Author's response to reviews

Title: Utility of routine data sources for feedback on the quality of cancer care: an assessment based on clinical practice guidelines

Authors:

Michael D Coory (m.coory@uq.edu.au)
Bridie Thompson (Bridie_Thompson@health.qld.gov.au)
Peter Baade (PeterBaade@qldcancer.com.au)
Lin Fritschi (fritschi@waimr.uwa.edu.au)

Version: 3 Date: 21 April 2009

Author's response to reviews: see over
I hope that you have found my comments helpful. I am still curious as to the types of processes-of-care that require patient interview or audiotaping since at least some data about information sharing between clinicians and patients is found in a medical record. I think that an additional table with examples of measures and the category they were placed in or an appendix with all of the measures and the category they were placed in would help the reader in understanding the classification system and assessing its validity.

Thank you for these helpful comments. Category 4 is mentioned twice in the methods and in hindsight this is a little confusing. We have removed the first mention on page 5, para 2, last sentence. Category 4 is now discussed in the last paragraph of p6 and top of p7.

“Finally, we assigned to Category 4 all those guidelines that dealt with information sharing between clinicians and patients. These were mainly guidelines recommending that the clinician communicate certain information to the patient so that he or she could make an informed decision. For example, one of the melanoma guidelines is that patients should be provided with adequate and accurate information about prognosis because this is associated with enhanced patient well-being. While such information could be routinely collected if clinicians documented their discussions and recommendations in a standard way, this is currently the exception, rather than standard practice and so typically requires one-off studies. [17]”

This paragraph now provides an example; as well as an acknowledgement that the information could be documented in medical records and a reference to say that this is not usually the case; at least currently.

We did have a table with examples of the guidelines, but it became extremely unwieldy because many of the clinical practice guidelines are wordy. Table 1, which lists data items under each category, is intended to explain the categorisation system to the readers and allow them to assess its validity. As explained on p8, a process of care (based on a guideline) that could be assigned to more than one data category was assigned to the least costly category. We have added some examples under Category 4.