaid and managed care, and from other states have similar outcomes. In addition we were also unable to
assess the robustness of our analysis using traditional techniques such as model cross validation on a new independent sample, or by randomly subdividing our current sample into a training and test samples, due to our small sample size. However we do have quasi-replication, at least in the white sample, by the multiple sampling that we performed. Finally we were unable to adjust for potential bias in pulse oximetry since this is a retrospective study. However recent work[18,19] questions the idea that pulse oximetry does not perform as well in those with increased pigmentation as compared to those with lighter pigmentation. Therefore we feel that it is unlikely that this would systematically bias the results of our study.