Reviewer's report

**Title:** How are patients managing with the costs of care for chronic kidney disease in Australia? A prospective observational study

**Version:** 2  **Date:** 16 August 2012

**Reviewer:** Jennifer Zelmer

**Reviewer's report:**

1. **Overall Comments**
   This paper addresses an important issue, one that has an impact on people’s health as well as many other aspects of their lives but has received relatively little attention in the peer-reviewed literature. It represents a helpful addition to the available knowledge-base.

2. **Major Compulsory Revisions**
   a. The overlap between the two components of the sample (patients invited to participate by mail and those invited to participate from community dialysis centres) is not clear as the methods section is currently written. It is specified only for those who were invited to participate from community dialysis centres but had already received and completed the study questionnaire by post. As a result, the overall participation rate calculation is not clear. Equally, it is not clear what steps were taken to ensure that there were no duplicate responses between the two groups.
   
   b. The findings described in the paragraph before the discussion section, i.e. that out-of-pocket spending was not associated with economic hardship as measured in this paper, are possibly counter-intuitive but significant in the context of the topic being discussed. They deserve to be mentioned in the abstract as they fundamentally affect the interpretation of results. Consideration should also be given to further analysis of these findings in the discussion section.
   
   c. Reference 19 is used to support a definition of a catastrophic level of spending as an out-of-pocket burden greater than 10 percent of equivalent income (page 7) but that study used a different definition (household financial contributions to the health system greater than 40% of income remaining after subsistence needs are met).

3. **Minor Essential Revisions**
   a. The abstract would be clearer if the definition of catastrophic spending levels used in this paper (i.e. out-of-pocket spending greater than 10 percent of equivalent income) was included.
   
   b. The abstract indicates that various factors “determined” hardship. As the nature of the analysis performed does not permit causal inferences, it would be better to use a different term.
c. The article is generally well-written, but there are some remaining typographical issues (e.g. “an” instead of “and” in the first sentence of the introduction and “to” rather than “and” in the methods section of the abstract). A thorough copy edit would be helpful to ensure that any remaining issues are addressed before the article is published.

d. The format and legends of some figures could be strengthened to improve readability, e.g. figure 2 and 4. Likewise, as readers will likely view/print figures in black and white, shading/presentation decisions should be made accordingly to ensure clarity (e.g. figures 3-6).

e. Reference 4’s analysis is based on a cross-sectional design. It is not clear why this reference is used to support the assertion of increases in health expenditure for chronic illness.

f. Reference 5 cites a draft report. It would be preferable to cite the final report, rather than the draft, if available.

4. Discretionary Revisions

a. It may be helpful to put the findings from this study into context with cost-related access issues reported by Australians, including those with chronic illness, more generally. For example, surveys from the Commonwealth Fund include this type of information (see http://www.commonwealthfund.org/Topics/International-Health-Policy/Bar.aspx?ind=503&loc=5 for instance).

b. The authors suggest that to mitigate the financial hardship experienced by individuals with CKD, clinicians should identify those most at risk of hardship and link them with early support. While this may indeed be a useful intervention, the basis for proposing this intervention instead of other possible options is not clear in the text.

c. The authors may wish to consider whether the format of response (written questionnaire versus assisted completion in the dialysis centre) has any effect on results. Equally, the authors may wish to consider whether there are any gender-related differences related to the analysis in table 3.

d. In the last sentence of the first paragraph of the introduction, is there evidence to suggest that these expenses are unbudgeted? This is undoubtedly true for some patients but may not be for others.

e. The results in figures 4-9 may be clearer and more concise if presented in tabular form.

f. As currency exchange rates have been fairly variable in recent years, it may be helpful to include a timeframe for the notional exchange rate shown, e.g. in figure 4.

g. Consider including the questionnaire used as online supplementary material.
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 with respect to this manuscript.