Reviewer's report

Title: Provided out-of-hours care and associated costs in Switzerland: a cost description study

Version: 1 Date: 26 September 2010

Reviewer: David Dunt

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Major Compulsory Revisions

My main difficulty with the paper, as it currently stands is that it is of limited interest to non-Swiss readers. This is so for a number of reasons.

It provides very limited description of the Swiss out-of-hours system – it is not clear even if patients can present to the hospital emergency department and call an ambulance for a serious emergency or present at ED (or an adjacent GP walk-in clinic) for more “GP-type” emergencies without GP referral. One presumes the former but is unclear in regard to the latter.

In additional some additional detail on the Swiss health insurance system is needed particularly considering the economic analysis conducted was from a health insurance perspective even though Switzerland, in the authors’ words has amongst the highest co-payments in any OECD countries.

Most importantly however, the cost results of GP-centred out-of-hours care in Switzerland are stated not to be comparable with similar studies in other countries because of differences in their methodologies.

It this is so the significance of the study beyond Switzerland is quite limited as it reports findings that are not very remarkable - that GP-centred out-of-hours care is not costly which the authors state (implicitly but not explicitly) is due to the fact that only a minority of patients required diagnostic tests.

In addition while costs are based on both the number of services provided and unit costs. The former are of interest to international readers and for this reason Table 2 which is now only in appendix is rather more interesting than Table 3 which is now in the main document. The latter are less so as they are presumably set by Swiss health insurance managers with, one assumes, an eye to the going rate for the GP out-of-hours workforce.

Minor Essential Revisions

There are some other difficulties

1 The diagnoses are presented at International Classification of Primary Care ICPC-Chapter 2 level which are so aggregated so as to be not very interesting. Further disaggregation in terms of most common reasons for presentation would
be interesting though I appreciate this may not be possible.
2 I am not a statistician but it seems to me that R² are not very meaningful for ratios of basic and total costs as they are clearly very strongly related – basic and individual costs would be more meaningful.
3 There would be seem to be a lot of missing data - the authors should present details of this in their tables wherever possible.
4 95% confidence intervals and not just P-values should be presented wherever possible.
5 There are some English-languages issues that are understandable for authors whose first language is not English – these need to be redressed however.

Some suggestions

It should be straightforward for the authors to internationalise this paper so it is not so Swiss-centric by further describing the characteristics of its out-of-hours and health insurance system. They will need to work harder though on the significance of their findings – perhaps comparisons can be made of the proportion of basic care, diagnostics and travel policy implications in Switzerland and other countries even if cost comparisons can not be made.

They will also need to work harder too on the policy significance of their findings. They do state that there is dissatisfaction with out-of-hours care and difficulties in recruiting a GP out-of-hours workforce. How do their findings contribute to finding solutions to these problems?

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: Yes, but I do not feel adequately qualified to assess the statistics.

Declaration of competing interests:

I declare that I have no competing interests