

## **Reviewer's report**

**Title:** Comparison of Outcomes for Veterans Receiving Dialysis Care from VA and non-VA Providers

**Version:** 1 **Date:** 26 September 2012

**Reviewer:** Patrik Finne

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The authors hypothesized that veterans receiving dialysis exclusively in VA have lower or equal rates of hospitalization and death compared to outsourced patients. It is stated that payments for VA-outsourced dialysis has increased considerably during the past two decades, but it remains unclear whether this is due only to increased number of patients in the outsourced setting or if the per patient cost has also increased more than in the VA setting.

The manuscript is well-written and the methodology appears adequate.

It is difficult to compare outcomes between the settings because the patient populations are different. VA patients are more often unmarried and they have more comorbidities than outsourced patients. They had also stayed longer on dialysis therapy. Possible confounders were carefully considered in the adjusted models, but as the authors state, there may be unmeasured confounders, and these may cause residual confounding.

The size of the study is rather small, especially for the mortality analysis with a total of 173 deaths. The problem of the small sample size is evident in Table 3. Among patients who were not hospitalized, non-VA patients had 3-fold risk of death compared to non-VA patients, but this large difference remained statistically insignificant. The difference is very close to significant and is worth to consider when interpreting the results.

The interpretation of the results is difficult. The authors state that non-VA patients are less complex and less likely to be hospitalized (but it is not mentioned that if they not hospitalized they have three fold mortality to non-hospitalized VA patients). Patients treated in a dual setting have lower mortality, especially in the strata of hospitalized patients. However, it is possible (in spite of adjustment) that patient selection explains part of the differences.

Minor questions:

1. The abbreviation VISN is not explained, and not understood by this reviewer.
2. The first sentence in the Background: Is the higher ESRD prevalence explained by age difference between veterans and general US population?

**Level of interest:** An article whose findings are important to those with closely

related research interests

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.