Author's response to reviews

Title: Routine care provided by specialists to children and adolescents in the United States: 2002-2006

Authors:

Jose M Valderas (jose.valderas@manchester.ac.uk)
Barbara Starfield (bstarfie@jhsphs.edu)
Christopher B Forrest (FORRESTC@email.chop.edu)
Luis Rajmil (lraimil@imim.es)
Martin Roland (martin.roland@medschl.cam.ac.uk)
Bonnie Sibbald (bonnie.sibbald@manchester.ac.uk)

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Author's response to reviews: see over
Dear Editor,

Please find attached a revised version of our manuscript “Routine care provided by specialists to children and adolescents in the United States: 2002-2006” (MS: 1374917001284103), along with a document providing a point-by-point response to the concerns expressed by the Editor and the Reviewers, which we hope you will find satisfactory.

Please, do not hesitate to contact me, should you have any additional comments on the manuscript.

Sincerely,

Jose M Valderas, MD PhD MPH
Clinical Lecturer
University of Manchester
Routine care provided by specialists to children and adolescents in the United States: 2002-2006 (MS: 1374917001284103)

Point-by-point response

1. Reviewer 1

R1: No major, minor or discretionary revisions required.
R: We thank the reviewer for the comments. No changes have been introduced based on this review.

2. Reviewer 2

R2.1: "Very little information is included about sampling frames. It is unclear how the physicians have been selected for inclusion."

Changes in the manuscript (page 5, line 8): “A multistage probability design was used with probability samples of 112 geographic sampling units, physician practices within geographic units, and patient visits within practices. Nonfederally employed physicians (excluding those in the specialties of anesthesiology, radiology, and pathology) who are classified by the American Medical Association (AMA) or the American Osteopathic Association (AOA) as primarily engaged in office-based patient care were randomly selected.”

R2.2: "The paper includes rather comprehensive tables. However, at times important findings from the tables are not described. The paper asks too much
work from the reader to read the tables. Therefore, more guided information in
the main text is needed.“

We thank the reviewer for the suggestion. A number of findings from the Tables
are now highlighted in the main text.

Changes in the manuscript (page 8, line 18): “Overall, 20.2% of the available
estimated 925,686,657 visits (28,571 non weighted visits) were to specialists
(Table 2, results for generalists included for illustrative purposes only). In one in
four visits, the physician reported having seen the patient at least 6 times in the
previous 12 months. This was the case in 50% of all visits to psychiatrists.
Significant differences were observed by physician specialty group in age, sex,
and insurance status of patients. Visits for medical specialists were similar in
proportion of visits for female patients (47.2% vs. 53.9%), mean age (10.4 years
vs. 10.8 years). The most frequent type of insurance in all visits was private
insurance followed by Medicaid/SCHIP for all specialties, but there were
significant differences between specialty groups. The proportion of visits for
patients with private insurance was particularly high for medical specialists
(76.7%) while Medicaid/SCHIP was highest among psychiatrists (29.6). Visits for
psychiatrists were significantly longer than those for other specialties and there
were also statistically significant differences in case-mix and mean number of
diagnoses across the defined physician specialty groups.”

Changes in the manuscript (page 9, line 16): “Visits for a new problem by a
known patient were the most frequent among visits for surgical specialists
(34.9%). Visits for new patients ranged from 1 in 10 for psychiatrists to 1 in 4 for
medical specialists and 1 in 3 for surgical specialists.”
3. Associate Editor

AE: “Please provide more information on the sampling procedure and to better guide the reader through the comprehensive tables. The authors should also try to focus more on the relevance for European readers.”

Response: Substantial additional information on sampling procedures has been included (see response R2.1 to Reviewer 2). Significantly more guidance through the most salient findings is now provided in the main text (see response R2.2 to Reviewer 2). Our study specifically focused on findings of relevance to inform policy decisions on the provision of health services in United States. Because we focus on the description of the current situation in the US, and also because it is a very unique health system, most of our findings are hardly generalizable to other systems, whether European or not. However, we have made an effort to underline in the specific implications for other systems of our finding in relation to the fact that a handful of conditions are responsible for more than half of all specialized ambulatory care.

Changes in the manuscript (page 14, line 4): “Our data demonstrate that a handful of conditions account for about half of all ambulatory visits to specialists in children and adolescents in the US. More intensive training of generalists on the management of these particular clinical areas would result in an increased offer for these services within primary care and in increased continuity of care. The same principle would apply to other countries and health systems, should these observations be confirmed in similar studies.”

4. Additional changes

4.1 Data in Table 2 were rounded to 1 decimal for all variables for consistency.
Changes in the manuscript (Table 2): See new version of Table 2.

4.2. The manuscript has been carefully edited.

4.3. All links have been checked and changed where needed (NAMCS pages at the CDC website were recently reorganized).