Reviewer's report

Title: Long-term declines in self-rated health and functional status among older Medicare beneficiaries

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Reviewer: Pamela Parsons

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Minor Essential Revisions
1. The question/hypothesis is not clearly stated though it is understood that the authors are examining the risk factors for functional decline over time.
2. The methods are appropriate
3. The data source - the AHEAD is sound database and the data as well as data use agreements are adequately described
4. Relevant standards for data reporting are adequate
4.5. Are the discussion and conclusions well balanced and adequately supported by the data?
6. Are limitations of the work clearly stated?
7. Do the authors clearly acknowledge any work upon which they are building, both published and unpublished?
8. Do the title and abstract accurately convey what has been found?

The abstract conclusion portion mentions improved care transition planning and coordination to reduce avoidable hospitalizations as a finding or recommendation of the study - I am not this was addressed in the discussion or that you can reach that conclusion from the analysis - The analysis presented that recurrent hospitalizations led to greater functional decline and mobility limitations, and even death - but there is no way to discern that this was related to care transitions or care planning. Perhaps the authors are drawing the conclusion that there is a strong association between poor continuity of primary care and hospitalization rate. - but to say that care coordination and transition planning would reduce the hospitalizations cannot be derived from their findings. I think the concept and point that the authors are trying to make just needs to be presented in a different way.

It is well known that functional decline is common post hospitalization and that the most costly use of resources/hospitalizations occurs in the year prior to death.

The authors should highlight areas that add to the knowledge base of existing literature- It would be nice to see the relation between smoking and mobility/functional limitations - It could drive a point home to health promotion in a way that has not been addressed in the past - it is clearly known that smoking
leads to pad - which affects mobility and copd - but from a health promotion standpoint- the public health issues address breathing, coronary artery disease, etc not mobility and functional decline over time 2nd to smoking

The statement - in the results section of the abstract on page 4 is confusing - "coitnuity of care protected against functional decline, but only for self-rated health.

Because this study examined functional decline related to hospitalization over a 7 to up to 12 year period - was there evidence of regain of function with longer periods between hospitalizations - or was there a continued decline with no evidence of improvement once a certain low level of adl function existed? This would be important to know to be able to support rehab efforts/return to baseline status versus general progressive decline to death or institutionalization- and at what points in time this occurred in order to address timing of interventions for health promotion.

Some of the terminology in the article is new to me - terminal drop - and dis-saving
It would be nice to have a paragraph or few sentences defining these for the reader.

The descriptive paragraph on measurement and definition of continuity of care could be revised to be presented more clearly.

Tables presenting the frequency results would be clearer than the method of presenting quartiles in the text.

9. Is the writing acceptable? yes- needs some minor techical revision

This is an important article in that it looks at health promotion/modifiable risk factors for health decline over a prolonged period of time and has the potential to identify the dosing of time to decline, a first step in better targeting individuals for interventions to improve health and outcomes

Level of interest: An article of importance in its field

Quality of written English: Acceptable

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