Author's response to reviews

Title: Health Insurance, Neighborhood Income, and Emergency Department Usage by Utah Children 1996-1998

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Editorial Team
BMC Health Services Research,


Dear Sir/Madam:

We have revised this manuscript in accordance with the comments of the reviewers. We do not disagree with the reviewers and have responded to all of the suggested essential revisions as follows:

Reviewer Tilford

We thank this reviewer for indicating the discrepancy between text and tables. We have revised the text and tables to correspond and both now present rates formatted to the same number of decimal places.

With regard to Table 2, the numbers in parentheses indicated the total number of medical conditions for each category. We have removed these from the tables as the number of different diagnoses for each group did not add clarity to the tables.

We have added language to the introduction regarding EMTALA which mandates provision of emergency care regardless of ability to pay and combined the single-sentence paragraph with the preceding paragraph.

Reviewer Gadomski

Utah emergency department data have been submitted electronically to the State Health Department since 1990. For the years 1996 and later the data were cleaned and checked for duplicates before release for research use.

The low return on linkage to ambulance records (3%) is largely due to the lack of personal identifiers in the data. The proportion of children arriving by ambulance is probably low. We see no reason why the ratio of ambulance usage by payor or income level, or the types of diagnoses assigned should be inaccurate because of the low rate of linkage.

The difference in ISS score between non-Medicaid and Medicaid children is statistically significant at the p<.05 level and this is now indicated in the text.

We have added a brief description of how emergency care was handled during the transition to managed care. We have changed the discussion to indicate that we would not expect this transition to have had an
effect in reducing usage unless it had increased access to primary care providers. We indicate that our study was unable to measure access to primary care.

I thank you for consideration of this revised manuscript.

Anthony Suruda MD MPH