Author's response to reviews

Title: Does delayed measurement effect patient reports of provider performance? implications for performance measurement of medical assistance with tobacco cessation: A Dental PBRN study

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Author's response to reviews: see over
Measuring Tobacco Control Service Delivery

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February 11, 2008

RE: MS: 7781311861618789

Please find attached our revisions based on the first review of the following manuscript:


We would like to thank the reviewers for their detailed comments regarding this manuscript. The comments were informative in guiding our revisions toward a more clear and concise manuscript. We appreciate the time taken by each reviewer to provide such constructive feedback and recommendations.

Reviewer 1’s Comments
We appreciate reviewer 1’s positive comments, specifically, the recommendations regarding the changes in quartile rank for these practices. Hopefully the current draft has addressed the concerns of this reviewer regarding this important topic.

- Major Compulsory Revisions

Comment 1: The description of how the practices were chosen for this study is a little confusing. Apparently these were the randomized control practices from a different study. Randomization techniques and the larger study should be more clearly described.

Response:
The reviewer is correct that this analysis is part of a larger randomized trial. We used only control practices in this analysis. We have added additional detail on the methods and purpose of the large study on page 4, METHODS, paragraph 1 of the manuscript.

Comment 2: It is not clear why these investigators decided to compare responses by practice, or why changes in quartile rank of practices would be enlightening or necessary.

Response:
Practices and individual providers are increasingly being compared. National organizations including the health insurance industry and the U.S. Center for Medicare and Medicaid Services (CMS) have begun to require submission of performance data, including patient surveys such as those conducted by HEDIS. Practices and providers can be rewarded financially if they are top-performing or potentially penalized if they are below a certain threshold for a variety of performance measures. Thus, how a practice compares with their peers is important now and increasingly important for the future. We have now clarified our rationale for comparing
practices on page 4, paragraph 2, last paragraph of the Background and in the discussion on page 11, paragraph 2.

Performance measures will always have limitations. Our analysis adds to a growing body of literature on patient-reported performance measurement. Because some practices’ relative performance ranking varied considerably based on immediate versus delayed measurement, consumers of performance rankings, such as CMS, need to carefully consider whether such measures are stable enough to serve as a basis for financial reward or penalization.

If the editor and reviewers do not agree with our rationale and changes, we are happy to consider further revision or deleting of this section. However, we do feel it adds to the implications and importance of the paper.

Comment 3: Conclusions should be somewhat more tempered. The investigators found that delayed surveys do not agree with exit surveys in this study with this population. It is also difficult to conclude that immediate assessment is superior as investigators cannot know what actually happened in the clinical encounter. It does make sense that immediate recall would probably be more accurate, but this study cannot make that conclusion given the data presented. It can, however, rightly point out that immediate and delayed assessment is in fact different, and postulate “Why?”

Response:
We agree with this reviewer’s comment completely. Our goal was to demonstrate that the immediate and delayed assessments were not the same. We have now tempered our conclusions and emphasize that the discussion about recall is speculative and not a conclusion of the study (page 15, CONCLUSIONS, paragraph 1).

We have also expanded our limitations section to emphasize that the study was in one population, for two measures, and is not directly analogous to the HEDIS measure (page 13, paragraph 3).

- Discretionary Revisions
Comment 1. For the most part the discussion and conclusions are well balanced and supported by the data, and some very good points are made. However, additional consideration of the accuracy of the exit cards is warranted (e.g., further study to see if exit cards accurately reflect what happened in the encounter, or is that report also influenced by the Hawthorne effect?)

Response:
We agree and have added a comment to our limitations section to state that further study is needed (page 13, paragraph 2, sentence 5).

Comment 2: The writing is acceptable with some exceptions. On page 10, second paragraph is awkward. However this is about the analysis by practice, so perhaps it should be cut. In the Discussion section, 2nd paragraph, 4th sentence is awkward, and top of page 12, “documentation” and “documented” would rephrase.
Response:
We have considered this critique carefully. As discussed above, we believe that the comparison of practice ranks is an important contribution of this study. Thus, we have not cut the suggested paragraph, but have worked to improve the style and clarity (page 10, paragraph 3). We have also revised the awkward sentence in the discussion section (page 12, paragraph 1, sentence 4) and the rephrasing of “documentation” and “documented” (page 12, paragraph 2, sentence 3).

Reviewer 2’s Comments
We appreciate reviewer 2’s positive comments, specifically, the recommendation to clarify the difference in the HEDIS measure of asking about any visits in a past period of time versus our measure which asks about one particular visit.

Reviewer 2’s Comments
Major Compulsory Revisions
Comment: The authors conclude that HEDIS measures would over-estimate particular measures. It would be helpful for the authors to address the difference between asking patients to report about what happened at a particular visit (as they did in their study) compared to asking patients what happened over the past 3, 6, or 12 month periods (as HEDIS apparently does) which allows for people to respond based on all the visits they have had over that period. I still think that the study is important and interesting, but I think that the conclusions could be tempered.

Response:
We agree with the reviewer’s comment. We have now tempered our conclusions. Our question did not directly mirror the HEDIS measure in that we asked directly about the same visit that they complete the exit card, not all visits over the past 3, 6, or 12 months. In our study, we wanted a delayed assessment that was most comparable to the immediate assessment. Thus at the delayed assessment, we chose to ask patients to report what happened at the visit when they completed the exit card.

This makes our delayed assessment less directly comparable to HEDIS. We speculate that a questions asking over a broader time period may suffer even more from limited or faulty recall. We have emphasized this on page 13, paragraph 3.

We also emphasize in the discussion that the HEDIS measure may over or under-estimate performance.

In addition, we have added a sentence to the limitations noting that our delayed measure is not directly equivalent to what HEDIS does and thus our conclusions as they apply to current HEDIS measures need to be tempered (page 13, paragraph 3).

Minor Essential Revisions
Comment 1: I would recommend consistently putting “ask” before “advise” (in the abstract, methods, and results) since this would probably be the order that it would actually happen.

Response:
We have changed this to follow a more chronological order and for consistency as the reviewer suggests (see changes in abstract (page 2, RESULTS, sentences 1-4), methods (page 7, paragraph 2 and page 8, paragraph 1), and results (page 8-10). We have also changed the order of the two tables to reflect “ask” coming first (pages 22-23).

Comment 2: Abstract, Methods, last sentence. Add “of the delayed measurement” to the end of the sentence to clarify what you are calculating the sensitivity and specificity of.

Response:
We have made this change in the abstract methods (page 2, METHODS, sentence 3).

Discretionary Revisions
Comment: Abstract, Background. Consider that HEDIS may over or under-estimate performance.

Response:
We have added this statement to the abstract background (page 2, BACKGROUND, sentence 2)

If you have any questions, please feel free to contact me per the corresponding author information.

Sincerely,

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