Author's response to reviews

Title: Healthcare in schizophrenia: effectiveness and progress of a redesigned care network

Authors:

Dong-Sheng Tzeng (tzengds@seed.net.tw)
Li-Chiu Lian (emmafeiyin@yahoo.com.tw)
Chin-Un Chang (emmafeiyin@gmail.com)
Chun-Yuh Yang (emmafeiyin@ms69.url.com.tw)
Gian-Tin Lee (mahahama2002@yahoo.com.tw)
Peter Pan (pan621@ms5.hinet.net)
For-Wey Lung (forwey@seed.net.tw)

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Title: Healthcare in schizophrenia: effectiveness and progress of a redesigned care network

Dear reviewers of *BMC Health Services Research*,

The authors of “Healthcare in schizophrenia: effectiveness and progress of a redesigned care network”, all appreciate your review and comments. We also appreciate your providing us opportunities to discuss and share some points with you.

**Reviewer: Francesco Amaddeo**

1. As your comment, the traditional organization was only limited to hospital-based facilities. However, different to traditional hospital basis, the community-based multidisciplinary teams of current study are not only responsible for individual caseloads (case management) by homecare member, but also provide linking and coordinating services by a network system, that with a variety of community resources. We have described more details in our revised manuscript.

2. The key-manager in the integrated treatment model of this study is a multidisciplinary team, which including psychiatrist, nurse, psychologist, and social worker. We have described this more clearly in our revised copy.

3. The aim of this study was to compare the differences between two different medical models for schizophrenia. Hence, we got the lists of patients, who treat under hospital-based and community-based models respectively, living in Southern Taiwan by the Kao-Ping Branch of the BNHI. Then, we randomly selected 371 patients from 1210 schizophrenics who treat
under community-based model, as case group. And, we also randomly selected 730 of 18911 schizophrenic patients who treat under hospital-based model. We have described these more details and made more clearly in our revised manuscript.

4. As your comment, the comparison of costs between countries should be cautious as cost should be adjusted for inflation and by using Purchasing Power Parity. We believed that it is not enough to compare of two countries only with adjusted per capita income of the two countries, and it could be as a limitation in the current study.

5. As your comment, the discussion should be indicated as a limitation of study design. We have clarified these in our revised manuscript.

6. We have made several corrections in figures as follow your mentions.

7. We have changed “USA” instead of “America” in our revised manuscript.

Reviewer: Ariel Eytan

1. We have changed “The aim of this study was designed to investigate…..” instead of “This study was to investigate…..” in background of Abstract section.

2. As your comment, 10 references are not necessary to present in the sentence on lines 44 and 45. Hence, we have deleted reference no 3 (Stein et al., 1975), no 4 (Weisbrod et al., 1980), and no 5 (Burns et al., 1993) in our revised manuscript.

3. We have changed the word “There were a few patient…..” instead of “There are a few patient…..” in line 57 in our revised copy.

4. Actually, the patients of this study were recruited from Southern Taiwan, consisted of 371
persons who randomly selected by Alphabetic order from 1210 schizophrenic patients from the redesigned care network model. Moreover, the control group consisted of 730 persons randomly selected by Alphabetic order from 18,911 schizophrenic patients who did not fall under the above-mentioned network of treatment organizations. We have revised these in our revised manuscript for making more clearly.

5. The World Health Organization Quality of Life (WHOQOL) is a 100-item generic measure designed for use with individual quality of life and mental health. The Taiwan version of WHOQOL was modified and simplified by Yao (2002). Cronbach's Alpha was 0.68 to 0.77 and test-retest reliability was 0.41 to 0.79 (Yao, 2002). We have revised these in our revised manuscript.


6. The culturally relevant additional questions of respect and food aspect. We have revised these in the revised copy.

7. Actually, the network system of the current study does not considered as an ACT in USA. The network system is a community-based multidisciplinary team, that could provides a full service to help psychiatric patients develop skills for coping with the problem of living in the community and which virtually decreases hospitalization. It is only responsible for individual caseloads (case management) by homecare member, but also provide linking and coordinating services by a network system, that with a variety of community resources. We have described these more details in our revised copy.

8. We have revised the sentence “beyond the small number of participants…” instead of “beyond the small participants…” in line 286.

9. We have revised the sentence “we could only get the costs…” instead of “we could only the
costs…” in line 287.

10. We have revised the sentence “decreased length of hospital stay” instead of “decreased hospital stay” in line 292.

11. We have made several corrections in figures as follow your mentions.

We have revised the manuscript, and resubmitted it to *BMC Health Services Research*. If you have any other comments or further information needed, please let us know.

Sincerely,

For-Wey Lung  
Department of Psychiatry  
Military Kaohsiung General Hospital  
No. 2 Chung Cheng 1st Rd  
Kaohsiung 802, Taiwan  
forwey@seed.net.tw