Author's response to reviews

Title: Usage frequency of traditional Chinese medicine in Taiwan

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Author's response to reviews: see over
Dear Dr. Chrissie Kouremenou,

We appreciate the very encouraging and critical opinions given by the reviewers and from the editorial office. We have responded to the reviewers’ comments and revised our manuscript according to the suggestions and comments of the reviewers. In addition, we have sent our manuscript out to the Manuscript Presentation Service in UK for English editing and corrected the whole manuscript according to their excellent suggestions. Enclosed please find a revised manuscript, one figure and a point-by-point response to the reviewers.

We hope that the revised manuscript can be more acceptable for publication in your Publication.

With best regards,

Shinn-Jang Hwang, M.D., F.A.C.G.
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Taiwan
Reviewer: Lyren Chiu

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

1. The problem statement could be more precisely conceptualized. The purpose of a large-scale study needs to be justified. The author may provide more background information about the National Health Insurance (NHI), Taiwanese population and their use of TCM before and after the NHI instigated.
   Reply: In order to conceptualize the problem statement of our study and to justified the need of a large-scale study like ours, we have added one paragraph and several sentences in the “Introduction” section. (page 4, 2nd paragraph, line 5-7; page 4, 3rd paragraph; page 5, 2nd paragraph; and page 10, 2nd paragraph, bottom 4 lines)

2. The authors could provide more methodological detail which includes information about how the informants were chosen, inclusion and exclusion criteria, and how the research instruments were designed.
3. The authors provide information about how they pooled the data from TCM claims datasets and how they analyze the data.
4. The authors may describe how the national dataset was originally obtained.
   Reply(2-4): In this study, we calculate the complete TCM dataset from National Health Insurance Research Database. Thus, we included every subject who visits the TCM clinics under National Health Insurance in Taiwan. There was no sampling in TCM dataset and there were no inclusion or exclusion criteria. We added one paragraph and some sentences to provide more information about the nature of TCM dataset and how we operated on it. (page 4, 3rd paragraph, line 5-7; page 5, 2nd paragraph)

5. The authors mentioned population denominator data by age. I would suggest the authors to include gender as it was also analyzed and discussed in this article.
   Reply: We have analyzed the percentage distribution of major disease categories for TCM visits in different gender and added several sentences in the “Results” section. (page 9, 1st paragraph, line 7-11) as well as in the “Discussion” section (page 13, 2nd paragraph, bottom 4 lines).

6. The discussion about TCM use in Taiwan is limited and imprecise. The
authors should compare and validate from previous studies and suggested implications for health care professionals.

Reply:
We have added several sentences in the “Discussion” section. (page 10, 2nd bottom 4 lines and last paragraph; page 11, 1st paragraph; page 12, 2nd paragraph, bottom 10 lines; page 13, 1st paragraph; page 13, 2nd paragraph, bottom 4 lines and last paragraph; page 14, 1st paragraph; page 15, 1st paragraph)

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. TCM is a considered a CAM instead of a component of CAM in Western countries.

Reply:
We have corrected the sentence according to reviewer’s comment. (page 2, 1st paragraph, line 1; page 4, 2nd paragraph, line 1)

2. I am not convinced that use of herbal remedies originated from ancient China. Indigenous people in Taiwan also used herbs.

Reply:
Though herbs are generally defined as any form of plant or plant product, including leaves, stems, flowers, roots, and seeds, and the traditions of herbal medicine (in the Americas, Europe, Asia, Africa, and Australia) have survived in many indigenous cultures as well as in many forms of natural and complementary medication. TCM is maintained by following the classical ancient Chinese medical books, such as Huang Ti Nei Ching, Shen Non Ban Cao Ching etc, and the TCM herbal remedies must be prepared by classical processing methods, scarcely in raw form, and be prescribed also by classical medical rules. Thus, the TCM herbal remedies covered by NHI in Taiwan are proved by the Committee on Chinese Medicine and Pharmacy (CCMP) of Taiwan Government according to traditional principles of Chinese medicine, and are in powered or granular forms.

3. Be aware of using terminology. For example, the authors may consider “traumatology manipulative therapy”.

Reply:
We have corrected the terminology according to the reviewer’s comments. (page 2, 2nd paragraph, line 3 and bottom 2nd line; page 5, 1st paragraph, line 4; page 8, 2nd paragraph, line 2)
4. It was not clear how the authors adjust age in TCM use.

Reply:

To avoid the possible confusion to the readers, we only estimated the 6-year age-specific usage frequently from 1996 to 2000. Thus, we rephrased the whole paragraph (page 6, 4th paragraph) as: “To calculate patients’ ages in relation to the 6-year usage frequency from 1996 to 2001, December 31, 2001 was taken as the index of subtrahend. The denominator was the number of people who were insured during this 6-year period.”

5. The organization of the findings could be more precise. I would suggest to effectively use tables and figures.

6. The authors may consider reorganize Table 3 and add percentage to Table 1, 2, and 4.

Reply (5-6):

We have replaced table 3 with Figure 1 (page 35). Percentages have been added to Table 1, 2, 3. (page 24, 25, 26)

7. The authors mentioned “the widespread use of TCM in the Chinese population is because TCM is indigenous to China for more than 2000 years.” How would this fact affect people in Taiwan? What happened to TCM in Taiwan before 1996?

Reply:

The ancestors of most Taiwanese were immigrants from China since 17th century, so they brought with the traditional Chinese culture and medicine to Taiwan. TCM was the mainstream medical system in Taiwan before mid-nineteen century. It was not until 1860 that Western medicine introduced to Taiwan. In 2001, there were about 30,000 Western medical doctors and 4,000 TCM doctors in Taiwan.

