Author's response to reviews

Title: Day care cataract surgery in Central and Southern Italy: a multicentric survey

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Author's response to reviews: see over
To:
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Day care cataract surgery in Central and Southern Italy: a multicentric survey
Salvatore Cillino, Alessandra Casuccio, Francesco Di Pace, Francesco Pillitteri, Giovanni Cillino and Gaetano Lodato

Dear Editor,

With respect to the Reviewer’s report 1 (Daniel J McCarty) we modified the paper as follows:

Major Compulsory Revisions:

1) We added the survey response rate and the number of surveys received in the first sentence of the Results section of the abstract. As you have suggested, we have rewritten the first sentence of the methods section.

2) We have shortened the background and we have included the estimated cost of day vs. overnight cataract surgery as reported in a randomized clinical trial.

3) As you have suggested, to the aim to explain the peculiar characteristics of national health service in Italy, we added in Discussion Section the following phrase: “The National Health Service in Italy is characterized by universal coverage and is currently financed through a regional tax on productive activities, general taxation collected centrally, various other regional taxes and users’ copayments [23]. In 1992, the financing of hospital care was reformed, switching from a cost-reimbursement system to a prospective, activity-based payment system for inpatient and outpatient care. After 1995, hospitals came to be remunerated according to nationally predetermined rates based on DRGs. Regions are free to set lower DRG rates if they wish but must take the national rate as the maximum level [24]. As a result, funding rules for hospitals may differ significantly among regions. In the smallest Italian regions, the health department negotiates both volume and financing directly with the hospitals (which do not usually hold the status of trusts). In some southern regions, prospective funding based on DRGs has not yet been fully implemented [24].”
Moreover, we have rewritten the Discussion Section reporting that the results of this study suggest hospitals are under the threshold of 46%.
4) We have moved the national trend data from the Results section to the Discussion section.

5) We have included the number of surveys returned in the results section.

6) As you have suggested, we have deleted the columns “Neuroleptanesthesia / proidone iodine disinfection” and “follow-up at 24 hours” from the Table 1 showing the data in the text of the results section.

7) We have shortened the Discussion section focusing on main issues and describing the study limitations.

8) It’s true. In the discussion section we have clarified that we can only speculate on these possible reasons.

9) We have rewritten 3rd paragraph of the discussion section and we have deleted the sentence “we are not able to study within country variations”.

10) In the Discussion Section we added the paragraph “Moreover, we must emphasize the importance of adopting day surgery rather than inpatient care for cost-effectiveness analysis and how much funding could be saved if all Italian regions adopted more day cataract surgery [30]. Some research carried out in the USA and in other European countries, such as the UK, show that the move toward day surgery is associated with cost reductions ranging between 30% and 50% [31-33].”

Minor Essential Revisions

11) In the Methods Section we have reported the corrected software used “Systat Software version 8.0 (Systat Inc., Evanston, IL).”

12) We are in agreement with the suggestions of referee and we have given the manuscript to specialist in english editing and translation for proofreading (http://www.biomedes.co.uk).

With respect to the Reviewer’s report (Jose M. Quintana) we modified the paper as follows:

General

As suggested from the referee, we have included a summary of some answers in the text of the manuscript in the opportune section.

Major Compulsory Revisions:

Previous comment # 2): In the Methods Section we have added the justification in the selection of the type of questionnaire and questions. The limitations of the selected questionnaire have been enclosed in the Discussion Section.

Previous comment #3): We agree with the referee and we have described the concerns about the questionnaire and the relating limitations of the study in the Discussion Section.

Previous comment #4): We have added in Methods Section some descriptive data on the hospitals (ophthalmic first aid, inpatient bed number, type of activity). Some informations regarding the national health service in Italy and administrative and economical issues have been reported in Discussion Section.
Previous comment #5) We have enclosed this answer as a limitation of the study in the discussion.

Previous comment #6) Also, we have included it as a limitation of the study in the discussion.

Previous comment #7) We have added the reference of the website: http://www.ministerosalute.it/programmazione/sdo/ric_infomazioni/default.jsp page between the biographical references.

Previous comment #8) We have reported in Discussion Section some additional information from the administrative data, obtained from the “Hospital Discharge Report”, about regional outpatient/inpatient admission rate for cataract surgery. These rates and the observed trend agree with our results updated to 2005.

Previous comment #9) We have rewritten the Discussion Section and included a summary of these commentaries in the discussion.

Previous comment #11) We have mentioned in the Discussion section other of the possible limitations of the study as selection bias and validity of the questionnaire.

Previous comment #12) In the Discussion Section we reported some literature data regarding the importance of adopting day surgery and how much funding could be saved if Italy adopted more day cataract surgery.

We are in agreement with the suggestions of referee and we have given the manuscript to specialist in English editing and translation for proofreading (http://www.biomedes.co.uk).

Sincerely yours,

Palermo 24 dicembre 2006

Salvatore Cillino, MD