

Insights in Internal Medicine

Author Response

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Article Title: Quality of Life among Patients with End-Stage Renal Disease on Hemodialysis in a Patient-Centered Medical Home Intervention

Author Response to Review Comments

Dear Dr. Christopher,

I am submitting the following author response to your review of the following manuscript printed in OPR Science: "Quality of Life among Patients with End-Stage Renal Disease on Hemodialysis in a Patient-Centered Medical Home Intervention." We appreciate your careful review of our article. Below is a point-by-point response to your review.

1. It is not known whether all of the study subjects obtained from the 2 dialysis units were offered PCMH-KD or if only one unit offered it. If so, how many patients were recruited in the study? What were their ethnic origin?

Both units offered patients PCMH-KD as part of the study, though they could opt for usual care if they did not wish to participate in the study. The ethnic makeup of the study participants is reported in table 1. The first paragraph of the results section, "Participants and Characteristics" reports that 63% of the 171 patients were recruited from the academic dialysis unit, and the remaining participants from the for-profit HD unit.

2. The fact that these patients were enrolled from 2 dialysis units with different backgrounds and grouping them together would impact the QOL score obtained because patients going for care in a private clinic will not be presenting with the same quality of life as those attending an academic-affiliated unit.

We appreciate concerns regarding the differing care settings involved in the study. Please refer to table 2. The KDQOL scores reported by the participants in the two different dialysis units were not statistically significantly different.

3. Tables 1 and 2 mentioned in the text are lacking.

We are able to see table 1 and 2 in the version that we accessed online. We will discuss with the editor of the journal whether the version that you accessed omitted table 1 and table 2.

4. The first objective of this study was to assess the baseline QOL in ESRD patients. This objective has not been addressed as it is not known from the article what the QOL of these participants was at baseline.

The baseline QOL of this patient population is reported in Table 2. As for point #3 above, we will contact the editor to ensure that the version of the manuscript that you access has Table 2 in it.

5. The second objective of this study is not addressed. It was supposed to identify associations between QOL and PRO. ...Using the mean KDQOL subscale scores across categories of variables measured by these

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subscales cannot be equivalent to the QOL in ESRD as defined by the authors.

The KDQOL is well-validated within the ESRD population and the subscale scores are routinely used to evaluate QOL in this population. We refer you to the following publications:

- a. Hays RD, Kallich JD, Mapes DL, Coons SJ, Carter WB: Development of the kidney disease quality of life (KDQOL) instrument. *Qual. Life Res. Int. J. Qual. Life Asp. Treat. Care Rehabil.* 1994, 3:329–338.
- b. Ware J, Kosinski M, Keller SD: A 12-Item Short-Form Health Survey: construction of scales and preliminary tests of reliability and validity. *Med. Care* 1996, 34:220–233.

6. Table 3 presenting the association between KDQOL subscales and PRO is very difficult to understand.

We apologize for the lack of clarity in Table 3. We request additional information on how to help clarify it, such as reformatting or rearranging the table itself. We will submit a new table 3 once this information is available to us.

7. The conclusion does not seem to answer the questions posed by the objective.

We respectfully ask you to re-review the conclusion after you have been able to view Table 1 and Table 2. If additional edits are needed at that point, we will be happy to provide them.

Sincerely,
Anna Porter