Answering Reviewers

March 6 , 2018

Name of Journal: World Journal of Gastrointestinal endoscopy

Manuscript Type: ORIGINAL ARTICLE

Invited Manuscript ID: (03252388).

Title:

Frequency of Hospital Readmission and Care Fragmentation in Gastroparesis: A Nationwide Analysis.

Authors: Emad Qayed, Mayssan Muftah

Dear Editor,

We thank the reviewers for their interest in our manuscript and for their constructive comments. We have revised our manuscript as requested by the reviewers and editorial staff.

1- Revisions based on reviewer's comments

Response to 02953383

1. There should be various different reasons or indications for the index admission of gastroparesis patients, such as pre-operative evaluation or refractory symptoms. These reasons may surely affect the factors the authors have identified as the risk factors, such as hospital stay, metropolitan hospital and routine discharge. Please clarify the percentage of respective admission indications if the authors have the data. If not, please list this point as the study limitation.

Thank you for your comment. We agree that such factors are important to consider in clinical outcomes for patients with Gastroparesis. In identifying gastroparesis admissions, we relied on the primary admission diagnosis in identifying the patient population. Beyond this point, it is not possible to discern the exact reason behind the admission, but we assumed that this was related to symptoms of gastroparesis. However, in our revised manuscript, we further identified patients who underwent gastric surgery, enteral tube placements, and parenteral nutrition during their admission. We updated the results of the manuscript (predictors of readmissions and fragmentation) to reflect the effect of these factors on readmissions.

2. Do the authors have the data of the respective percentages of most common types of gastroparesis, such as post-surgical, idiopathic or diabetic?
Thank you for your comment. This is not possible to discern beyond finding the ICD-9-CM code for diabetes and assuming that these cases are diabetic gastroparesis. We only reported the percentage of patients with diabetes in table 1, but avoided specifically calling these patients diabetic gastroparesis. We do not have information about post-surgical or idiopathic gastroparesis, and this is listed in the limitation of the study.

3. Please define "care fragmentation" in the abstract for better reader understanding.
This is defined in the abstract as "Readmission to a non-index hospital (i.e. different from the hospital of the index admission) was considered as care fragmentation."

Response to 02441737

1.Abstract: In the abstract of the manuscript it is recommended that the sentence be completed at the end of the first paragraph (before the results) where it says: Mortality during the first readmission, hospitalization cost, length of stay, and rates of 60-day readmission were compared those with ... [...

Thank you for your comment. We corrected this sentence as follows:
Mortality during the first readmission, hospitalization cost, length of stay, and rates of 60-day readmission were compared between those with and without care fragmentation.

2.Methodology Modify the flow chart, if possible include the following data: 1. The size of the patient population from which the total sample of patients with gastroparesis was extracted 2. The number of patients not included in the study and the reasons for this 3. The number of patients included, describing inclusion criteria 4. If there were exclusions, write down the number of patients and the reasons.

Thank you for your comment. The total number of records in the databases between 2010-2014 is 70,501,787. We included this in the figure. The patients who were not included are those without gastroparesis as the primary admission diagnosis (DX1). The rest of the information is included in the flow chart. While conducting this revision we noticed that we excluded some patients in out original analysis. We revised the total number of patients included in the study (n=30,006) and updated the numbers throughout the manuscript.

3. If possible, write down the age range and sex of the patients (> 18 years -).
We included the following sentence in the results:
The mean age was 49.6 years (SD=17), and 74.2% were females.

4. In the statistical analysis of the data: 1. It is important that the authors perform

normality tests on all the quantitative variables to determine if the parametric statistical analysis was correct.

Thank you for your comment. For continuous variables that are not normal distributed (e.g. cost), we used both mean and median to describe the data. For linear regression analysis, the normal probability plot did not show evidence of violation of the normality assumption.

5. Discussion: It is recommended that the authors discuss in more detail, the results and the reasons for the findings of the AHRQ reference study (reference 19).
Thank you for your comment. We added the following sentences:

One possible explanation is that Medicare patients are older and have more comorbidities than patients with other types of insurance. In our study, we controlled for age and other variables, and found that Medicaid was associated with higher readmission. This could be partly related to the several social and economic challenges facing this patient population, which precludes adequate outpatient followup and compliance with medication.

Emad Qayed, MD, MPH
Chief of Gastroenterology
Grady Memorial Hospital
Assistant Professor of Medicine
Emory University School of Medicine
Tel: 404-778-1685
Fax: 404-778-1681
Email: eqayed@emory.edu