Author's response to reviews

Title: The costs and potential savings of a novel telepaediatric service in Queensland

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Author's response to reviews: see over
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To the Editor
BMC - Health Services Research

Dear Sir / Madam,

Re: Response to reviewers
MS: 2099521462121949
The costs and potential savings of a novel telepaediatric service in Queensland

We are grateful for the comments provided by the reviewers and appreciate the positive response we had with regards to the above paper. We note that there were no major revisions required and only one minor revision which has been addressed.

Reviewer 1 – Yogesan Kanagasingam

Major Compulsory Revisions
None.

Minor Essential Revisions
Page 9 last line: RCT? is not defined. Can the authors expand this?
Randomised controlled trial (RCT) is defined in full (see page 10).

Discretionary Revisions
None.

Reviewer 2 – Trine Strand Bergmo

General Comments
This is a clearly written paper with clear objectives and a good description of the topic of assessment. The authors have used a cost-minimisation methodology to calculate the net savings of a telepaediatric service in Queensland. The applied method of analysing the costs seems valid and the results reasonable. The study describes the costs of providing telemedicine services to a group of patients and compare this cost with the costs that might have been incurred have the service been provided in a traditional manner i.e. sending the patients to the main tertiary hospital. This is always a difficult business, but the authors have accounted for it in the discussion. They have also carried out a threshold analysis (Figure 2) showing that the break even for this service to become cost effective is well below the actual number of consultations.

Major Compulsory Revisions
None.

Minor Essential Revisions
None.
Discretionary Revisions
Minor comment. The authors state on page 3, paragraph 3 that the majority (85%) of all responses facilitated by the telepaediatric service involve a videoconference. I assume that information on how the remaining responses were handled is of interest to the reader as well.

*The remaining 15% of cases were dealt with via telephone or email. A sentence has been added to the manuscript describing these details (see page 3).*

Videoconferencing usually requires two medical doctors present to conduct one patient consultation. I assume that the regional presenter in Table 1 is a medical doctor. This might not be efficient use of scarce resources in areas with a shortage of medical doctors even if the savings are substantial. The authors could address this issue in the discussion.

*This is an interesting point made by the reviewer. In response, we have included an additional paragraph in the discussion regarding this issue (see page 9).*

We have addressed all of the comments raised by the reviewers and also the editorial queries raised by the editorial team. Please find attached the revised manuscript with minor changes. We trust that paper is now acceptable for publication.

Kind regards,

Dr Anthony Smith
Senior Research Fellow – Telemedicine