Reviewer's report

Title: Outpatient care for chronic conditions causes impoverishment: A cross-sectional study among urban poor in India

Version: 1 Date: 13 August 2012

Reviewer: Leizel P Lagrada

Reviewer's report:

1. Major Compulsory Revisions

Methods, under the sub-heading Catastrophic Healthcare Expenditures

We used the household monthly income as a denominator in calculating the CHE rather than the usually recommended household consumption expenditure or the non-food expenditure, as we did not have data on the latter. # quote the pitfalls of using income instead of expenditures

Methods, under the sub-heading Measures and Analyses

Chronic condition as a dependent variable # chronic condition is a presumed cause of OOP that could lead to catastrophic spending and impoverishment. Therefore, it should be categorised as independent variable, not a dependent variable.

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68.1% (95%CI=66.6-69.5) of the chronic conditions led to OOP payments #: Do you mean that 68% of the HH who reported having chronic conditions have incurred OOP? Since your study question refers to which households are incurring OOP for chronic conditions, and who are becoming impoverished for such spending, then it is important to be consistent with how you present the data. Additionally, the column for each socio-econ level of HH (by type of ownership of facility) should equal to 100%. That is, among the poorest household who went to government health facilities, how many consulted the clinics/health centers, referral hospital and super specialty hospital. Similarly, the same comment for the private facilities.

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The median OOP payment on direct medical care was INR 360 (USD 7.3). Median OOP payment on the other items (indirect expenditure) was zero, meaning 50% of households did not incur OOP payments on such items. # Please explain.

Table 3. It is very hard to understand that your unit of analysis is per chronic condition when your objective is to identify the HH with chronic condition who incurred OOP. Similar comments as Table 2.

In Figure 2. Please comment on hospital charges for government-owned
clinic/health centers and high consultation fees for referral hospital, even those owned by the government.

In methodology, please explain already the measures that you will be using: headcount, overshoot, mean positive overshoot

Thus, residents of KG Halli incur surprisingly high OOP spending for outpatient care for chronic conditions #inconsistent with the statement in the Background session: page 4 People with chronic conditions are likely to incur higher OOP payments for outpatient care, as they need periodic outpatient visits and regular medication on a long-term basis. In addition, there is already indication from segregated estimates from the CES for the year 1999-2000 for urban India that suggests that the share of OOP payments on medications (69.6%) was more for outpatient care (56.3%) than inpatient care (13.3%) (Discussion section)

2. Minor Essential Revisions

Abstract, Result sub-section:

Due to out-of-pocket payments, the number of poor people with chronic conditions doubled in one month # People do develop chronic conditions because they incur out of pocket. Please clarify this statement

Results

In table 1, is there statistical difference in income/per capita income between those who have and do not have chronic conditions? If there is, may be the fact that they have chronic illnesses already compromised their potential to earn money and thus, even a small OOP can drive them already to impoverishment. Moreover, the percentage of those who accessed health care is not equal to the facilities consulted. Does this mean that the difference of 200 represents those who reported having chronic condition but opted not to seek care? Please clarify this statement

3. Discretionary Revisions

Abstract

...made out-of-pocket payments for outpatient care spending a median of 3.2% (95%CI=3.0-3.4) of their income# indicate whether disposable

Background, 2nd paragraph

In India, 71.1% of healthcare is financed through out-of-pocket (OOP) payments by households at the time and point of healthcare use [7]. OOP payments act as the primary barrier to access healthcare services in India, and lead to significant impoverishment among those who use the services [8,9]. In 2004-2005, 64.4% of households in India had to incur OOP payments for healthcare [9]. # Switch the sequence: 71% of HC financed through OOP/ 64% of the HH had to incur OOP, which act as primary barrier to health care, leading to significant impoverishment. In fact, Berman and colleagues in 2004 reported that approx 6.2% of Indians fell into poverty because of OOP payments for health care
Check consistency of correct grammar in the entire article
e.g.
Rest of them either did not seek care or relied on self-medication (Results, 1st paragraph)
When calculating the response rate, why was Y2 not subtracted from N, like you did with Y3

**Level of interest:** An article of importance in its field

**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.