

Response to Reviewers

Date: 06-OCT-2022

To World Journal of Clinical Cases

Article Type: Original article/ Observational Study

Manuscript ID: 78867

Title of paper: Quality of care in patients with inflammatory bowel disease from a public health center in Brazil

Dear Editor

Thank you for revising our manuscript. We are delighted that the journal has welcomed a revision. Based on the suggestions of reviewers, we have modified the original manuscript. Our responses regarding the reviewer's concerns and the subsequent modifications made to the manuscript are listed below on a point-by-point basis.

The authors would like to thank the reviewers for their careful and constructive comments.

Sincerely Yours,

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Comments from the Reviewers:

Reviewer #1:

Scientific Quality: Grade C (Good)

Language Quality: Grade A (Priority publishing)

Conclusion: Minor revision

Specific Comments to Authors: The study indicate the areas for improvement in patient care in IBD management but may not reflect the quality of care provided by the center. To assess the quality of care provided one should assess the effectiveness, safety and people centered service in addition to timely and equitable service offered, as per the WHO directive. In this study, the authors analyze the quality of care provided based on patient reported answers, which may not assess these parameters. Whether the effectiveness of care provided for IBD patients, match the one provided based on current evidence based professional knowledge, may not be assessed by this patient's reported answers and it may be biased based on his clinical outcome. So also, the overall safety of the health care provided may be beyond the patient's assessment capability. The health care provided by the service is funded by the govt and to include the cost factor may mislead the assessment. Moreover, the "quality of life" of the IBD patients, though mainly depended on the quality of care provided, is also influenced by several other factors which are beyond the realm of the questionnaire.

Response: Thank you for the considerations regarding the manuscript. We agree with all points raised by the reviewer. However, in the present study, we chose to assess the quality of the service through the questionnaire already validated - QUOTE-IBD , centered on the patients' point of view. We agree that the quality of the service should not be measured only by these parameters and several other parameters must be used, especially the composition of the IBD team and the degree of knowledge and qualification of the team, in addition to the physical structure and team members. We believe that future studies can explore the subject in greater depth. We have added these considerations in the Discussion, as limitation of the study. Thank you for the considerations.

Reviewer #2:

Scientific Quality: Grade B (Very good)

Language Quality: Grade B (Minor language polishing)

Conclusion: Minor revision

Specific Comments to Authors: In this paper, the authors evaluate QoC in patients from a single IBD reference center in detail through the QUOTE-IBD questionnaire. They concluded that patients from the IBD public center reported good doctor-patient relationships, but had problems related to the healthcare structure. The theme of the study is interesting and the paper is well written. However, I suggest that the authors address the following points. The results of the study showed that disease activity was not associated with satisfaction with the care received at the IBD healthcare center and that the use of mesalazine was associated with lower satisfaction with the service received. However, these findings seem to be a little strange. Therefore, I suggest that the authors discuss these results in the section of the Discussion.

Response: Thank you for the considerations regarding the manuscript. We agreed with the reviewer regarding the cited results. We hypothesized that disease activity was a relevant factor for the QUOTE-IBD score, but it was not confirmed in the analysis. One of the explanations may be that patients with disease activity felt welcomed and, therefore, were satisfied with the treatment received by the team. In addition, patients with disease flare are monitored more closely, with consultations every 14 days, which increases patient care and provides greater contact with the entire team. Another explanation could be that disease activity was based on clinical scores such as Crohn's Disease Activity Index (CDAI) and nine-point partial Mayo score, since endoscopic activity was not available for all the patients. Considering that clinical scores are not the best parameters for evaluating disease activity, it may be that some patients were mistakenly classified as clinical activity and, in fact, the symptoms presented were related to other factors, such as irritable bowel syndrome. This could explain the satisfaction with the service, even considering the disease in clinical activity. The assessment of fecal calprotectin could have helped in this classification of disease activity, but the test is not available in the public service. Regarding the associations between the use of mesalazine and lower satisfaction with the service, we could hypothesize that most of patients in use of mesalazine had ulcerative colitis, which explains the lower satisfaction with the service when compared to patients who did not use the medication. Other factors may have interfered, such as lower contact with the IBD multidisciplinary team because of the control of the disease. All of these explanations were added in Discussion.

(1) Science editor:

The manuscript has been peer-reviewed, and it's ready for the first decision.

Language Quality: Grade B (Minor language polishing)

Scientific Quality: Grade C (Good)

Response: Thank you for the considerations regarding the manuscript.

(2) Company editor-in-chief:

I have reviewed the Peer-Review Report, full text of the manuscript, and the relevant ethics documents, all of which have met the basic publishing requirements of the World Journal of Clinical Cases, and the manuscript is conditionally accepted. I have sent the manuscript to the author(s) for its revision according to the Peer-Review Report, Editorial Office's comments and the Criteria for Manuscript Revision by Authors. Authors are required to provide standard three-line tables, that is, only the top line, bottom line, and column line are displayed, while other table lines are hidden. The contents of each cell in the table should conform to the editing specifications, and the lines of each row or column of the table should be aligned. Do not use carriage returns or spaces to replace lines or vertical lines and do not segment cell content. Please upload the approved grant application form(s) or funding agency copy of any approval document(s). Before final acceptance, when revising the manuscript, the author must supplement and improve the highlights of the latest cutting-edge research results, thereby further improving the content of the manuscript. To this end, authors are advised to apply a new tool, the RCA. RCA is an artificial intelligence technology-based open multidisciplinary citation analysis database. In it, upon obtaining search results from the keywords entered by the author, "Impact Index Per Article" under "Ranked by" should be selected to find the latest highlight articles, which can then be used to further improve an article under preparation/peer-review/revision. Please visit our RCA database for more information at: <https://www.referencecitationanalysis.com/>.

Response: Thank you for the considerations regarding the manuscript. We have corrected the manuscript following your comments. We have used RCA and found an interesting article that was added in the discussion section (Jun S, Jie L, Ren M, Zhihua R. Secondary Indicators for an Evaluation and Guidance System for Quality of Care in Inflammatory Bowel Disease Centers: A Critical Review of the Inflammatory Bowel Disease Quality of Care Center. Inflamm Bowel Dis. 2022 Jun 2;28(Supplement_2):S3-S8. doi: 10.1093/ibd/izac009. PMID: 35247049).