Author's response to reviews

Title: The Impact of Standardizing the Definition of Visits on the Consistency of Multi-Database Observational Health Research

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Referee 2 – Mark G Weiner:

In the resubmission, the authors have provided clarity where it was needed. In particular, Figure 1 shows a source table that, by its name should be reflective of ambulatory activity, but contains records that clearly point to inpatient activity. The fact that their algorithm that looks for objective markers of inpatient activity to reclassify the status of encounters results in closer alignment of diagnosis rates across disparate vendor data does give the approach good face validity. One small point -- on line 161, there is a phrase "and Optum derived field," which I believe should read "an Optum derived field."

Thank you for your second review of our paper and catching this typo. We have made the changes as suggested.

“Any Optum records with an associated confinement identifier, an Optum derived field, were considered as part of an inpatient visit unless they were identified as ER claims by the place of service field (this was recommended as an inpatient visit definition from Optum).”