Reviewer's report

Title: Handling Health Promotion in Hospitals in diagnosis-related groups (DRGs): evaluation of systematic codes for health promotion activities in a multicentre project

Version: Date: 27 March 2007

Reviewer: Hude Quan

Reviewer's report:

General

-------------------------------------------------------------------------------------------------------------------------------

Major Compulsory Revisions (that the author must respond to before a decision on publication can be reached)

Fifteen health promotion codes are evaluated at 19 departments in 6 countries. Physicians coded 15 HP activities based on charts and their agreements were assessed. Comments were also collected from these physicians.

HP activities are important components of quality of care but have not been routinely collected. Integration of HP activities data collection with hospital discharge abstract will be optimal to promote comprehensive data collection. Therefore, this paper is unique to present utilization of 15 HP activities at sample institutes from 6 countries. This paper is valuable in promotion of data collection.

My major concerns:

1. This paper is to assess utilization of 15 HP codes. Application of these codes to the DRGs is not assessed in this paper. Therefore, the title containing ‘DRGs’ is misleading. The authors should revise the title to reflect the main objective – evaluation of data collection on 15 HP activities.
2. In the introduction, currently available major clinical coding systems should be described so that readers can distinguish HP codes from these commonly used coding methods. For example WHO ICD was developed mainly for coding cause of death and ICD-9-CM for clinical diagnosis et al.
3. The reasons for including 15 PH activities should be rationalized in the paper and the definitions of these 15 codes presented in Table 1 should be stated clearly in the method section. Instructions to determine presence of each activity should be briefly described. For example, do physicians/reviewers determine smokers first and then assess physician consultation and intervention among smokers?
4. In the results, variation across the 6 countries should be presented. This is informative to each country.
5. Statistical analysis: Kappa was used to assess agreement among physicians. It is unclear whether the kappa was weighted or adjusted for prevalence of behaviors which require consultation or intervention.
6. Application of HP activities to the DRGs is briefly discussed in the Discussion section. Authors should provide more constructive comments to its application to the DRGs. For example, the DRGs are generated using diagnosis codes of ICD9CM or ICD-10. How and who will HP activities be coded? Which coding system should be used to code HP activities? How will the mechanism of reimbursement based on HP activities be generated?
7. Limitations of this study should be acknowledged. A major limitation is that the 15 codes only capture limited HP activities. Two ‘Other’ categories in the 15 codes are less meaningful in practice. Are authors going to develop more comprehensive HP activities? Only were hospital charts reviewed in this study. Primary care physician’s (or family doctor or general practitioner’s offices) charts were not assessed. Therefore, generalizability of current study findings is limited.

-------------------------------------------------------------------------------------------------------------------------------

Minor Essential Revisions (such as missing labels on figures, or the wrong use of a term, which the author can be trusted to correct)

1. On Page 4, the first sentence, What does ‘HP’ stand for?
2. On page 4, references should be cited at the end of the first paragraph.
3. On page 5, teaching hospital as well as other hospitals. Should provide some example for ‘other hospitals’.
4. Whose medical records were reviewed? Do physician their own charts or other physicians’ charts?
Discretionary Revisions (which the author can choose to ignore)

What next?: Unable to decide on acceptance or rejection until the authors have responded to the major compulsory revisions

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:
I declare that I have no competing interests