Author's response to reviews

Title: Comparing patient characteristics and treatment processes in patients receiving physical therapy in the United States, Israel and the Netherlands. Cross sectional analyses of data from three clinical databases

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Author's response to reviews: see over
Dear Editorial board of BMC Health Services Research,

It is our pleasure to send you our revised manuscript, titled as ‘Comparing patient characteristics and treatment processes in patients receiving physical therapy in the United States, Israel and the Netherlands. Cross sectional analyses of data from three clinical databases’. We were happy with the positive reactions of the reviewers asking only for minor essential and discretionary revisions. The comments of the reviewers helped us to improve the manuscript further. We thank them for that.

Below we give a point-by-point reaction to their suggestions.

Minor essential revisions asked by reviewer Hill:

1. The reviewer requests for more consistent use of database names and country names and prefers country names. We followed this advice in the results and the largest part of the discussion section. For the method section and the limitations of the study section we found this a bit too drastic because these concern the databases very specifically and there may be other databases in the three countries. We added the following sentence at the end of the method section: ‘For reasons of readability we used country names instead of database names in the results section’. We did no change the table headings because the country names are clearly mentioned in the Table headings.

2. We did not change the term ‘symptom acuity’ into ‘episode duration’ because it is not the same. Episode duration is the length of the treatment episode, or as we calculate, number of calendar days between the date of initial evaluation and date of discharge from treatment. There are many publications that use the term ‘symptom acuity’, for example D.L. Hart et al, Computerized adaptive tests for patients with knee impairments produced valid and responsive measures of function. Journal of Clinical Epidemiology, 2008 (in press).

3. In table 2-5 is made clear what values are percentages.

Discretionary revisions asked by reviewer Hill:

4. The reviewer asks for clear recommendations in a separate paragraph. We added this after the conclusion.

5. The reviewer finds table 6 not meaningful for clinical readers. He asks for presentation of the number of treatment visits per country in the table. Because these figures are already in the text we did not do this, but we reformulated the paragraph and the table to make it easier to for clinical readers to interpret the coefficients.

Discretionary revisions asked by reviewer Herbert
1. Conclusion in the abstract and the manuscript are more explicitly related to the aim of the study as the reviewer requested;
2. The coding of the ‘acuity’ data is made clear as the reviewer suggested;
3. The reviewer is right that formal statistical inference is a bit redundant when the sample size is 175,000. This is the case for the total population, but for the ankle sprain data the sample size is considerably lower (only 150 cases in the Netherlands); that is why we have chosen to give p values in all tables where both total population and complaint specific analysis were presented;
4. The reviewer asks also to refer to countries instead of databases; we did this;
5. The reviewer has also remarks about the interpretation of table 6 especially regarding the clinical significance of the differences found. He claims that it is misleading to claim that there are differences between regression coefficients because most variables influence the number of treatment visits less than 1. We solved this by reformulating the paragraph focusing on clinical significant differences (coefficients more than 1).

We hope that the positive comments of the referees and the improvements we made based on their suggestions will lead to publication in BMC.

Best regards,
On behalf of the co-authors

Dinny (D.H. ) de Bakker