Author's response to reviews

Title: Comparison of case-mix & patients' reports of outcome in Independent Sector Treatment Centres and NHS providers: prospective cohort study

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Author's response to reviews:

Thank you for reviewing our paper and for inviting us to address your and your reviewers' comments. Our responses are highlighted below.

Editor's comments

A statement as to the Ethical approval for this study is now included in the Methods section, second sentence.

The way informed consent was obtained from patients is explained in the fifth sentence.

Reviewer: Carmen Dirksen

1. The Background in the Abstract has been amended as suggested.

2. The way patients were recruited has been added to the Methods, para 1, 5th sentence.

3. Reference to a smaller number of participating centres in the Results (para 1) has been explained.

4. The factors included in the risk adjustment have been made explicit in the 3rd para of the Methods.

5. We are confused by this comment. The reviewer asks if we considered calculating change scores for EQ-5D and disease-specific measures. That describes exactly what we did (see Table 3).

6. While we are aware of the recent tendency to use the acronym PRO in N America, instead of PROM, the latter is more commonly used in the UK. We are reluctant therefore to change usage, particularly as we don’t see any advantage of one acronym over the other.
7. We have corrected EQ5D to EQ-5D.

8. We have clarified our use of the EQ-5D (restricted to index score) in the Methods, para 1, and changed the reference.

Reviewer: Bernard Zicat

1. Unfortunately we are not able to assess the impact of non-recruitment as, by definition, we did not collect data from non-participants. We have, however, acknowledged the possibility that the difference in recruitment rates between ISTCs and NHS providers could have given rise to a bias (Discussion, Limitations para 1).

2. We have described the risk adjustment process in the Methods section (para 3 & 4) and the predictive power of the models in the Discussion (Limitations, para 1).

3. We agree that the study is limited to short-term outcomes (3-6 months) and have made this explicit at the end of para 1 of the Implications in the Discussion.