Author’s response to reviews

Title: Leaving the Emergency Department without Complete Care: Disparities in American Indian Children

Authors:

Tess Weber (Tess.Weber@sanfordhealth.org)
Katherine Ziegler (Katie.Ziegler@ucdenver.edu)
Anupam Kharbanda (Anupam.Kharbanda@childrensmn.org)
Nathaniel Payne (nrp@visi.com)
Chad Birger (Chad.Birger@gmail.com)
Susan Puumala (Susan.Puumala@gmail.com)

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Author’s response to reviews:

March 6, 2018

Hilary Logan, PhD
Editor-in-Chief
BMC Health Services Research

Re: Revised manuscript submission

Dear Dr. Logan,

We thank the reviewers for their attention to our manuscript and have made changes as suggested. Please consider for publication our revised original research article entitled “Leaving the Emergency Department without Complete Care: Disparities in American Indian Children” by BMC Health Services Research.

Below we detail the specific changes made and respond to all of the reviewers’ comments

Thank you for your consideration of our manuscript.
Response to reviewer comments:

Reviewer 1. The methodology is ok, however, the presentations of the statistical results should be reviewed: 1-The p-values is not better presented.

2-The odds ratio should be interpreted based on widely recommended way of interpreting odds ratio.

3-Other comments have been highlighted in the manuscript in form of "comments" and yellow highlights.

We have examined our presentation of statistical results as request and have updated our p-values throughout to denote when p-values are <0.001 instead of <0.0001. However, we respectfully disagree with the reviewer regarding our interpretation of our odds ratios. Many other articles published in BMC Health Services Research include a similar interpretation and we feel that our interpretation is an accepted standard (please see citations below).


Other comments have been addressed throughout the manuscript. Table 1 has been updated to include “(n, %)” in the headings (Results, page 8, line 25), and to add the statistical test used in the legend (Results, page 9, line 10). The date has been added to the in-text citation “Bourgeois et al (2008)” (Discussion, page 12, line 45).
Reviewer 2: This is a fine paper. I would like to see more discussion of the limitations of the study, especially as regards the degree to which these results may be generalized. It is not clear why these results may be specific to the region studied.

For the limitation section, we did focus on some of the biggest potential limitations for our study. We don’t know if our results are generalizable outside of the region in which the data was collected. There are likely differences by region in terms of health care availability, wait times, and culture. These differences could affect not only leaving the ED without completing a visit, but also the relationship between leaving and race. Also, while there are some similarities across American Indian communities, there are also many differences. We also don’t know how these differences might relate to leaving the ED without completing a visit. Our comment on generalizability was made because we just don’t have enough information about potential differences and how that affect the relationships that we found in this study. We have carefully evaluated our limitations paragraph and made the following additions.

“There are potential limitations to this study. First, this data may not be representative of the AI children outside of the Upper Midwest since many regional differences may affect the relationship between race and LWCET; therefore, no assumptions should be made about generalizability outside this region. Furthermore, while we did attempt to account for differences by site by including it as a random effect in our model, the diversity of each site may affect the results and the EDs included may not be a random sample of the population of EDs that serve AI children. Finally, medical record data did not allow us to determine at what point in the visit children LWCET or for what reason, therefore we are only able to suggest further exploration into this observed relationship to better inform possible intervention efforts.”

Sincerely,

Susan E Puumala, PhD