

Responses to Reviewer 1:

The reasons why the quality of care for cirrhosis were not explicitly and sufficiently discussed. for example, the authors stated that: The screening rate for hepatocellular carcinoma in the United States is under 20%, and substantial disparities exist in screening for those followed by primary care physicians compared to gastroenterology subspecialists (16.9% vs 51.7%), with references; however, they should be best proceed to discuss why there is such a large gap.

Thank you for your feedback. We added an additional paragraph in the introduction discussing potential reasons for this quality gap (including insurance and financial barriers, provider knowledge and availability, patient understanding, and difficulties coordinating care).

Furhtermore, they only discussed the situation in USA. some other regions such as China has large population of HBV infection and cirrhosis is really an important public health problem. this should also be discussed to give a global view of the paper.

Thank you. We have changed multiple portions of the manuscript to focus less on the United States and to mention the potential need for quality improvement in other areas of the world, namely in developing regions in Asia and Africa affected by hepatitis B.

It does not make sence that the lack of transplant hepatologists is the primary reason for the low quality of care. transplant is only one measure for the treatment of cirrhosis; there are many more interventions such as anti-viral treatment; alcohol consumption. I suggest to put the reasons in the holistic manner.

Thank you for this feedback. The introduction was changed to discuss other potential reasons for the gap in quality care, including financial barriers, the potential for providers to not recommend the appropriate care, and difficulties coordinating care.

3. In the section "Improving Screening and Preventative Care", the authors highlighted the importance of screening for cirrhosis. however, the cost-effectiveness of cirrhosis is not discussed. in the evidence based framework, screening some disease in early stage is not cost-effective because there may be not effective treatment for the early intervention; and the screening will cost resources. in such situation, early screening only brings harm to people.

Thank you for this feedback. We have added a mention regarding literature establishing the cost effectiveness of HCC screening in the introduction, as well as a mention in the preventative care section regarding the cost effectiveness of both HCC screening and variceal screening.

Responses to Reviewer 2:

Some revisions are recommended as follows. Please do not say "hepatocellular carcinoma" as hepatic decompensation.

Thank you for this feedback. The introductory paragraph was changed so that hepatocellular carcinoma was described as a complication of chronic liver disease, rather than a decompensation.

There are grammar mistakes, such as "...approximately 30% at and 50% at...", "...exist to implementing successful...", "...critical to improving...", "The responsible party for the visit is the physician physically present with the patient"

Thank you. The entire manuscript was reviewed by all authors for any additional grammatical errors and these were corrected. Regarding the errors described by Reviewer 2, we changed:

- "...approximately 30% at and 50% at..." to "approximately 30% at thirty days and 50% at ninety days"

- "The responsible party for the visit is the physician physically present with the patient" to "The physician physically present with the patient is responsible for the visit."

- "...exist to implementing successful..." to "There are significant challenges to implementing successful."

"...critical to improving..." to "...critical to improve..."

I do not know the significance of this figure. Please give some legends to this figure.

Thank you for your feedback. On further review, we have decided to delete this figure. We added a table to supplement the paper.

Please add some tables to summarize the tests for novel technologies

Thank you for the feedback. A table was added to the manuscript as requested.