Author’s response to reviews

Title: An improved method for physician-coded verbal autopsy reduces the rate of discrepancy: Experiences in the Nouna Health and Demographic Surveillance Site (NHDSS), Burkina Faso

Authors:

Maurice YE (yemaure@yahoo.fr)
Eric Diboulo (dibouloeric@yahoo.fr)
Louis Niamba (niamba_louis@yahoo.fr)
Ali Sié (sieali@yahoo.fr)
Boubacar Coulibaly (boubacar.crsn@fasonet.bf)
Cheik Bagagnan (cheik.crsn@fasonet.bf)
Jonas Dembelé (sohandemb@yahoo.fr)
Heribert Ramroth (heribert.ramroth@uni-heidelberg.de)

Version: 10 Date: 4 July 2011

Author’s response to reviews: see over
Dr Maurice YE
MD, MPH
Nouna Health Research Centre
Ministry of Health, Burkina Faso
B.P. 02
Nouna, Burkina Faso

To

PHM Editorial Team
Tel: + 1-206-897-2881
Email: editorial@pophealthmetrics.com

Dear Sir/Madam,

We are pleased to come back to you after the issues rose about the last revised and submitted version of our paper entitled “An improved method for physician-coded verbal autopsy reduces the rate of discrepancy: Experience in the Nouna Health and Demographic Surveillance Site (NHDSS), Burkina Faso”.

After a deep analyze of the points to clarify within the team, the following corrective measures were taken.

Remark 1: In Methods - the VA questionnaire-section:
We need you to provide a copy of the questionnaire within the paper or as an annex and discuss its implications. For example, is it likely to contribute to high agreement based on the number of questions on it? Also, we need you to attach your restricted classification list based on ICD-10 (within the paper or as an annex) and discuss the implications of your restricted list.

The restricted classification list provides a restricted working basis by collapsing together similar COD. For i.e: A05 and A09 which are respectively acute diarrhea and Non-specific diarrhea will be grouped into diarrhea. However, even though the restriction does not
significantly affect the overall COD, it might result in a loss of detailed information on the disease

A Copy of the Nouna standard verbal autopsy questionnaire used is provided as an annex (annex 1), it’s an adapted questionnaire from the old INDEPTH version in French language. In terms of limitations, the questionnaire is not structured according to defined age group like the standardized new questionnaires which is organized in (under 4 weeks, 4 weeks to 14 years and 15 years and above). The questionnaire does not influence directly the agreement rate among physician, but it’s rather the information collected by interviewer which could influence physicians decision whether the information given are comprehensive, clear or not. However, as it has some limitations, Nouna HDSS actually moves to the updated WHO/INDEPTH questionnaire in 2011.

A restricted classification list is also attached (annex2). Indeed during INDEPTH Meeting in Uganda in 2008, suggestions were made to use the short list or modified one from the ICD10,similar with the attached one currently used by Nouna site.

**Remark 2: In Results - Agreement between physician coders-section:**

We need you to discuss why the concordance with the WHO method was so low.

The concordance using the WHO method was very low in our setting, being the main reason to move on an alternative method by introducing a panel of physician to seek for improvement. Comparing the discordance rates over different years we clearly observed a varying range of rates in former years (data not shown).”

By getting all discrepant physicians together, it’s bring more input in terms of interaction among physicians who can discuss further, provide pros and cons arguments to justify their diagnosis. This process probably reduces the disagreement between coders who can easily agree upon on a common cause of death.

**Remark 3: In the first paragraph of the Discussion:**

You note that your findings are in stark contrast to Joshi et al. Please discuss why you think this might be the case. Also in that paragraph, we see that you added text in response to Bruce Neal’s point 2, but we need you to comment on why your method and the WHO method give identical results.

- Joshi et al suggest that 1 physician is sufficient, we discuss that a panel is the best option to clarify the VA cases with a questionable COD. Thus, Joshis’ opinion might be based on another questionnaire which perhaps provides more information resulting in a lower proportion of missing CODs.
Also during the INDEPTH VA meeting in 2008, the benefit to use panel physician method was recognized by most of the participating sites as promising to yield better agreement results compare to the single physician coder.

- We observed that both methods resulted in a similar distribution of CODs, indicating that the proportion of not-coded VAs followed the same pattern. However, this must not always be the case, as we mentioned in the text.

**Remark 4:** In the second paragraph of the Discussion, the text that you added about current computer-based methods not taking into account the narrative part of the questionnaire is incorrect. Please remove this.

- The team agree to remove this sentence leading to misunderstanding

**Remark 5:** We would like you to strengthen your conclusions. Please add more information about the advantages of your method and why you believe it’s superior.

- The advantage of the method is clear: finally 50% more coded VAs. The result does not always have to be like the one we observed: Distributions of CODs is nearly identical. Up to now, it has not been validated, if this is always the case. 50% of VAs corresponds to 300 records in our case, which might possibly have another final COD distribution in other settings and thus resulting in another overall distribution of Cods. most importantly, the new method offers a more interactive process among physician who can discuss like what physician are already doing with the patients clinical presentations. It offers more room for discussion and then more agreement about the discordant cases.

- In addition the panel method provides a framework for scientific discussion among physicians, thus allowing each and every one to update their knowledge.

Sincerely, yours

Dr Maurice Yé
MD, MPH
Centre de Recherche en Santé de Nouna
PO BOX 02 Nouna
Tel : +226 70244811, +22620537043, e-mail : yemaure@yahoo.fr