In general, TCM emphasize the importance of catering the therapy to the needs of each individual, as opposed to western therapeutic approaches that are standardized and emphasize the efficacy of treatment through large, double-blind, placebo-controlled studies. This fundamental difference has led many clinicians to practice primarily Western medicine, which is viewed as more scientific, leaving little room for TCM in either the in-patient or out-patient care. Of interest is that people appear to be more receptive to alternative medicines. In Taiwan, in the past, medical field had spent very relative few resources on the research of TCM policy making or construction of the TCM medical system or the integration of western and Chinese medicine. We have mentioned the concept in the discussion section (page 10, 2nd paragraph, line 10-22). Also seen in reference No. 14, 25 and 44.

8. The authors may consider use of any data to support the statement that “the
insurance coverage for TCM visits might also play a significant role for the frequent use of TCM in Taiwan.”

Reply:

We found that Lee et al. had reported: TCM usage rate increased 1.75-fold from 1983 to 1988 because of the opening of labor insurance coverage in Taiwan. (page 10, 2nd paragraph, line 19-22)

9. Research to date suggests that Chinese women manage health and illness of their families. Unemployment statement requires further analysis (refer to page 10).

Reply:

We have deleted the sentence according to the reviewer’s comments. (page 11, 2nd paragraph, line 6-7)

10. The authors mentioned a German survey which indicated that young age people had a positive attitude for CAM. How would this finding support the statement that “adults are more frequent users of TCM/CAM than children are”? (refer to page 10)

Reply:

This German survey was conducted in a university hospital. They had made a questionnaire survey to patients hospitalized in sections of cardiology, neurology, etc., but not in pediatrics. So, this young age means young adults, not children.

11. It’s good to discuss training program. However, the authors should not jump to conclusion. Please refer to the first paragraph on page 11. The conclusion about the evaluation of the impact of TCM on quality of care and teaching program come from no where.

Reply:

We have added one paragraph from page 13, 3rd paragraph to page 14, 1st paragraph to discuss about the need of teaching and training program.

12. The discussion about limitation could be included in the exclusion criteria section.

Reply:

Because we analyzed the complete TCM dataset from National Health Insurance Research Database in Taiwan during 2002, we included all subjects who visited the TCM clinics during this year. So, we did not have exclusion criteria using TCM dataset. However, we did have several limitations regarding to the TCM use in Taiwan
in this study. (page 14, whole 2\textsuperscript{nd} paragraph)
Reviewer: CHUNHUEI CHI

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

1. p.6.
Please clarify what does it mean by “...defined by the number of patients who filed insurance claims,...”? Normally patients under Taiwan’s NHI do not file claim. Instead, it is the providers who file claims.
Reply:
To avoid the possible confusion to the readers, we have deleted this sentence and rephrase the whole paragraph. (page 6, 4th paragraph)

2. p.6. Statistical Analysis
Need to describe briefly the main method used, such as frequency count and percentage.
Reply:
We have added a sentence on page 7, 2nd paragraph, line 2-3. “Descriptive data including frequency count, percentage and means are presented.”

3. p. 7
It is not clear what does it mean for a patient to “accept” TCM in this study. Does it mean that they had any usage? It seems that the authors did not conduct any survey on the public’s preference or acceptance for TCM.
Reply:
We have changed the word “accepted” to “used” according to reviewer’s comment. (page 7, 3rd paragraph, bottom 1st line)

4. Table 1. (p.19)
It is not clear what does “New Patients” means? If it means people who used NHI covered Chinese medicine for the first time, the numbers do not add up.
Reply:
New patients indicated people who used NHI-covered TCM for the first time. There were 5,178,887 subjects used TCM during 1996 and there were 2,506,006, 1,862,519, 1,556,868, 1,314,192 and 1,117,716 new patients annually used TCM during 1997, 1998, 1999, 2000 and 2001 respectively, and add up totally 13,536,266 subjects used TCM during 1996-2001. (page 24, Table 1)
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. p.12 Limitations
This data does not include usage by patients who pay entirely out-of-pocket, such as services provided by Chinese medicine practitioners that were not covered by Taiwan’s NHI.
Reply:
We have added a sentence “Besides, our study did not include the TCM usage by patients who paid entirely out-of-pocket, and such services provided by TCM practitioners were not covered by NHI in Taiwan. (page 14, 2nd paragraph, line 5-7)

2. Table 3. (p.21)
It will be more informative if the authors can produce a table that displays the average number of TCM visits per person per year, from 1996 to 2001, year by year, and percentage change to previous year.
Reply:
We have added a table to display the information, (page 33, Table 9), and mentioned it in the discussion section (page 11, 1st paragraph, line 5-7).

3. Comparison with Western (allopathic) is important for readers to have a reference point. For example, what was the average number of outpatient visit per person per year for Western medicine vs. Chinese medicine in Taiwan? What was the top 10 diagnostic conditions for Western medicine in Taiwan, as compared with Chinese medicine?
Reply:
We have added two new tables to address these issues (page 33, Table 9, and page 34, Table 10) and mentioned in the discussion section (from page 10, last paragraph to page 11, 1st paragraph, and from page 12, 2nd paragraph, line 9-18 to page 13, 1st paragraph).

4. Conclusion
To make this study and its result more interesting to the authors, it will be helpful to discuss in the Conclusion section what are the implications of this result for other societies?
Reply:
We thank for the reviewer’s optimal opinion. We added the statement “This study provides information about usage frequencies of TCM and disease categories treated
with TCM which should be useful for health policy makers and for those who consider the integration of Chinese and Western medicine (page 3, 2nd paragraph, line 4-7 and page 15, 1st paragraph, line 1-3).