Author's response to reviews

Title: An Intervention Program to Reduce the Number of Hospitalizations of Elderly Patients in a Primary Care Clinic

Authors:

Roni Peleg (pelegr@bgumail.bgu.ac.il)
Yan Press (yanp@zahav.net.il)
Maya Asher (mayas@clalit.org.il)
Tatiana Pugachev (pelegr@bgu.ac.il)
Hadas Glicensztain (pelegr@clalit.org.il)
Mila Lederman (ronipel@gmail.com)
Aya Biderman (sbider@netvision.net.il)

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Author's response to reviews: see over
To the editor,

We would like to thank the reviewers for their helpful comments and suggestions. We believe that after making the suggested revisions to our manuscript it has been significantly improved. The paper underwent linguistic editing in addition to the requested revisions. We hope that you find our manuscript, in its revised version, worthy of publication in your journal.

Sincerely,

Roni Peleg, MD

The following are our point-to-point replies to the comments, and the revisions made to the paper as a result.

**Reviewer #1:**
1. Towards the bottom of page 13 we added a sentence on the study limitations as follows: Case studies teach a lot about processes, but their outcomes may not be readily generalizable."
2. On page 4, under the sub-heading “Setting” we added an explanation on the community-oriented primary care approach.
   
   On page 6 under the sub-section “The intervention program” we added details as to why the clinic staff decided to intervene in specific areas.
3. In the Discussion on page 12 we relate to and discuss the theoretical aspects that relate to knowledge on organizational change that explain the success of intervention programs of this type.
4. At the end of the Methods section on page 10 we added an explanation on the measures that were chosen to evaluate the effectiveness of the intervention program.

**Reviewer #2:**
1. The data in this paper are presented in the form of costs. These data cannot be presented with statistical analyses. To compare the data between 2004 and 2005 we would need data for each individual patient. The central administrators of our institute have not granted us access to these data. The data that we do have were presented to statisticians who recommended that we present them as is.
2. In the Discussion on page 12 we added an explanation concerning the reduction in costs for prolonged hospitalizations (rehabilitation and complex nursing care).
3. In relation to health outcome, in Table 3 we presented data on measures of quality that show an improvement in the quality of treatment. An explanation relating to this was added to the Discussion on page 13.
4. Changes were made to the Methods section to make it easier for the reader to follow the process.
5. The term “negative” was changed to an “increase in costs” on page 3 in the Introduction.
6. On page 4 under the sub-heading “Setting” the term economist was changed to “a part-time administrator whose task is to promote and facilitate the independent functioning of the clinic.”
7. The term “decentralized” on page 4 (Setting) was changed to “for which it is independently responsible.”
8. To the sub-title “Baseline data prior to implementation of the intervention program” at the top of page 5 we added the words: “patients 65 years or above”
9. On page 5 the term “negative” was changed to higher costs”

10. At the top of page 7 under the sub-heading “Improvement of existing work processes and development of new processes” in item 1 the term “working” was changed to “intervention”

11. On page 7, item 2c, the term “formal intra-clinic referral” was changed to “formal internal clinic referral.”