



# Baishideng Publishing Group Co., Limited

Flat C, 23/F., Lucky Plaza,  
315-321 Lockhart Road,  
Wan Chai, Hong Kong, China

## ESPS Peer-review Report

**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4337

**Title:** IMPROVING AMBULATORY CARE DELIVERY IN INFLAMMATORY BOWEL DISEASE

**Reviewer code:** 00198213

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 17:58

**Date reviewed:** 2013-07-08 06:53

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input checked="" type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

## COMMENTS TO AUTHORS

This article is a narrative review of QI in IBD. It is almost more of an opinion column than falling under original research. They identify 4 outpatient domains (assessment of disease activity, steroid sparing agents, screening prior to anti-tnf therapy and monitoring of thiopurine therapy) as potential targets of QI initiatives. They then go on to describe 4 areas initiatives that may prove beneficial in improving care for IBD patients. Title - this could be improved as I'm not sure that it is the most accurate representation of the article contents. The article is more of a review of quality indicators in IBD than about Improving ambulatory care delivery. The language is very good and it is easy to read. There are several typos. There are a few key elements missing from the discussion

1. Quality Indicators fall within the realm of Quality improvement. The whole idea is that you identify a general area of care in need of improvement - in this case outpatient IBD care. You then identify some indicators of quality (the four areas they have identified). Next you identify an intervention to try to improve care and re measure the indicators to see the impact of your intervention. The authors have discussed four potential interventions and mention that there is limited evidence to support their use. They extrapolate the effectiveness from other disease states or conditions where the interventions have been used. They should discuss the mechanism of quality improvement.
2. The risks, adverse consequences in implementing their proposed initiatives should be included. They do mention them in general but a comment specific to each would be worthwhile.
3. They should propose initiatives that require further study, perhaps giving ideas of how IT could be utilized, other tools, etc rather than speaking in such general terms about collaborative efforts in general.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4337

**Title:** IMPROVING AMBULATORY CARE DELIVERY IN INFLAMMATORY BOWEL DISEASE

**Reviewer code:** 00504720

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 17:58

**Date reviewed:** 2013-07-21 15:56

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input checked="" type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input checked="" type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

This paper is a narrative review focusing on four targets of inflammatory bowel disease that may be amenable to improve quality of care. The four topics are well chosen, but they are described in general way, not paying enough attention to possible harmful effects of their lack of compliance. Title is not the most accurate representation of the article content. It should refer to targets for quality of care improving in inflammatory bowel disease. The paper is very well written and easy to understand. Finally, I found the article very interesting, focusing on an important topic of current interest.



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4337

**Title:** IMPROVING AMBULATORY CARE DELIVERY IN INFLAMMATORY BOWEL DISEASE

**Reviewer code:** 02445746

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 17:58

**Date reviewed:** 2013-07-22 09:22

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input type="checkbox"/> Grade D (Fair)	<input type="checkbox"/> Grade D: rejected	BPG Search:	<input type="checkbox"/> Minor revision
<input type="checkbox"/> Grade E (Poor)		<input type="checkbox"/> Existed	<input type="checkbox"/> Major revision
		<input type="checkbox"/> No records	

### COMMENTS TO AUTHORS

n/a



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**Name of Journal:** World Journal of Gastroenterology

**ESPS Manuscript NO:** 4337

**Title:** IMPROVING AMBULATORY CARE DELIVERY IN INFLAMMATORY BOWEL DISEASE

**Reviewer code:** 00505024

**Science editor:** Song, Xiu-Xia

**Date sent for review:** 2013-06-27 17:58

**Date reviewed:** 2013-07-25 08:46

CLASSIFICATION	LANGUAGE EVALUATION	RECOMMENDATION	CONCLUSION
<input type="checkbox"/> Grade A (Excellent)	<input checked="" type="checkbox"/> Grade A: Priority Publishing	Google Search:	<input type="checkbox"/> Accept
<input type="checkbox"/> Grade B (Very good)	<input type="checkbox"/> Grade B: minor language polishing	<input type="checkbox"/> Existed	<input type="checkbox"/> High priority for publication
<input type="checkbox"/> Grade C (Good)	<input type="checkbox"/> Grade C: a great deal of language polishing	<input type="checkbox"/> No records	<input type="checkbox"/> Rejection
<input checked="" type="checkbox"/> Grade D (Fair)		BPG Search:	<input checked="" type="checkbox"/> Rejection
<input type="checkbox"/> Grade E (Poor)	<input type="checkbox"/> Grade D: rejected	<input type="checkbox"/> Existed	<input type="checkbox"/> Minor revision
		<input type="checkbox"/> No records	<input type="checkbox"/> Major revision

## COMMENTS TO AUTHORS

The subject matter is interesting that raising the quality gaps in IBD care and potential solution to improvement. However, readers would like to know more about other neglected areas in IBD care. Specific comments: 1, can the title be changed for easy understanding? 2, what is the prevalence of IBD and how many patients are there world-wide? This makes your topic more significant. what is the average healthy care cost and QOL score for IBD patients? 3, On page 2 about Assessment of disease activity, the authors mentioned "objective tools are available", what are those tools? which one is most reliable gold standard to assess disease activity? In the last sentence of this section, the authors mentioned a few tools, please specify the SPECIFICITY and SENSITIVITY of each tools and corresponding reference. 4, Some references are needed for any information that not commentary.