Reviewer's report

Title: Disparities in the Use of Ambulatory Surgical Centers: A Cross Sectional Study

Version: 1 Date: 20 April 2009

Reviewer: Ian Paquette

Reviewer's report:

Disparities in the use of ambulatory surgical centers: a cross sectional study

Reviewed by Ian M Paquette MD 4/20/09

1. Is the question posed by the authors well defined? Yes
2. Are the methods appropriate and well described? Yes
3. Are the data sound? Yes
4. Does the manuscript adhere to the relevant standards for reporting and data deposition? Yes
5. Are the discussion and conclusions well balanced and adequately supported by the data? See my revisions detailed below
6. Are limitations of the work clearly stated? See my revisions below
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished? Yes
8. Do the title and abstract accurately convey what has been found? Yes
9. Is the writing acceptable? Yes

The authors used the SASD from Florida in 2005 to examine the use of ASC's for common surgical procedures across socioeconomic groups. This is a well conceived study. I have a few suggestions for revisions:

Discretionary revisions:
1. In the abstract, I would include the year of data used from the SASD in the methods section
2. On page 5, the 2nd paragraph is redundant. I would say: “...with higher numbers reflecting more advantaged socioeconomic status. Quintiles of socioeconomic status were then created. Distribution of the components of the neighborhood score is shown in Table 1.” I would then eliminate the next paragraph with all of the numbers in it. These can be difficult to look at in the text, but are explained well in your table.

Minor essential revisions:
1. In the abstract under the methods section, you refer to the database as State Ambulatory Surgical Database. The correct name is “State Ambulatory Surgery
Major compulsory revisions:

1. I believe that the disparate use of ASC’s by the lowest socioeconomic status group likely has more to do with economic profiling than it does physician profiling. You allude to this in your text on page 9 of the discussion. You mention that ASC’s may not be available in areas of lower socioeconomic status. ASC’s are well known to operate with financial considerations in mind, and one could speculate that opening an ASC in a low socioeconomic status community would not be a profitable endeavor for the investors. I realize that it is not possible with your data to examine the location of the ASC’s to see if they were in fact more likely to be located in affluent areas (and less likely to be located in lower socioeconomic areas.) It is impossible to determine if the higher socioeconomic groups were more likely to commute to an ASC, or if the ASC’s were simply located in the higher socioeconomic communities. A statement reflecting this would help clarify this part of your discussion.

2. Another limitation of your study is the inclusion of a single state in the analysis. It is not feasible to include multiple states in the analysis due to coding differences in the SASD. However, there are well described variances in practice and referral patterns in the US. The results that you provide may, or may not be applicable to other communities in the US. The limitations due to using only one state for analysis should be mentioned in your discussion.

3. The first sentence of your conclusions on page 10 may be worded a bit strongly. Your study demonstrated lower use of ASC’s for low socioeconomic groups. Based on data from your references, this might suggest that the low socioeconomic groups are encountering higher cost burdens for care. Your statement suggests that your results directly support the idea that low socioeconomic groups endure higher costs. I think that this should be revised, especially, since it could be argued that the magnitude of the differences found were small. Your study was not designed as a cost comparison. The way that you worded your findings in the first paragraph of your discussion on page 8 sounds like a better way to explain what your study found.

Level of interest: An article of importance in its field

Quality of written English: Acceptable

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:

I declare that I have no competing interests