Author’s response to reviews

Title: Does delay in planned diabetes care influence the quality of clinical management outcomes for Aboriginal Australians?

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Author’s response to reviews:

Dear Editor/reviewers,

Thanks very much for providing the opportunity for us to revise this manuscript and assisting us to improve the quality and readability of this paper. The authors would also like to express our gratitude to all the reviewers who reviewed and provided comments on this manuscript. We have now completed all the requested changes and please find the following point by point response to all the reviewer’s comments. The authors would like you to consider the publication of this manuscript in BMC Health Service Research. I hope this paper will add valuable information in diabetes management.

Response to Reviewer’s comments

Technical comments:

1.) Acknowledgements:

Authors response: We have added a ”Declaration” section to the manuscript (page 11), to comply with publisher requirements. This includes sub-headings for Acknowledgements, consent for publication, funding source etc. We have also included a sub-heading on “Ethical approval and consent for publication” and removed this sub-heading from the Methods section of the manuscript (page 6 lines 26to29).

Reviewer 2 (Grainne Crealey)

We acknowledge that the reviewer has not suggested further changes.
Reviewer 3 (James A Dunbar)

Comment 1. In the abstract Objectives, the first line of the aim in the abstract should not end with management but quality of outcomes.

Authors response: Agreed, we have changed the objective to “quality of outcomes” (page 1, line 1)

Comment 2. It is compared with not compared to (similar to, different from)

Authors’response: Agreed, in the abstract results section, compared to change to compared with (page 1, lines 20 and 24)

Comment 3: In human studies it is usual to write about men and women…

Authors’response: Agreed, we have changed all the males to men and all the females to women throughout the paper.

Comment 4: Blood sugar is a lay term and should be replaced by blood glucose

Authors’ response: Agreed, we have changed blood sugar to blood glucose throughout the manuscript

Comment 5: An HbA1c of <6.5 is not normal. It is a cut-off point between prediabetes and diabetes

Authors response: Agreed, we have changed the description in the Method section on Outcome variables to the following (page 5 lines 11-13):

The cut-off point between prediabetes and diabetes is a HbA1C of 6.5%, and in practice a result of 7% or lower indicates good diabetes control.

Comment 6: Page 4, lines 1-2…‘Quality of clinical management should be expressed as “quality of clinical outcomes”

Author’s response, Agreed, and changed (Page 4, lines 1-2)

Comment 7: I think you need to give a better explanation of why blood pressure was unchanged and to show what the mean levels were. You also need to explain why you got findings going in the opposite directions.

Authors’response: Agreed, we have added a comment about the small numbers in the Discussion section on Page 9 line 26-27 and also added the mean blood pressure levels for each group in Table 2.
Comment 8: You cannot infer a cause and effect relationship between delay in care plans and outcomes of HbA1c and hospital discharge. You need to accept that you have not eliminated epiphenomena such as variations in remoteness between groups, differences in access, and poverty.

Authors’response: Agreed, we have included a general limitation about unmeasured factors, including socioeconomic status and quality and access to health services in the paragraph on limitations in the Discussion on page 10 line 26-33.

Comment 9: The most striking finding is how poor the quality of care is overall. Almost 2/3 have no care plan, blood pressure is recorded in just over one third and HBA1c in two thirds of cases.

Authors’response: We do not understand this comment. Table 1 specifies that only 65 cases (2.5%) of the total of 2567 patients do not have a care plan, and from Table 2 there are 1626 of 2567 (63%) patents with a recent HbA1c result. No changes have been made in the manuscript.

Comment 10: In Table 2 you need to show the actual HbA1c and blood pressure mean levels

Authors’response: Agreed, we have added the mean Hb A1C level and mean blood pressure in a new column in Table 2.

Reviewer 2 (Reviewer 4)

Comment 1: The authors adjust The Poisson regressions for age and sex – since they are simply adjustment covariates, I don’t think it is appropriate to have specific interpretation of these covariates for age and sex, since these are simply the adjustment covariates, I do not think it is appropriate to have specific interpretation of these covariates.

Authors’response: Agreed, we have dropped the interpretation for age and sex in the results section on Page 7 Lines 26-28 and Line 31-35, also on Page 8 Line 16-19.

Comment 2: I am also not sure of the impact of ‘time in study’ variable as it would introduce a second time scale for the Poisson regression.

Authors’response: Agree, we have dropped the “time in study in the results section on Page 8 Line 24 as suggested to avoid the second time scale for the Poisson Regression.