Author's response to reviews

Title: Clinical action measures improve the reliability of feedback on quality of care in diabetes centres: a retrospective cohort study.

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

I’m pleased to submit the revision of my manuscript.

Please find below a detailed description of the changes made, as well as the responses to the reviewers’ comments.

Sincerely,

Astrid Lavens
Changes made and responses to reviewers:

Response to reviewer 1:

- Major Compulsory Revisions

I agree to the authors that CAM is philosophically more appropriate than TM. In this study, however, there is no evidence of superiority of CAM to TM. I suppose consistency across components may illustrate the reliability of CAM measure.

Indeed, we show in our article that the CAM is a more fair measure than the TM as it takes into account care in its total: outcome and actions. We also claim that the CAM is more reliable measure of quality of care. The CAM was created for three indicators: LDL cholesterol, non-HDL cholesterol and blood pressure. This shows that the principle of the CAM, namely including – in addition to the outcome-component - the action-components ‘treatment initiation or intensification’ and ‘contraindication’ into a measure, is applicable to several intermediate outcomes. In addition, for each intermediate outcome tested, we show that scoring the quality of care of a centre based on the TM is misleading: for some centres the quality of care given to the diabetic patients was underestimated, whereas for some centres it was overestimated. So the CAM is, next to a more fair, also a more reliable feedback to the centres in order to improve their quality of care.

I am interested what are the characteristics of patients who met criteria for CAM but not for TM. Comparison between characteristics of TM and CAM is, as the authors mentioned, not so attractive.

We agree with the reviewer that the characteristics of the patients who met criteria for CAM but not for TM should be compared to those of who did neither met CAM nor TM. We’ve adapted our tables.
See table 4
See line 282 – 301
See line 333 - 338

Editorial comments

We recommend that you ask a native English speaking colleague to help you copyedit the paper. If this is not possible, you may need to use a professional language editing service.

This paper has been copyedited by a professional language editing service.